

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Floor Debate
February 24, 2012

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SPEAKER FLOOD PRESIDING

SPEAKER FLOOD: Good morning, ladies and gentlemen. Welcome to the George W. Norris Legislative Chamber for the thirty-third day of the One Hundred Second Legislature, Second Session. Our chaplain for today is Father Rick Swenson, Grace Episcopal Church in Tecumseh, Senator Heidemann's district. Please rise.

FATHER SWENSON: (Prayer offered.)

SPEAKER FLOOD: Thank you, Father Swenson. I call to order the thirty-third day of the One Hundred Second Legislature, Second Session. Senators, please record your presence. Mr. Clerk, please record.

CLERK: I have a quorum present, Mr. President.

SPEAKER FLOOD: Thank you, Mr. Clerk. Are there any corrections for the Journal?

CLERK: I have no corrections.

SPEAKER FLOOD: Thank you. Are there any messages, reports, or announcements?

CLERK: Mr. President, your Committee on Enrollment and Review reports LR358CA to Select File, LB830 to Select File. Health and Human Services Committee, chaired by Senator Campbell, reports LB998 to General File with committee amendments attached. Mr. President, a communication from the Clerk to the Secretary of State regarding the transmittal of LB415. New resolutions: Senator Sullivan offers LR409, LR410, LR411, and those will be laid over. Senator Langemeier offers LR412; that likewise will be laid over. Mr. President, a report from the Commission on Law Enforcement and Criminal Justice on file in the Clerk's Office and available for member review. And finally, the weekly lobby report to be inserted, Mr. President. That's all that I have. (Legislative Journal pages 623-627.) [LR358CA LB830 LB998 LB415 LR409 LR410 LR411 LR412]

SPEAKER FLOOD: Thank you, Mr. Clerk. We turn to the first item on our agenda this morning, which is LB1043. Mr. Clerk. [LB1043]

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CLERK: Mr. President, LB1043, no E&Rs. Senator Langemeier would move to amend with AM2104. (Legislative Journal page 609.) [LB1043]

SPEAKER FLOOD: Senator Langemeier, you are recognized to open on AM2104. [LB1043]

SENATOR LANGEMEIER: Mr. President and members of the body, AM2104 is very simple; it's the emergency clause. And we would like to add that to enact this electrical rate at a little quicker rate, and so we would appreciate your adoption of the emergency clause. One of the comment we've had over the discussion here--and we're going to look into it before Final Reading--is there's been some questions: Is there some public location that there's a list of companies that are getting this rate that comes in? So we are going to check on that. We'll have more information for you as we go forward, before Final Reading. I agree, I think there should be a list out there, not necessarily what the rate is but a list of those companies that are receiving it. And so we will try and address that before we get to Final Reading. So with that, I'd ask for the adoption of the emergency clause. Thank you. [LB1043]

SPEAKER FLOOD: Thank you, Senator Langemeier. Members, you've heard the opening to AM2104. There are no members wishing to speak. Senator Langemeier, you're recognized to close. Senator Langemeier waives his opportunity. Members, the question for the body is, shall AM2104 be adopted? All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record. [LB1043]

CLERK: 35 ayes, 0 nays, Mr. President, on adoption of Senator Langemeier's amendment. [LB1043]

SPEAKER FLOOD: AM2104 is adopted. Mr. Clerk. [LB1043]

CLERK: Senator Nordquist, I have no further amendments, Senator. [LB1043]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB1043]

SENATOR NORDQUIST: Mr. President, I move LB1043 to E&R for engrossing. [LB1043]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB1043 is advanced to E&R for engrossing. (Doctor of the day introduced.) Continuing with debate this morning and discussion, we go to Select File. Mr. Clerk, LB446. [LB1043 LB446]

CLERK: LB446, Mr. President, no Enrollment and Review. Senator Adams would move to amend with AM2154. (Legislative Journal page 615.) [LB446]

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SPEAKER FLOOD: Senator Adams, you are recognized to open on AM2154. [LB446]

SENATOR ADAMS: Thank you, Mr. Speaker. Members, basically what this amendment does, it puts in a little bit of language. This applies to any ESU in the state. When they get their property taxes within the ESU, the superintendents of the school districts within those ESUs will sit down and determine how to allocate their monies to special projects within the school districts. And what they were simply asking for was a little additional flexibility as they develop the formulas within their ESUs for how they will distribute the money within that ESU between the school districts. That's the essence of it. Thank you, Mr. Speaker. [LB446]

SPEAKER FLOOD: Thank you, Senator Adams. Members, you've heard the opening on AM2154. There are no members wishing to speak. Senator Adams, you're recognized to close. Senator Adams waives his opportunity. Members, the question for the body is, shall AM2154 be adopted? All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record. [LB446]

CLERK: 32 ayes, 0 nays, Mr. President, on adoption of Senator Adams' amendment. [LB446]

SPEAKER FLOOD: AM2154 is adopted. Mr. Clerk. [LB446]

CLERK: I have nothing further on the bill, Mr. President. [LB446]

SPEAKER FLOOD: Senator Nordquist for a motion. [LB446]

SENATOR NORDQUIST: Mr. President, I move LB446 to E&R for engrossing. [LB446]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB446 advances to E&R for engrossing. Mr. Clerk, LB801. [LB446 LB801]

CLERK: LB801. Senator Nordquist, I have no amendments to the bill. [LB801]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB801]

SENATOR NORDQUIST: Mr. President, I move LB801 to E&R for engrossing. [LB801]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB801 advances to E&R for engrossing. Mr. Clerk, LB841. [LB801 LB841]

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CLERK: LB841, Senator, I have no amendments to the bill. [LB841]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB841]

SENATOR NORDQUIST: Mr. President, I move LB841 to E&R for engrossing. [LB841]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB841 advances to E&R for engrossing. Mr. Clerk, we now proceed to LB790. [LB841 LB790]

CLERK: LB790, Senator, once again I have no amendments to the bill. [LB790]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB790]

SENATOR NORDQUIST: Mr. President, I move LB790 to E&R for engrossing. [LB790]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB790 advances to E&R for engrossing. Mr. Clerk, we now proceed to LB862. [LB790 LB862]

CLERK: LB862, Senator, no amendments to the bill. [LB862]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB862]

SENATOR NORDQUIST: Mr. President, I move LB862 to E&R for engrossing. [LB862]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB862 advances to E&R for engrossing. Mr. Clerk, LB862A. [LB862 LB862A]

CLERK: LB862A, Senator, I have no amendments to the bill. [LB862A]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB862A]

SENATOR NORDQUIST: Mr. President, I move LB862A to E&R for engrossing. [LB862A]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB862A advances to E&R for engrossing. Mr. Clerk, LB760. [LB862A LB760]

CLERK: LB760, Senator, there are Enrollment and Review amendments. (ER177, Legislative Journal page 527.) [LB760]

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SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB760]

SENATOR NORDQUIST: Mr. President, I move the E&R amendments to LB760. [LB760]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. The E&R amendments are adopted. Mr. Clerk. [LB760]

CLERK: I have nothing further on the bill, Senator. [LB760]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB760]

SENATOR NORDQUIST: Mr. President, I move LB760 to E&R for engrossing. [LB760]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB760 advances to E&R for engrossing. Mr. Clerk, we now proceed to LB739. [LB760 LB739]

CLERK: LB739, Senator, I have no amendments to the bill. [LB739]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB739]

SENATOR NORDQUIST: Mr. President, I move LB739 to E&R for engrossing. [LB739]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB739 advances to E&R for engrossing. Mr. Clerk, LB985. [LB739 LB985]

CLERK: LB985, Senator, I have no amendments to the bill. [LB985]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB985]

SENATOR NORDQUIST: Mr. President, I move LB985 to E&R for engrossing. [LB985]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB985 advances to E&R for engrossing. Mr. Clerk, we now proceed to LB526. [LB985 LB526]

CLERK: LB526, Senator, there are Enrollment and Review amendments. (ER179, Legislative Journal page 544.) [LB526]

SPEAKER FLOOD: Senator Nordquist, you are recognized for a motion. [LB526]

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SENATOR NORDQUIST: Mr. President, I move the E&R amendments to LB526. [LB526]

SPEAKER FLOOD: (Gavel) Members, you've heard the motion. All those favor say aye. Those opposed say nay. The E&R amendments are adopted. Mr. Clerk. [LB526]

CLERK: I have nothing further on LB526, Senator. [LB526]

SPEAKER FLOOD: Senator Nordquist, you are recognized for a motion. [LB526]

SENATOR NORDQUIST: Mr. President, I move LB526 to E&R for engrossing. [LB526]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB526 advances to E&R for engrossing. Mr. Clerk, we now proceed to LB42. [LB526 LB42]

CLERK: LB42, Senator, there are Enrollment and Review amendments. (ER178, Legislative Journal page 547.) [LB42]

SPEAKER FLOOD: Senator Nordquist, you are recognized for a motion. [LB42]

SENATOR NORDQUIST: Mr. President, I move the E&R amendments to LB42. [LB42]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. The E&R amendments are adopted. Mr. Clerk. [LB42]

CLERK: I have nothing further pending to LB42, Senator. [LB42]

SPEAKER FLOOD: Senator Nordquist, you are recognized for a motion. [LB42]

SENATOR NORDQUIST: Mr. President, I move LB42 to E&R for engrossing. [LB42]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB42 advances to E&R for engrossing. Mr. Clerk, we now proceed to LB780. [LB42 LB780]

CLERK: LB780, Senator, I have no amendments to the bill. [LB780]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB780]

SENATOR NORDQUIST: Mr. President, I move LB780 to E&R for engrossing. [LB780]

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SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB780 advances to E&R for engrossing. Mr. Clerk, we now proceed to LB733. [LB780 LB733]

CLERK: LB733, Mr. President. Senator Nordquist, no amendments to the bill. [LB733]

SPEAKER FLOOD: Senator Nordquist, you are recognized for a motion. [LB733]

SENATOR NORDQUIST: Mr. President, I move LB733 to E&R for engrossing. [LB733]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB733 advances to E&R for engrossing. Mr. Clerk, LB860. [LB733 LB860]

CLERK: LB860, Senator, I have no amendments to the bill. [LB860]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB860]

SENATOR NORDQUIST: Mr. President, I move LB860 to E&R for engrossing. [LB860]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB860 advances to E&R for engrossing. Mr. Clerk, LB878. [LB860 LB878]

CLERK: LB878, Senator, I have no amendments to the bill. [LB878]

SPEAKER FLOOD: Senator Nordquist, you are recognized for a motion. [LB878]

SENATOR NORDQUIST: Mr. President, I move LB878 to E&R for engrossing. [LB878]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB878 advances to E&R for engrossing. Mr. Clerk, LB759. [LB878 LB759]

CLERK: LB759, Senator, there are Enrollment and Review amendments. (ER180, Legislative Journal page 548.) [LB759]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB759]

SENATOR NORDQUIST: Mr. President, I move the E&R amendments to LB759. [LB759]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye.

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Those opposed say nay. The E&R amendments are adopted. Mr. Clerk. [LB759]

CLERK: Nothing further on LB759. [LB759]

SPEAKER FLOOD: Senator Nordquist, you are recognized for a motion. [LB759]

SENATOR NORDQUIST: Mr. President, I move LB759 to E&R for engrossing. [LB759]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB759 advances to E&R for engrossing. Mr. Clerk, LB786. [LB759 LB786]

CLERK: LB786, Senator, there are Enrollment and Review amendments. (ER181, Legislative Journal page 548.) [LB786]

SPEAKER FLOOD: Senator Nordquist, you are recognized for a motion. [LB786]

SENATOR NORDQUIST: Mr. President, I move the E&R amendments to LB786. [LB786]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. The E&R amendments are adopted. Mr. Clerk. [LB786]

CLERK: I have nothing further on the bill, Senator. [LB786]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB786]

SENATOR NORDQUIST: Mr. President, I move LB786 to E&R for engrossing. [LB786]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. Mr. Clerk, we now proceed to LB811. [LB786 LB811]

CLERK: LB811, Senator, I have no amendments to the bill. [LB811]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB811]

SENATOR NORDQUIST: Mr. President, I move LB811 to E&R for engrossing. [LB811]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB811 advances to E&R for engrossing. Mr. Clerk, LB1031. [LB811 LB1031]

CLERK: LB1031, Senator, I have no amendments to the bill. [LB1031]

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SENATOR NORDQUIST: Mr. President, I move LB1031 to E&R for engrossing.
[LB1031]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye.
Those opposed say nay. LB1031 advances to E&R for engrossing. Mr. Clerk, LB887.
[LB1031 LB887]

CLERK: LB887, Senator, there are Enrollment and Review amendments. (ER182,
Legislative Journal page 557.) [LB887]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB887]

SENATOR NORDQUIST: Mr. President, I move the E&R amendments to LB887.
[LB887]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye.
Those opposed say nay. The E&R amendments are adopted. Mr. Clerk. [LB887]

CLERK: Nothing further on LB887, Senator. [LB887]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB887]

SENATOR NORDQUIST: Mr. President, I move LB887 to E&R for engrossing. [LB887]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye.
Those opposed say nay. LB887 advances to E&R for engrossing. Mr. Clerk, LB943.
[LB887 LB943]

CLERK: LB943, Senator, I have no amendments to the bill. [LB943]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB943]

SENATOR NORDQUIST: Mr. President, I move LB943 to E&R for engrossing. [LB943]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye.
Those opposed say nay. LB943 advances to E&R for engrossing. LB723, Mr. Clerk.
[LB943 LB723]

CLERK: LB723, Senator, no amendments to the bill. [LB723]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB723]

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SENATOR NORDQUIST: Mr. President, I move LB723 to E&R for engrossing. [LB723]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB723 advances to E&R for engrossing. Mr. Clerk, LB794. [LB723 LB794]

CLERK: LB794, Senator, I have no amendments to the bill. [LB794]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB794]

SENATOR NORDQUIST: Mr. President, I move LB794 to E&R for engrossing. [LB794]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB794 advances to E&R for engrossing. Mr. Clerk, LB831. [LB794 LB831]

CLERK: LB831, Senator, I have no amendments to the bill. [LB831]

SPEAKER FLOOD: Members, we now turn to Senator Nordquist for a motion. [LB831]

SENATOR NORDQUIST: Mr. President, I move LB831 to E&R for engrossing. [LB831]

SPEAKER FLOOD: You've heard the motion. All those in favor say aye. Those opposed say nay. LB831 advances to E&R for engrossing. Mr. Clerk, LB871. [LB831 LB871]

CLERK: LB871, Senator, there are Enrollment and Review amendments. (ER183, Legislative Journal page 579.) [LB871]

SPEAKER FLOOD: Senator Nordquist for a motion. [LB871]

SENATOR NORDQUIST: Mr. President, I move the E&R amendments to LB871. [LB871]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. The E&R amendments are adopted. Mr. Clerk. [LB871]

CLERK: Nothing further on LB871, Senator. [LB871]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB871]

SENATOR NORDQUIST: Mr. President, I move LB871 to E&R for engrossing. [LB871]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye.

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Those opposed say nay. LB871 advances to E&R for engrossing. Mr. Clerk, LB686. [LB871 LB686]

CLERK: LB686, Senator, first of all, there are Enrollment and Review amendments. (ER184, Legislative Journal page 579.) [LB686]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB686]

SENATOR NORDQUIST: Mr. President, I move the E&R amendments to LB686. [LB686]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. The E&R amendments are adopted. Mr. Clerk. [LB686]

CLERK: Senator Schilz would move to amend with AM2157. (Legislative Journal page 629.) [LB686]

SPEAKER FLOOD: Senator Schilz, you're recognized to open on AM2157. [LB686]

SENATOR SCHILZ: Thank you, Mr. President. And good morning, members. I bring AM2157 in response to Senator Council's concerns from our General File discussion about specifying the Ph.D., so that not just any Ph.D. can perform embryo transfer on bovine but that we specify only animal science Ph.D.s will be performing the procedure. This is exactly what AM2157 does: on page 3, line 22, after "degree" we insert "in animal science." I'd like to thank Senator Council for helping make the necessary clarification and ask for your support of AM2157 and LB686. Thank you, Mr. President. [LB686]

SPEAKER FLOOD: Thank you, Senator Schilz. Members, you've heard the opening to AM2157. We now turn to discussion on the same. Senator Council, you are recognized. [LB686]

SENATOR COUNCIL: Thank you, Mr. President. And thank you, Senator Schilz. While I did receive the language for AM2157 this morning with an indication that the parties had agreed, I also received a letter this morning from the Nebraska Board of Veterinary Medicine and Surgery that...still expressing opposition to the bill. And if Senator Schilz would yield to a couple of questions... [LB686]

SPEAKER FLOOD: Senator Schilz, will you yield to a couple of questions from Senator Council? [LB686]

SENATOR SCHILZ: Yes. [LB686]

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SENATOR COUNCIL: When I received the amendment this morning, there was an indication that both parties had agreed on the amendment. Can you tell me who the parties are who have agreed on the amendment? [LB686]

SENATOR SCHILZ: Yeah, the parties that have agreed on the amendment are the Nebraska Cattlemen and the Veterinary Medicine Association. This is the letter from the Board of Veterinary Medicine and Surgery. [LB686]

SENATOR COUNCIL: Okay, and I guess that's where I'm confused. We've got the Veterinary Association, but then we have the licensure board that is opposed to it; I don't...whether or not they've been engaged in the discussion on this. And they raise some rather serious concerns about credentialing. Have there been discussions with the Board of Veterinary Medicine and Surgery? [LB686]

SENATOR SCHILZ: Discussions...hmm. I received a letter this morning, just like all of you did, I believe. They...we...I think everybody needs to remember, this discussion did not start this year. This discussion started last year when we had the hearing. During the hearing nobody from the Board of Veterinary Medicine and Surgery was there, I believe. I'm not sure if they submitted a letter or not. But we...but they have never been engaged in the conversations up until, I guess, today. [LB686]

SENATOR COUNCIL: Okay. Well, and...but one of the concerns they express has to do with the prescription drugs that are used in the performance of an embryo transplant and that these drugs must be obtained through a licensed veterinarian. Is that correct? [LB686]

SENATOR SCHILZ: Yeah, that's correct. And that's always the way it's been. This doesn't...this bill doesn't change that at all. That's always been the understanding. So even if a Ph.D. were to perform this procedure, he would still have to go to a vet to get the medicine. Or the owner of the cattle would have to go to their vet and say, hey, I need this medicine for my animals. So that doesn't change; it still has to have a valid prescription from a veterinarian. [LB686]

SENATOR COUNCIL: Okay. And the second issue that was raised during General File debate on this was the issue of liability insurance. Were you able to determine what type of liability insurance a Ph.D. in animal science is able to obtain? [LB686]

SENATOR SCHILZ: Yes, I've done some research on it. And what I found out is that in a limited scope like this, for the state, we don't want to mandate too much, but we want to make sure that this procedure would be covered. And that is what you would use the professional liability insurance for. It would be the same...it's more about what you're insuring rather than who it is. And this procedure is a very narrow procedure, and the professional liability insurance would cover just this part. A general liability would cover

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any negligence upon the person that's doing that. But I didn't think that we wanted to mandate that into making everyone come up with that. That's a business decision that they need to make. [LB686]

SENATOR COUNCIL: Okay, so when you talk about professional liability insurance, though, does the person with a doctorate degree in animal science go and attempt to obtain veterinary professional liability insurance, or... [LB686]

SENATOR SCHILZ: No. No. It's not that. It...what would happen is an underwriter would look at what the person is doing, and then they would say, yeah, I'll write that insurance for you. And I'm guessing that anybody that's doing this procedure is going to want to have that anyway. [LB686]

SENATOR COUNCIL: Okay, so who...and that gets to my next question. Who enforces that? Under the...if the veterinarians... [LB686]

SPEAKER FLOOD: One minute. [LB686]

SENATOR COUNCIL: ...have to provide evidence of professional liability insurance as part of maintenance of their licensure, how do we ensure that doctorates in animal science have the requisite... [LB686]

SENATOR SCHILZ: Well, I would guess that, since they have to prove it, I would guess that the Board of Veterinary Medicine would have that responsibility. Because it is...as we've heard through the debate, this is a scope of their practice, so they would be the ones that would be involved in that in making sure that that would be the case. [LB686]

SENATOR COUNCIL: Okay. Well, I guess that's what the issue is. Technically, we're taking it outside of the scope of their practice. So my question is, is how does the Board of Veterinary Medicine and Surgery have any oversight at all over someone who's not within their scope of practice? [LB686]

SENATOR SCHILZ: Yeah, well, I would say that that's exactly why you want the liability insurance to make sure that that doesn't happen. As far as... [LB686]

SPEAKER FLOOD: Time, Senators. Thank you, Senators. Senator Hansen, you are recognized. [LB686]

SENATOR HANSEN: Thank you, Mr. President and members of the Legislature. I also received this letter this morning. And it seems to me that it came kind of late into the process. We talked about this on General File. Senator Dubas' amendment limited this to Ph.D.s in reproductive physiology. And now Senator Schilz wants to add an amendment to animal science Ph.D.s also. But the Board of Veterinarians across the

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state have been asked about this bill for three years. I've been involved a little bit, not face-to-face but kind of on the outside of the circle. But it's been three years since we started talking about this. The compromise, the deal was brokered--whatever you want to call it--within this past 12 months. And for this to come up the day that this bill is on Select File I don't think shows very good common sense, that, you know, you make a deal, your word is your bond, and then at the last minute say, nope, we've reversed our opinion, and now we can't let anyone other than a veterinarian do this. On the bullet points on the letter: the first bullet point says that these drugs, these prescription drugs, can only be handed out...can only be sold to a person by a licensed veterinarian, which is absolutely true. I guess if a veterinary clinic doesn't want to sell those drugs, then that person that's doing the embryo transplant can go somewhere else and get them, but it'll have to come through a licensed veterinarian. The third bullet point says that, however, a consumer will pay for the service of embryo transfer performed by a nonveterinarian regardless of whether the procedure results in a viable pregnancy, which indicates to me, if embryo transplant is done by a veterinarian, that they either guarantee that every one will be a viable pregnancy or they won't pay for it. And that's not...I don't think that's the case either. You're going to pay for the service no matter you have a viable pregnancy or not. I just don't like the idea of coming in at the last minute and going back on their word. So...and it's a little bit harsh to the veterinarians that we all work with and deal with all the time, but thank you, Mr. President. [LB686]

SPEAKER FLOOD: Thank you, Senator Hansen. Senator Schilz, you are recognized. [LB686]

SENATOR SCHILZ: Thank you, Mr. President. I just wanted to finish up a conversation, or an answer, after I'd been able to think about it a little more, with Senator Council. And maybe the place is not the Veterinary Medicine and Surgery. But, quite honestly, the place has always been, once we put something in statute, that if somebody is breaking the law, the AG would have the authority. Just as these folks that were performing this procedure got a cease and desist from the AG at the insistence of the Veterinary Board of Medicine and Surgery, it would work the same for this. So I think that takes care of it. We do have oversight; we do have the...and so I would hope that that would be sufficient, as it's sufficient for most other things that we deal with. Thank you, Mr. President. [LB686]

SPEAKER FLOOD: Thank you, Senator Schilz. Senator Dubas, you are recognized. [LB686]

SENATOR DUBAS: Thank you, Mr. Speaker. Good morning, colleagues. I just want to stand and be very, very clear. The Veterinary Association is different than the Veterinary Board; that's the licensure component. But the Veterinary Association is still very much on board with this compromise, as am I. They want to make sure that people understand that they entered this with good faith, and they want to be considered as an

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association that stands behind the agreements that they make. And so the amendment is just a clarifying amendment. It's unfortunate that the board decided to become engaged at this very late date in the debate. But again, the Veterinary Association--that's the association that represents veterinarians--is still very much on board with this bill and is standing behind the compromise that was made. And I am with them on this and stand behind the compromise that was made. Thank you. [LB686]

SPEAKER FLOOD: Thank you, Senator Dubas. Senator Council, you are recognized. [LB686]

SENATOR COUNCIL: Thank you, Mr. President. I just want a point of clarification on the record. It was my understanding from Senator Schilz's responses to my initial questions that it was the Veterinary Association and not the Nebraska Board of Veterinary Medicine and Surgery that was involved in this. And I don't want people to go away with the misunderstanding, based on Senator Hansen's comments, that the Board of Veterinary Medicine was engaged in brokering a deal and then reneged on that deal. According to Senator Schilz, the parties that had been involved in brokering this compromise amendment are just the association of veterinarians and the Cattlemen and not the Board of Veterinary Medicine. And with regard to the professional liability insurance issue, Senator Schilz, it's not a question of being able to enforce. The point being made is that under a licensure provision, if there is a professional liability insurance requirement as a part of your continuing renewal of your license, you have to submit evidence to someone that you have this professional liability insurance. And the point I'm making is that under LB686 it says that these doctorates have to have the insurance, but there is no place that that satisfaction of that requirement is to be evidenced. And so that was the point I was making, not that enforcement of the statute is somehow impaired, but the issue is that you don't find out until probably an incident occurs and someone goes to act upon the insurance and finds that it's not there. And that was the concern that I was addressing. But the main reason for me getting back up on the mike was that it was my understanding that the Nebraska Board of Veterinary Medicine was not involved in brokering what is now AM2157. And, unfortunately, whether they were or were not, there have been instances of that occurring during this session where the involved parties have indicated and expressed their agreement to a particular direction or amendment and then reversed themselves after the senators working on those bills had moved forward based on that understanding. So I don't want to leave the impression that it doesn't happen and that when it does happen we still don't act. So I appreciate the qualifying and the clarifying statements from Senator Dubas and Senator Schilz. [LB686]

SPEAKER FLOOD: Thank you, Senator Council. There are no other lights on. Senator Schilz, you're recognized to close on AM2157. [LB686]

SENATOR SCHILZ: Thank you, Mr. President. And, you know, none of these issues are

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easy. They take a lot of thought. There's good arguments on both sides. But I think that this is a good compromise. This gets it in place. And with that, I would ask for your support. Thank you very much. [LB686]

SPEAKER FLOOD: Thank you, Senator Schilz. Members, you've heard the closing to AM2157. The question for the body is, shall AM2157 be adopted? All those in favor vote aye; all those opposed vote nay. Have all those voted who care to? Mr. Clerk, please record. [LB686]

CLERK: 34 ayes, 0 nays, Mr. President, on the adoption of Senator Schilz's amendment. [LB686]

SPEAKER FLOOD: AM2157 is adopted. Mr. Clerk. [LB686]

CLERK: Senator Nordquist, I have no additional amendments to the bill. [LB686]

SPEAKER FLOOD: Senator Nordquist, you are recognized for a motion. [LB686]

SENATOR NORDQUIST: Mr. President, I move LB686 to E&R for engrossing. [LB686]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. All those opposed say nay. LB686 is advanced to E&R for engrossing. Mr. Clerk, we now proceed to LB849. [LB686 LB849]

CLERK: LB849, no Enrollment and Review. Senator Langemeier would move to amend with AM2091. (Legislative Journal page 619.) [LB849]

SPEAKER FLOOD: Senator Langemeier, you are recognized to open on AM2091. [LB849]

SENATOR LANGEMEIER: Mr. President, members of the body, this is a simple technical amendment. It clarifies the chapter of statute which this language of the bill is to be placed in. The bill would authorize a property transfer from the Nebraska Game and Parks to the Lower Loup Natural Resources District. A reference in Nebraska game law was made in the original bill. The committee amendment removed that reference, but the language in the bill transfers the property was still designated to go into the Nebraska game law. This amendment simply deletes the reference to the Nebraska game law so that the Revisors of Statute can put this bill language in the proper chapter where these types of property transfers are to be placed. This amendment was brought to me by Bill Drafters as a recommendation to get this cleaned up and in the right section for further reference. So we'd ask for your adoption of AM2091. Thank you. [LB849]

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SPEAKER FLOOD: Thank you, Senator Langemeier. Members, you've heard the opening to AM2091. There are no lights on. Senator Langemeier, you're recognized to close. Senator Langemeier waives his opportunity. The question before the body is, shall AM2091 be adopted? All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record. [LB849]

CLERK: 36 ayes, 0 nays, Mr. President, on adoption of Senator Langemeier's amendment. [LB849]

SPEAKER FLOOD: AM2091 is adopted. Members, we also have Enrollment and Review amendments on this bill. Senator Nordquist, you are recognized. (ER185, Legislative Journal page 581.) [LB849]

SENATOR NORDQUIST: Mr. President, I move the E&R amendments to LB849. [LB849]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. The E&R amendments are adopted. Mr. Clerk. [LB849]

CLERK: I have nothing further on the bill, Mr. President. [LB849]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB849]

SENATOR NORDQUIST: Mr. President, I move LB849 to E&R for engrossing. [LB849]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB849 advances to E&R for engrossing. Mr. Clerk, LB1018. [LB849 LB1018]

CLERK: LB1018. Senator, I do have Enrollment and Review amendments. (ER187, Legislative Journal page 612.) [LB1018]

SPEAKER FLOOD: Senator Nordquist, you are recognized for a motion. [LB1018]

SENATOR NORDQUIST: Mr. President, I move the E&R amendments to LB1018. [LB1018]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. The E&R amendments are adopted. Mr. Clerk. [LB1018]

CLERK: Senator McCoy would move to amend with AM2161. (Legislative Journal page 619.) [LB1018]

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SPEAKER FLOOD: Senator McCoy, you are recognized to open on AM2161. [LB1018]

SENATOR McCOY: Thank you, Mr. President and members. I bring AM2161 to you this morning on behalf of Senator Conrad, who's unable to be with us this morning. As you may recall from General File, when I also introduced this bill to you, it came through our Banking, Commerce and Insurance Committee. There were a few minor technical changes, really, to this bill that the Secretary of State's Office brought to us that we needed to make sure, between the limited liability corporation conversion, that we had all of the same language here on Select File. The first change, the addition of the new Section 12, adds a new section to the limited partnership portion of the bill that allows for limited partnerships to convert to LLCs. This section we're adding here was included in the corporations conversion language but was not similarly added to the limited partnership sections in the original bill. This new section contains language requested by the Secretary of State's Office and relates to what happens after the conversion takes effect. Specifically, the amendment states what happens to the property, debts, pending actions, interests, and rights of the limited partnership once the limited partnership converts to an LLC. Finally, Section 12 states that if the entity the limited partnership converts to is a foreign LLC, formed to the laws of anything other than Nebraska, that the new LLC consents to the jurisdiction of Nebraska's courts. This is language already included for conversions of corporations in Section 8 of the bill. The second portion of AM2161 changes the type of certificate that is required to be filed with the register of deeds if a converting corporation owns property. This amendment would clarify that what should be filed would be a certificate of conversion. This is a change from a certificate of merger, which is what the committee amendment we had before you on General File required. The effect is the same; the name is just different. So, again, just a clarification in technical amendment here. And I would appreciate, on behalf of Senator Conrad, your advancement of AM2161 to LB1018. Thank you, Mr. President. [LB1018]

SPEAKER FLOOD: Thank you, Senator McCoy. Members, you've heard the opening on AM2161. There are no members wishing to speak. Senator McCoy, you're recognized to close. Senator McCoy waives his opportunity. Members, the question for the body is, shall AM2161 be adopted? All those in favor vote aye; all those opposed vote nay. Have all those voted who care to? Mr. Clerk, please record. [LB1018]

CLERK: 31 ayes, 0 nays, Mr. President, on the adoption of Senator McCoy's amendment. [LB1018]

SPEAKER FLOOD: AM2161 is adopted. Mr. Clerk. [LB1018]

CLERK: Senator Nordquist, I have no additional amendments to the bill. [LB1018]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB1018]

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SENATOR NORDQUIST: Mr. President, I move LB1018 to E&R for engrossing. [LB1018]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. All those opposed say nay. The Chair was unable to determine whether the body had a decision made on the advancement of LB1018 to E&R for engrossing. All those in favor of moving LB1018 to E&R for engrossing say aye. All those opposed say nay. LB1018 advances to E&R for engrossing. Mr. Clerk, we now proceed to LB1064. [LB1018 LB1064]

CLERK: LB1064, Senator Nordquist, I have Enrollment and Review amendments. (ER186, Legislative Journal page 613.) [LB1064]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB1064]

SENATOR NORDQUIST: Mr. President, I move the E&R amendments to LB1064. [LB1064]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. The E&R amendments are adopted. [LB1064]

CLERK: I have nothing further on the bill, Senator. [LB1064]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB1064]

SENATOR NORDQUIST: Mr. President, I move LB1064 to E&R for engrossing. [LB1064]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB1064 advances to E&R for engrossing. Mr. Clerk, LB773. [LB1064 LB773]

CLERK: LB773, Senator Smith would move to amend with AM2047. (Legislative Journal page 586.) [LB773]

SPEAKER FLOOD: Senator Smith, you're recognized to open with AM2047. [LB773]

SENATOR SMITH: Thank you, Mr. President, and good morning. Good morning, colleagues. AM2047 is just a technical amendment to this bill. As you may recall, LB773 allows the Department of Health and Human Services to prorate fees for the renewal of credentials that will expire within 100 days of its issuance. The department found that we left out a word in drafting. AM2047 simply adds the words, "or renewal," after the

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word "credentialing," on page 2, line 2, of the bill. Thank you, Mr. President. [LB773]

SPEAKER FLOOD: Thank you, Senator Smith. Members, you've heard the opening on AM2047. There are no lights on. Senator Smith, you are recognized to close. Senator Smith waives his opportunity. Members, the question for the body is, shall AM2047 be adopted? All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record. [LB773]

CLERK: 33 ayes, 0 nays, Mr. President, on the adoption of Senator Smith's amendment. [LB773]

SPEAKER FLOOD: AM2047 is adopted. [LB773]

CLERK: I have nothing further, Mr. President. [LB773]

SPEAKER FLOOD: Senator Nordquist, you're recognized for a motion. [LB773]

SENATOR NORDQUIST: Mr. President, I move LB773 to E&R for engrossing. [LB773]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB773 advances to E&R for engrossing. Mr. Clerk, we now proceed to LB904. [LB773 LB904]

CLERK: LB904, Senator, I have no amendments to the bill. [LB904]

SPEAKER FLOOD: Senator Nordquist, you are recognized for a motion. [LB904]

SENATOR NORDQUIST: Mr. President, I move LB904 to E&R for engrossing. [LB904]

SPEAKER FLOOD: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. LB904 advances to E&R for engrossing. A couple of notes that I want to pass along: A reminder that on Monday we'll begin full-day debate. As is our custom, we will start at 10:00 a.m.; we will work to approximately noon; we'll take a recess until 1:30; we will be back in afternoon session. I do anticipate adjournment at around 4:00 on Monday to provide committees the opportunity to Exec on any bills that they feel necessary. Again, I do anticipate a Monday adjournment at 4:00. We will be working in the mornings and the afternoons through the balance of the session and most likely into the night as we progress towards sine die this session. I also have a number of senators that are asking about consent calendar. I do plan to have a consent calendar at some point this session. When I'm getting close to scheduling a consent calendar I will announce it to the body and request a list from each committee Chair of the bills that went through their committee that are on General File and that meet the criteria for consent calendar. I will only be reviewing bills that are on the committee

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Chair's list. So individual senators need not send me consent calendar request letters. Also, a reminder that I will be making the final determination as to whether a bill will be on a consent calendar, so please keep in mind that just because a bill is on the committee Chair's list, it may not make the cut for the final list. I do hope this clarifies some of the questions surrounding consent calendar for this session. We now proceed to the next item on the agenda. But before we do that, Mr. Clerk, do you have anything...items that you want to read? [LB904]

CLERK: I do, Mr. President. Thank you. Amendments to be printed: Senator Krist to LB1158; Senator Adams to LB1104; and Senator Flood to LB751. That's all that I had, Mr. President. (Legislative Journal pages 630-631.) [LB1158 LB1104 LB751]

SPEAKER FLOOD: Thank you, Mr. Clerk. We now proceed to the next item on the agenda, LB1118E. [LB1118]

CLERK: Mr. President, Final Reading, LB1118. Senator Cornett would move to return the bill for a specific amendment, specifically AM2092. (Legislative Journal page 615.) [LB1118]

SPEAKER FLOOD: And it is important to remind members we are on Final Reading. As we begin this process, the Sergeant at Arms will secure the Chamber. Senator Cornett, you are recognized to open on AM2092, which is a specific amendment to return to Select File. [LB1118]

SENATOR CORNETT: Thank you, Mr. Speaker. I would like to return LB1118 to Select File for a specific amendment in regard...the amendment would be AM2092; it is the amendment that I originally filed on Select File and then withdrew. [LB1118]

SPEAKER FLOOD: Members, you've heard the opening on Senator Cornett's motion to return LB1118 to Select File for a specific amendment. There are no other lights on. Senator Cornett, you are recognized to close on your motion. Senator Cornett waives her opportunity. Members, the question is, shall the Legislature return LB1118 to Select File for a specific amendment? All those in favor vote aye; all those opposed vote nay. Have all those voted who care to? Mr. Clerk, please record. [LB1118]

CLERK: 38 ayes, 1 nay on the motion to return the bill, Mr. President. [LB1118]

SPEAKER FLOOD: LB1118 is returned to Select File for a specific amendment. Mr. Clerk. [LB1118]

CLERK: Senator Cornett would offer AM2092, Mr. President. [LB1118]

SPEAKER FLOOD: Senator Cornett, you're recognized to open on AM2092. [LB1118]

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SENATOR CORNETT: Thank you, Mr. Speaker and members of the body. AM2092 is the amendment which I filed and then withdrew on LB1118 on Select File due to members' concerns with them not having a chance to read the amendment or process what it meant. I have spoken with the members and I believe now is the time to move forward with AM2092. The amendment drops the threshold on large datacenters from \$300 million to \$200 million. I believe we should do this now to make us more competitive with other states that are targeting datacenters and put Nebraska in the best possible position to become the capital for this emerging industry...or surging industry. Pardon me. If we wait a year, should the Legislature choose to take up this issue at all, we would lose several projects which would be beneficial to the state. I know that there are concerns that this would open up to existing businesses in the state. It would not. They would have to file an application, and that application would only apply to new projects they start. And they would have to meet all of the criteria for those new projects, including the investment and the new employees. With that, I urge the body to support AM2092 and the underlying bill, LB1118. Thank you. [LB1118]

SPEAKER FLOOD: Thank you, Senator Cornett. Members, you've heard the opening on AM2092. Senator Krist, you are recognized. [LB1118]

SENATOR KRIST: Morning, Nebraska and colleagues. If Senator Cornett would yield to a couple of questions, please. [LB1118]

SPEAKER FLOOD: Senator Cornett, will you yield to a couple of questions from Senator Krist? [LB1118]

SENATOR CORNETT: Yes, I'd be happy to. [LB1118]

SENATOR KRIST: Thank you, Senator. Can you show me, in the language of the bill or in a statute, where an existing company inside the state of Nebraska could not take advantage of this process? [LB1118]

SENATOR CORNETT: It is my understanding from the Department of Revenue that they would have to apply to be eligible for this credit. And if they had not applied prior to this, that the only way they could apply would be through a new project. [LB1118]

SENATOR KRIST: So if First National Bank, who has the ability to build such a datacenter, should want to take advantage--that is an in-state company--what would prohibit them from doing that? [LB1118]

SENATOR CORNETT: Well, to build a datacenter and qualify for the project, they would have to make an application under this tier of the Advantage Act. And then under that application they would have to meet all of the criteria for a new project, which would be

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the minimum of \$200 million investment and the employee requirement. And they would have to maintain that investment and employee requirement throughout the life of the project to receive the credits. [LB1118]

SENATOR KRIST: So if I understand that explanation correctly, there is nothing that prohibits HDR, First National, or any other large businesses in the state, existing in the state, from applying for and getting an application in the process. It is simply the process of going through the application and doing such, is that correct? [LB1118]

SENATOR CORNETT: They would not be eligible for business that they already are doing here. They would not be eligible for current datacenters; they would not be eligible for any work that is already being done. This would have to be an application for a new project or to bring another center to the state or move something from another state to here. [LB1118]

SENATOR KRIST: So they couldn't close their existing facility, under this piece of legislation, and open a bigger facility encompassing all their banks from all over the United States. [LB1118]

SENATOR CORNETT: If they closed an existing center and opened a new center, I do not know the answer to that. I'd be happy to refer that to the Department of Revenue, though. [LB1118]

SENATOR KRIST: Yeah, I think the answer we got from the Department of Revenue in my explanation was that they're pretty sure that nobody existing in the state would want to take advantage. And, therefore, rolling the dice on this one is pretty good chance that we're not going to have anybody do that. But my last question, though, is if we had two businesses, what would that do to the fiscal note? Two businesses from inside the state of Nebraska at that level, if they qualified, if they went through the application process, if they built a new center, what would that do to the fiscal note? [LB1118]

SENATOR CORNETT: Well, if they applied for two new projects, then the fiscal note would reflect the front-loaded amount for the projects, so you would have a positive fiscal note in the beginning, if you're talking two new projects. Your payout would be whatever it would be under...whether it was \$200 million or \$300 million investment or what their level of investment would be after they attain credit. And then overall projections, depending on the size of the project, if we were looking at the \$300 million project, we were looking at an overall gain of about \$14 million. With a \$300 million project and a \$200 million project, I believe we were looking at an overall net gain of about \$9 million plus the front-loaded positive fiscal note. [LB1118]

SENATOR KRIST: So for every business that's inside the state that takes advantage of this process, we reduce the amount until, at a certain point, we're at a loss. [LB1118]

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SENATOR CORNETT: I believe it depends on the size of the project, but that is something that I would have to check on. I do know that we ran the numbers with two projects, one large, one small, and it did reduce the size of the overall fiscal note in the out-years, yes. [LB1118]

SENATOR KRIST: Okay, thank you. Colleagues, once again...and I have my light on again to continue; I have a couple other questions to ask. We are... [LB1118]

SPEAKER FLOOD: One minute. [LB1118]

SENATOR KRIST: We are at this point again looking at one business, one project, changing tax policy and revenue one bill at a time. It's come to my attention that indeed the Department of Revenue did, as Senator Cornett suggested, assure us that if those folks, those existing businesses within the state, did apply and it were accepted that it would reduce the tax base in Nebraska. This is not designed for an application to an existing business in Nebraska. And I'll remind you that Valmont, HDR, First National Bank--and you can go down the list for others--could potentially take an advantage of this act. I wonder if Senator Heidemann would yield to a question. [LB1118]

SPEAKER FLOOD: Time, Senator. But you may continue on your own. [LB1118]

SENATOR KRIST: Thank you, Mr. President. I wonder if Senator Heidemann would yield to a few questions. [LB1118]

SPEAKER FLOOD: Senator Heidemann, will you yield to a few questions from Senator Krist? [LB1118]

SENATOR HEIDEMANN: Yes. [LB1118]

SENATOR KRIST: This is a...kind of a warm and fuzzy question. But are you comfortable with the amendment and taking us down to this level long term and rolling the dice on this one? [LB1118]

SENATOR HEIDEMANN: Getting more comfortable all the time, I will say that. There's just certain things that maybe we are still looking at. At this time I will vote for this amendment, realizing that it has to go back to Final Reading. And by the time it comes back up to Final Reading, if we still are not comfortable, we still have the opportunity to either vote no or pull it back and modify it at that time. So at this time, yeah, I would say that I'm comfortable enough to take it back to Final Reading. [LB1118]

SENATOR KRIST: Thank you. I've always deferred to your judgment when it comes to these matters. And I'll follow your lead. Thank you, colleagues. [LB1118]

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SENATOR LANGEMEIER PRESIDING

SENATOR LANGEMEIER: Thank you, Senator Krist. Senator Pahls, you're recognized. [LB1118]

SENATOR PAHLS: Thank you, Mr. President and members of the body. I'm pausing, because this is a good idea. And I commend Senator Cornett because she's trying to grow the state of Nebraska, and I do not disagree with that. Hopefully, someday we can sit down and have a policy, very clear, that if it's good for one, it should be good for First National Bank, it should be good for ConAgra. They should be able to do this because I've found in the past that we have been, maybe, selective in our thinking on particular companies. I think we should open it up. If we're going to do this, if our philosophy says, hey, we want this to happen, I say let's let it happen. Now, eventually it may be a drain on us; then we'll have to rethink that. But I don't think that we can say, oh, for this company and not for that company because that's like rewarding the good...or the new person you hire, you give them a salary almost the same salary limit as somebody that's been with you for 15 years and they've really been working hard. And you say, well, it's the competition, I need to hire...this new person I'm going to bring into my company, I need to pay that person equally as the one who's been with me forever, because that's...I got to, I have to do it. Well, that same philosophy applies when we're going to allow a new thought that that should be opened to every business that could qualify for that. Thank you. [LB1118]

SENATOR LANGEMEIER: Thank you, Senator Pahls. Senator Mello, you're recognized. [LB1118]

SENATOR MELLO: Thank you, Mr. President. I won't belabor a point. I think Senator Krist's questioning of Senator Heidemann answered some of the issues I was going to raise. I do want to address, though, I think the issue that Senator Krist was alluding to, to some extent, which is LB1118, in my mind, is not about one company; it's not about one project. It's about a coherent strategy to have the state be the most competitive state in the Midwest in regards to attracting datacenters and technology-focused companies as we move forward. Reading through the Battelle study and other studies and reports that have come out from this Legislature and the Department of Economic Development over the last few years shows that Nebraska has a very unique environment that is attractive to datacenters and to datacenter technology. LB1118, yes, while it is driven with the hopes of trying to attract a very large project, opens up our economic opportunities to other large datacenters down the road. And it makes our entire state competitive, not just urban Nebraska, not just rural Nebraska, but makes the entire state competitive with what we're trying to do on AM2092 and the underlying piece of legislation. Granted, there's concerns or thoughts about whether or not this is about just one company or two companies that may come here. And I would urge

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everyone to take a look again at the Battelle study that was released by the Department of Economic Development last year, which shows we have an opportunity as a state to be more competitive than our neighbors and be more competitive than other states in the country around this industry. This bill helps us do that. We have other issues that we have to address moving forward, but this bill helps us land potentially very large projects, which ultimately continues to build an industry cluster that attracts other large projects from the datacenter world. With that, I urge the body to adopt AM2092. Thank you, Mr. President. [LB1118]

SENATOR LANGEMEIER: Thank you, Senator Mello. Senator Burke Harr, followed by Senator Pahls. [LB1118]

SENATOR HARR: Thank you, Mr. President. I want to thank Senator Cornett. I originally had some issues with AM1986, and I voiced those concerns to her. And she withdrew the amendment and has since come back with AM2092. And I've had a chance to talk to individuals, and I think this is a very good amendment. And I think it's for the best of the state. We do have a unique situation to bring datacenters to Nebraska. And part of what is so unique is that we have public power. And so I think it's important that we make a point of emphasis to say public power is important to the state of Nebraska. And we need to treat it as the treasure that it is, similar to the Unicameral, which are both due to one man. To address the issue of Senator Krist, I think it's good that an in-state company could take advantage of this. Last year we were up here talking about the fundamental change we were making in how we go after business. Previously we were hunters, meaning we went to other states and tried to cherry-pick companies instead of taking what was best in Nebraska and developing ourselves. This bill, because of our unique situation of taking what is best in Nebraska--public power--we were able to...well, this...with this bill, we are able to build on what makes Nebraska good and unique. So I don't know if we're necessarily hunting. I think we're still gathering, taking what works in Nebraska and making it better. And so if there is a company in Nebraska that wants to take advantage of this, I don't say, yes; I say, heck, yes. I think it's important that we grow within ourselves and not cherry-pick from other states, because then it does become just that: a race to the bottom. So thank you very much. Thank you, Senator Cornett, for bringing this bill and this wonderful amendment. I think it's great for the long-term growth of this state. [LB1118]

SENATOR LANGEMEIER: Thank you, Senator Harr. Senator Pahls, you're recognized. [LB1118]

SENATOR PAHLS: Thank you, Mr. President. And I want to thank the two previous senators, because that's what I'm up to speak to you about. Again, we have people or individuals or companies within the state of Nebraska, we must be careful that we do not set up barriers for them. It's that simple. That's the reason why I want to make sure the intent is to help those companies within the state as those who we want to attract.

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Thank you. [LB1118]

SENATOR LANGEMEIER: Thank you, Senator Pahls. Senator Schumacher, you're recognized. [LB1118]

SENATOR SCHUMACHER: Thank you, Mr. President and members of the body. This is a situation where we've got to try to balance the interests of the future against the odds that we will fail. And one of the important things that we have to do if we're going to move the Nebraska economy into the future, particularly in areas outside of the metro, is to create an anchor tenant, a facility around which other twenty-first century ideas and minds might happen to want to collect and might happen to want to live. And right now there are pitifully few of those areas outside of the metro. This is a chance to perhaps get one of those facilities to serve as an anchor tenant in one of our communities. It is by no means a done deal. And there is time in the course of human events in which you've got to make the gamble, and you've got to evaluate things in the context of the odds of winning. If we proceed with this and nobody comes: nothing ventured, nothing gained. If we proceed with this and we are able to, in greater Nebraska, create a magnet, create at least a core where people might want to begin to collect and might want to begin to reshape our economy in what is now a rural area, and if it also might help in the Omaha metro area to continue the invigoration and the growth that occurs there, quite frankly, I think we'd better place our bet before the dice are rolled. Thank you. [LB1118]

SENATOR LANGEMEIER: Thank you, Senator Schumacher. Seeing no other lights on, Senator Cornett, you are recognized to close on AM2092. [LB1118]

SENATOR CORNETT: Thank you, Mr. President and members of the body. I thank the body for allowing me the opportunity to return this to Select File for this amendment. This amendment is very important and I believe will help incentivize this industry in the state of Nebraska. And the underlying bill is a very, very good idea for the state. I urge the body to support the amendment. And I'd be happy to answer any questions between now and Final Reading again. Thank you. [LB1118]

SENATOR LANGEMEIER: Thank you, Senator Cornett. You have heard the closing on AM2092 offered to LB1118E. All those in favor vote yea; all those opposed vote nay. Have all those voted that wish to? Record, Mr. Clerk. [LB1118]

CLERK: 44 ayes, 0 nays, Mr. President, on the adoption of Senator Cornett's amendment. [LB1118]

SENATOR LANGEMEIER: Thank you, Mr. Clerk. AM2092 is adopted. Mr. Clerk, nothing further? [LB1118]

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CLERK: Nothing further, Mr. President. [LB1118]

SENATOR LANGEMEIER: Senator Cornett for a motion. [LB1118]

SENATOR CORNETT: I make a motion to advance LB1118 to E&R for engrossing. [LB1118]

SENATOR LANGEMEIER: You've all heard the motion. All those in favor say aye. All those opposed say nay. LB1118 does advance. Mr. Clerk. [LB1118]

CLERK: Mr. President, LB541. Senator Campbell, I understand you've been authorized to withdraw AM1483, from Senator Conrad. [LB541]

SENATOR CAMPBELL: That is correct. And I'm also withdrawing AM1914. [LB541]

CLERK: Yes, thank you, Senator. [LB541]

SENATOR LANGEMEIER: They are withdrawn. [LB541]

CLERK: Mr. President, Senator Campbell would move to return LB541 for purposes of considering AM2179. (Legislative Journal pages 631-633.) [LB541]

SENATOR LANGEMEIER: Senator Campbell, you are recognized for your motion to return to Select File for a specific amendment. [LB541]

SENATOR CAMPBELL: Colleagues, this specific amendment is a cooperative effort between Senator Conrad and myself on some small changes to the bill as well as to bring the dates current with this year. Thank you, Mr. President. [LB541]

SENATOR LANGEMEIER: Thank you, Senator Campbell. You have heard the opening on the motion to return to Select File for a specific amendment. The floor is now open for discussion. Seeing no lights on, Senator Campbell, would you like to close? Senator Campbell waives closing. The question before the body is, shall LB541E return to Select File for a specific amendment? All those in favor vote yea; all those opposed vote nay. Record, Mr. Clerk. [LB541]

CLERK: 43 ayes, 0 nays, Mr. President, on the motion to return the bill. [LB541]

SENATOR LANGEMEIER: LB541 does return. Mr. Clerk. [LB541]

CLERK: Senator Campbell would offer AM2179, Mr. President. [LB541]

SENATOR LANGEMEIER: Senator Campbell, you are recognized to open on AM2179.

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[LB541]

SENATOR CAMPBELL: Thank you, Mr. President. And again good morning, colleagues. There are really three components to this specific amendment that is in front of you. The first was in my original amendment, which would bring this bill up to date in terms of the time line. Had been originally introduced last session as a part of the LR542 process, and therefore we need to make sure that the dates harmonize with where we actually are on the calendar. The second part of it is two suggestions made by Senator Conrad and that being that we put a limit on the contingency fees to 12.5 percent, which we thought was a good idea, and the second suggestion by Senator Conrad, which was in her amendment, was that all accounts (sic) recovered and savings generated as a result of this section shall be returned to the medical assistance program. And for everyone's benefit, "medical assistance" is Medicaid. We have worked with Senator Conrad. We feel that her suggestions are good ones, would make the bill stronger, and would ask for your support on AM2179. Thank you, Mr. President.
[LB541]

SENATOR COASH PRESIDING

SENATOR COASH: Thank you, Senator Campbell. Members, you've heard the opening to AM2179. There are no members wishing to speak. Senator Campbell, you're recognized to close. Senator Campbell waives closing. The question before the body is, shall AM2179 be adopted? All those in favor vote aye; all those opposed vote nay. Have all voted who wish? Mr. Clerk. [LB541]

CLERK: 39 ayes, 0 nays, Mr. President, on adoption of Senator Campbell's amendment. [LB541]

SENATOR COASH: The amendment is adopted. Senator Nordquist for a motion.
[LB541]

SENATOR NORDQUIST: Mr. President, I move LB541 to E&R for engrossing. [LB541]

SENATOR COASH: Members, you've heard the motion. All those in favor say aye. All those opposed say nay. The bill is advanced. Mr. Clerk. [LB541]

CLERK: Mr. President, LR40CA, on Final Reading. Senator Langemeier would move to return the bill for a specific amendment, AM1871. (Legislative Journal page 438.)
[LR40CA]

SENATOR COASH: Senator Langemeier, you're recognized. [LR40CA]

SENATOR LANGEMEIER: Mr. President, members of the body, thank you. When we

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left LR40CA on Select File, Senator Lathrop and I had worked on some dialogue about making sure Game and Parks could still do what Game and Parks does. If we had in our constitution the right to hunt and fish, there was some concern: could they still charge for permits; could they still manage wildlife in the fashion they're doing it today? And so I held a meeting with Senator Lathrop and the Game and Parks and a number of the hunting groups, and we have come up with an amendment that, I think, resolves all their issues. And so I would ask that you would bring LR40CA back to adopt an amendment that will solve some issues. So with that, I'd ask for your support to bring LR40CA back to Select File. Thank you. [LR40CA]

SENATOR COASH: Members, you've heard the motion to return to Select File. All those in favor vote aye; all those opposed vote nay. Mr. Clerk. [LR40CA]

CLERK: 39 ayes, 0 nays, Mr. President, to return the bill to Select File. [LR40CA]

SENATOR COASH: The bill is returned. Senator Langemeier, you're recognized to open on AM1871. [LR40CA]

SENATOR LANGEMEIER: Mr. President and members of the body and colleagues, I appreciate your bringing LR40CA back for AM1871. And I have a little stuff I just want to read into the record to make it clearer as this goes forward what our intent is as a body. After our debate on Select File, Senator Lathrop and some of the sportsmen's groups, as well as the Game and Parks Commission, met in my office to discuss some of the concerns that were raised to the commission's ability to administer and revise game laws that are necessary over time regarding the state statute. AM1871 to LR40CA adds three words that the commission believes gives them the authority to continue in their current manner of regulating hunting, fishing, and harvesting of wildlife while staying within the intent of the resolution. The amendment clarifies that the right to hunt, fish, and harvest wildlife is subject only to laws, rules, and regulations regarding participation and that promotes wildlife conservation and management and that preserves the future of hunting, fishing, and the harvesting of wildlife in Nebraska. Adding the words "regarding participation" gives the commission the leeway to continue to administer game laws as necessary. The commission agrees with the intention of the language in the amendment. So there were some questions that came up on Select File, and I'm going to address some of those as we go through them. How can we ensure that the law can be revised, if necessary, to address safety matters relating to hunting? This additional wording gives the Game and Parks Commission and the Legislature the reassurance needed to make laws and rules and regulations, as necessary, to ensure hunting, fishing, trapping are continued in a safe manner in Nebraska. It's my intention with the amendment to ensure that the Game and Parks Commission has the ability to conduct activities that they are already permitted and authorized to do. Question: What kind of activities are we talking about? It's activities related to offering permits to hunt and fish or enter the state's public parks, recreation, conservation areas and require

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hunter safety education as a condition for receiving a permit to hunt. The intention is that the commission will be able to administer the Nebraska game laws as they do now. I realize that some supporters of this constitutional amendment were worried that changes in language would allow Game and Parks to act in a way that's an unreasonable manner to restrict Nebraska's hunting from citizens that have the right now. The answer to that is that it's not the intent of this amendment and do not believe that it's the intent of the Legislature that the Game and Parks Commission is allowed to do only what the Legislature has authorized them to do. In no manner are they authorized to unreasonably restrict a Nebraska citizen from exercising their right to hunt and fish and harvest game in Nebraska. It's my intent that the language in the constitutional amendment is clear on the extent of the commission's authority relating to the rights to hunt and fish. The Game and Parks Commission believes this amendment accomplishes that goal. One other thing that came up is in LR40CA it states that hunting, fishing, and trapping is the preferred method of wildlife control in Nebraska. It's the intent of this body and LR40CA that this in no way would inhibit the Nebraska Game and Parks' ability to deal with issues, for example, a disease and herd control. Game and Parks still could take the necessary steps to control the well-being of the state's wildlife. And so with that, I would ask for your adoption of AM1871 to LR40CA and then advance it back to Final Reading. Thank you, Mr. President. [LR40CA]

SENATOR COASH: Thank you, Senator Langemeier. You've heard the opening to AM1871. Senator Lathrop, you are recognized. [LR40CA]

SENATOR LATHROP: Thank you, Mr. President and colleagues. Just briefly, I want to thank Senator Langemeier and the folks from the Game and Parks for--and the other interested parties--thank them for sitting down and working through the concerns I expressed on Select File. Senator Langemeier has, I think, done a nice job of setting out the amendment. As simple as it is, it does preserve the ability of Game and Parks to regulate participation in hunting, and that is important. That would not have happened but for this amendment. And it also clarifies that while hunting and fishing is the preferred method, it is certainly to be a consideration in the management of wildlife but not the exclusive means of controlling, for example, Senator Louden's prairie dogs. And with that, I would encourage your support of AM1871 and LR40CA. Thank you. [LR40CA]

SENATOR COASH: Thank you, Senator Lathrop. Senator Council, you are recognized. [LR40CA]

SENATOR COUNCIL: Thank you, Mr. President. And I want to begin by acknowledging the work of Senators Langemeier and Lathrop and the Game and Parks Commission on addressing the points that were raised during Select File debate on this bill. But, quite frankly, the resolution, I think, further highlights the lack of necessity for LR40CA. By including in this amendment the fact that Game and Parks will continue to do what

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Game and Parks has always done is an indication that there is no necessity for this constitutional amendment; that there are no threat of any limitations on the ability to hunt, fish, or harvest wildlife; that we're going to accord the Game and Parks Commission the same type of regulatory authority that they've already had. So the question you need to be asking yourselves is what the purpose is of this constitutional amendment. We should not be burdening our constitution with unnecessary amendments to advance particular agendas, political or otherwise. There is no need for this bill. No one has yet to articulate a threat to anyone in this state to hunt, fish, or trap. I also want to point out that AM1871 does nothing to address the phrase in the constitutional amendment that public hunting, trapping, and fishing is the preferred method. The question was posed on a number of occasions on Select File, what was meant by public hunting, trapping, and fishing? That still has yet to be clarified. But again, if you look at what AM1871 actually does, I think it illuminates the fact that LR40CA is unnecessary. We have a number of legislative resolutions pending before this body this year to amend the constitution. Now, I submit to you that we should only amend the constitution when there are serious and important issues that need to be addressed and codified in our constitution. Without a threat to hunting, fishing, and harvesting of wildlife, we are going to be burdening our constitution with something that, quite frankly, doesn't alter the current state of affairs in the state of Nebraska. And that is, if you want to hunt, fish, trap, you probably need to get a permit; the Game and Parks Commission is going to regulate whether you obtain a permit. And I guess what we want to do is set up challenges when if the Game and Parks sets limitations on the number of permits to be issued, that someone can come in and begin to challenge whether that's a reasonable regulation, because we've placed in our constitution this unnecessary, unfettered right, apparently, although we place these conditions on it, so it's not an unfettered right. I think, by this amendment, that all we do is, if LR40CA advances, is to set this state up for challenge after challenge after challenge as to whether or not the Nebraska Game and Parks Commission has been reasonable in any regulation that they should adopt pursuant to AM1871. LR40CA is unnecessary. It's unnecessary. And AM1871, despite the best intentions,... [LR40CA]

SENATOR COASH: One minute. [LR40CA]

SENATOR COUNCIL: ...just illuminates the lack of necessity for LR40CA. And I would urge the body to oppose AM1871 and the underlying resolution. [LR40CA]

SENATOR COASH: Thank you, Senator Council. Seeing no other lights, Senator Langemeier, you're recognized to close on AM1871. [LR40CA]

SENATOR LANGEMEIER: Mr. President, members of the body, I still would ask for your support of AM1871. I'm going to tell you a little story. As we started to deal with the pipeline this year, all I heard about was we should have done something ten years ago. And ten years ago there wasn't anybody out there looking to put in a 36-inch pipeline

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across Nebraska and definitely through the Sandhills. And so I think we do have to look a little farther than the immediate threat. And I would still ask for your adoption of AM1871. Thank you, Mr. President. [LR40CA]

SENATOR COASH: Thank you, Senator Langemeier. Members, you've heard the closing on AM1871. The question before the body, shall AM1871 be adopted? All those in favor vote aye; those opposed vote nay. Mr. Clerk, please record. [LR40CA]

CLERK: 41 ayes, 1 nay, Mr. President, on the adoption of Senator Langemeier's amendment. [LR40CA]

SENATOR COASH: The amendment is adopted. Senator Nordquist for a motion. [LR40CA]

SENATOR NORDQUIST: Mr. President, I move LR40CA to E&R for engrossing. [LR40CA]

SENATOR COASH: Members, you've heard the motion. All those in favor say aye. Senator Council, you're recognized. [LR40CA]

SENATOR COUNCIL: I would request a board vote, please. [LR40CA]

SENATOR COASH: Mr. Clerk, there has been a request for a board vote. The question is, shall LR40CA be advanced? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk. [LR40CA]

CLERK: 41 ayes, 2 nays, Mr. President, on the advancement of LR40CA. [LR40CA]

SENATOR COASH: LR40CA does advance. That concludes Final Reading. We will now move to items for the record, Mr. Clerk. [LR40CA]

CLERK: Thank you, Mr. President. I have a series of resolutions: Senator Brasch offers LR413, LR414, LR415; Senator Langemeier, LR416, LR417, and LR418, and LR419; Senator Seiler, LR420 and LR421; and Senator Hadley, LR422. All of those will be laid over, Mr. President. Your Committee on Natural Resources reports LB950 to General File with committee amendments attached. Revenue Committee reports LB731 to General File with committee amendments attached and LB745 to General File with committee amendments attached. And that's all that I have, Mr. President. (Legislative Journal pages 634-639.) [LR413 LR414 LR415 LR416 LR417 LR418 LR419 LR420 LR421 LR422 LB950 LB731 LB745]

SENATOR COASH: Thank you, Mr. Clerk. We will now move to General File, 2012 priority bills, the Janssen division. Mr. Clerk.

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CLERK: Mr. President, LB882 offered by Senator Nordquist. (Read title.) The bill was introduced on January 9 of this year, at that time referred to the Banking, Commerce and Insurance Committee. The bill was advanced to General File. At this time I have no amendments to the bill. [LB882]

SENATOR COASH: Thank you, Mr. Clerk. Senator Nordquist, you are recognized to open on LB882. [LB882]

SENATOR NORDQUIST: Thank you, Mr. President and members. I bring LB882 before you this morning. And I'd like to begin this discussion with a few thoughts of really why I've introduced this legislation. I believe wholeheartedly in the value of health insurance and the important role that that industry plays in our state. Too often many of us don't realize...don't think about it, don't think about the value of it, don't think about what's all included until we absolutely need it. I've also brought this bill before you because I know, like many of you, my family has been touched with cancer. When I was 18 years old, my father died because of cancer of the esophagus. In talking to cancer patients who this bill would affect made me think about my own experiences, thinking about what would have happened if my family, with my parents both being public servants living the middle-class lifestyle, what would have happened if we were sitting there in the doctor's office and they said, you have two treatment options, but one of them, the best one for you, you're not likely to afford. What would that have done to my family and how hard that would have been to know that there's a better treatment out there, a better option for us to beat cancer but we can't get that treatment? Upon introduction of this bill, I've heard from many of you who have had personal stories of friends or family members. I've also heard from staff in this body who have come up to me and said their...shared their stories of their courageous battles right now with cancer. And if I asked right now for a show of hands in this body, I'm sure many of you would say that it's personally touched one of you in a very profound way, many of you, I mean, in a very profound way. And the best we can hope for when it hits one of us, one of our family members, one of our friends is that we have the resources to wage the battle against cancer to save our lives or the life of our family member. And, unfortunately, many middle-class Nebraskans struggle because of that, even those with comprehensive health insurance. If it is...if the doctor says you have cancer today and says I have two treatments for you, one that comes in the form of a pill and one that comes in the form of a bag, an IV bag, many middle-class Nebraskans wouldn't be able to choose, wouldn't be able to get the form that comes in the pill, even if it is the best option for them, even if their doctor says it's the best one for them. And these situations aren't hypothetical. They're happening every day in our state to every one of our constituents. My brother, who's an oncologist many of you know, some of you have talked to, has a cancer center in west Omaha. He's got over half a dozen patients at this point in time who have fallen victim to this. They've tried to figure out how to get the care that they need. Sometimes there isn't the option. Sometimes oral is the only option, as the case of Senator Fulton and Senator

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Fulton's constituent, and he will speak to that in a bit about the situation that their family went through. This bill, LB882, that we're offering is a basic protection to middle-class families who are doing things the right way. They're working hard. They're playing by the rules. They've bought comprehensive health insurance because they know that when they get sick they need help, when they get a serious complicated illness that they can have the protections there. But, unfortunately, it's not always there. And that's what this bill seeks to remedy, that regardless if the chemo treatment for your cancer comes in the form of a pill or in the form of an IV bag, we are going to work to make sure that that's covered and covered equally and covered in a way that middle-class families can afford it. Now we've heard at the hearing and we've heard from folks in opposition on a few different levels, we've heard about the cost. And I've spoken with many of you about this, about the national studies that have been done. There's a letter from the state of Indiana, a year after they passed the bill from their department of insurance, that says there's been no increase due to this. There is, in the 15 states that have passed it, there's no documented evidence that there's been substantial increases. In the national studies that have been done prior to passage of some of these show that we're talking pennies per member per month, if anything at all, pennies per member per month to let people know and to give them the protection that when they, their family, gets diagnosed with cancer, that they have all of the best treatment options available to them. We've also heard that folks say we don't know how to come into compliance with this. Folks, the bill is very open and creates a lot of flexibility for insurance companies to come into compliance with this. All it says is that oral chemo cannot be covered in any less favorable than IV chemo. And for those companies, we know the top three in the state all cover both oral and IV already. We know that those companies, two of them are national companies and the other one belongs to a national association. The fact of the matter is, this bill has been passed in 15 states. I find it hard to believe that they don't know how to come in compliance with it when it's likely either their company or their associate companies have been coming into compliance with it in 15 states. So the bill gives them the flexibility to make this work. And as we're standing here today, other states continue to move forward on this. The 15th state was recently New Jersey when Governor Christie signed this bill just a few weeks ago. Just last week in Virginia, their house passed a bill 100 to nothing; their senate passed it 37 to 4; combined 137-to-4 vote in the state of Virginia just last week. And another issue that's been raised to try to muddy the waters is just the percentage of people that would be impacted by this. We've heard 25 to 30 percent. It's probably accurate. But if we drill down on the numbers, we can understand why. First of all, 16 percent of our population, roughly, is covered by Medicare which has the Prescription Drug Part D program. You pay a cost share for the first part, and then there's a doughnut hole, which is shrinking under the Affordable Care Act, and then above that on very high cost on kind of the catastrophic coverage you only do a 5 percent copay, a 5 percent cost share, or I should say. So Medicare, while you only pay 5 percent once you get to that top level, while that's probably still expensive on a very expensive oral chemo drug, it's much better parity than working families have today. We have about 12 percent of our population on

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Medicaid, where those people, where folks on Medicaid are only paying a few dollars copay. So they go and get, if it's a high-cost, \$10,000 oral chemo drug, they're going to pay a \$5 copay. So we're talking about people who are working in the middle here, and that there is the ERISA plans, the self-insured ERISA plans that we as a state don't have the discretion to tell what to do. Luckily our Congressman in the 1st Congressional District, Jeff Fortenberry, is the cosponsor of a federal law which would address that, which would create parity in those self-insured ERISA plans. And we need to work to make that happen. But all we can do today, as with any insurance issue like this, is address the other folks, and that's what we're doing. And I don't think it's worth writing off that we're going to get 25 to 30 percent of working families in this state covered with the cancer treatments that they need. I think that's an important point to make. Again, this bill comes down to the idea that when you get cancer, your family gets cancer, that we leave the decision to the doctor and the patient to say the best chemo treatment for you is either in the pill form or the bag form and you can get access to that. So the bill is very...modeled after, very similar to the 15 other states that have passed this,... [LB882]

SENATOR COASH: One minute. [LB882]

SENATOR NORDQUIST: ...that has been signed by...the bill that has been signed by Governors Pawlenty, Mitch Daniels, Chris Christie, Rick Perry, and all these other states. It's a bill for consumers. It's a bill for Nebraska families that are battling this. I only have a minute left here. I would yield Senator Fulton and he can hop onto some other time. Thank you. [LB882]

SENATOR COASH: Thank you, Senator Nordquist. Members, you've heard the opening to LB882. There are members wishing to speak. Senator Fulton, you're yielded 20 seconds. [LB882]

SENATOR FULTON: Am I next in the queue? [LB882]

SENATOR COASH: You are third. [LB882]

SENATOR FULTON: I'll just wait until my time comes up. Thank you, Mr. President. [LB882]

SENATOR COASH: Thank you, Senator Fulton. Those wishing to speak: Senators Price, Christensen, Fulton, and others. Senator Price, you're recognized. [LB882]

SENATOR PRICE: Thank you, Mr. President, members. Good morning. This bill will present many challenges for us because, as Senator Nordquist has said, we've all been touched, I'm sure, by the disease of cancer in one way or another. I know I lost my mother to it. You know, the question here of creating a mandate is what we're going to wrestle with, I suspect. What we're saying is the money that was the charges to a

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patient were pretty fully burdened to the patient because this type of medication and this delivery wasn't available in the days when IV delivery was encompassed under our current rules and regulations. And so the question I have--and I'm going to listen for the answer, to be honest with you--is notwithstanding the cost of the medication, right now why is this deemed to be a problem to have a person go home and take a medication? And how is that cheap...more expensive than a person who has to stay in a medical facility, has to have a clean needle for the intravenous application or have surgery to put in a port and have to come back to a hospital, be under supervision? I'm not understanding the pricing model here. I just did a quick search and there's some medications that will cost a patient \$4,000 a month to take a pill. And yet for a small copay they can go in and get intravenous drugs put in, they can go have a surgery and put a port in. I'm not understanding that cost model. I call into question how we allow this to happen. It can't be more expensive to go home and take a pill. But I also would like to take this opportunity to talk about section (2) of the bill, because I have, in the Health Committee, I have a bill, LB574, which we talk about prior authorizations, the electronic prior authorizations. And here's the challenge. Ladies and gentlemen, citizens of Nebraska, by hook or by crook, by some way or another, we're going to drag this state into the twenty-first century. Right now, prior authorizations are a machination of paper and facts. And there is a great deal of complexity in going to an electronic manner of accomplishing this. And many states are exploring it by setting up committees, looking at it, because one of the things that has to happen is the National Council on Prescription Drug Programs is trying to come up with a format and a standard so we'll be able to do this. But what we need to do is we need to find a way that a patient--we stay patient-focused here--that a patient goes to a physician. The physician require...has a formulary and would like for the patient to receive a certain medication and have a certain protocol. And then the patient goes home, and then they find out that they can't get it filled because of the, again, due to the complex nature of things, something in the formulary has changed and they are no longer in the plan for it. And now they have to go get an authorization to get clearance from their insured to cover that medication or find a... [LB882 LB574]

SENATOR COASH: One minute. [LB882]

SENATOR PRICE: Thank you...a suitable replacement. And right now there are physicians who are fully capable who could put in an electronic request to the insurer. But unfortunately, when it gets to the insurers, they're sitting there, they're having to go through a lot of complex decisions, and instead of getting an e-mail, looking at that and getting it back, you have to send in a fax. Ladies and gentlemen, a fax is nothing more than the digitalization of a piece of paper that is then electronically transmitted. So why can't we electronically transmit via some other methodology? And with that, we'll talk more. And I may bring back an amendment to form this committee to look at this for Nebraska. Thank you, Mr. President. [LB882]

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SENATOR COASH: Thank you, Senator Price. Those wishing to speak: Senators Christensen, Fulton, Gloor, McCoy, and others. Senator Christensen, you're recognized. [LB882]

SENATOR CHRISTENSEN: Thank you, Mr. President. This was a difficult one for me to vote out of committee. I actually missed the hearing, introducing bills in other committees. But when I listened to both sides on this and you think about this bill, the cost on this should not change. In fact, if anything, it should be cheaper. I know for the patient it's going to be a lot cheaper. You take a rural area like I'm in, we'll drive a minimum of 60 to 90 miles to get cancer treatments. So you're going to be gone three to four hours including your drive time, being at the doctor, or you could be at home taking this pill. And if you think about the lost productivity, being away from your job, and it is a big factor as we look at it. So I call this a very common-sense bill. The difficult part of this comes on the insurance company's side, because using an IV treatment is one side of the insurance claim; prescription drugs is in another category and separated. So either they got to bring the prescription drug over into the treatment area or they got to figure out a way to handle the costs through the prescription drug side, which I would have to think they have a number of different copay levels on different drugs. This one just would be listed as a zero copay once your deductible is met, would make it work very simple. They have told me that they haven't been able to figure this out yet. They have visited with other states and it's unclear how they handle it. But I can't believe this can't be figured out. And so I voted this out because I'm anxious to hear the discussion and to see what this body believes on this bill, which is the best method and approach to have, whether we leave it as it is now. You're going to pay extra to have the pill and the convenience to be at home or you're going to go into the hospital or into the doctor's office and have the intravenously placed in, which I guess is why I say this is the common-sense part of this. Both drugs are on the market. It's not new. So it only makes sense that you allow people to be able to use the prescription side, do it at home, save the cost of running around, because quite often everyone I visit with, they can't drive over there, get the IV treatment, drive themselves home. Now it takes a second person away from work or somebody helping them. So you start looking at the impacts on the patient, they just keep building. And this is a way that we can look at addressing the issue from the patient's side that's going to make it simpler, should not cost the insurance companies no more than what it is now, just a different way in the way they're billing it. So I'm anxious to listen to those that are on the opposition side to see what I have missed, and base my decision upon everything I learned. But right now... [LB882]

SENATOR COASH: One minute. [LB882]

SENATOR CHRISTENSEN: ...that's the reason I voted this out. I was the fifth vote to get this out here for discussion. And I'm anxious to see what the body decides. Thank you. [LB882]

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SENATOR COASH: Thank you, Senator Christensen. Senator Fulton, you're recognized. [LB882]

SENATOR FULTON: Thank you, Mr. President and members of the body. Good morning. Senator Christensen, I think that's a great attitude to adopt. Let us hear some debate on this. I'm certain that there is...in fact, I think I can articulate the opposing side. But, you know, that being true in being able to articulate an opposing side, I think one becomes more firm in one's conviction of the voracity of his own opinion. And I think this is a worthy bill and I'm supporting it. And I want to share with you, just break this into an experiential explanation. I visited with a mother from my district who had this experience which I'm now going to relate to you. And as I do so, as I was apprehending this, as I was listening to this description of her situation, I put myself in her shoes. I, too, am a parent and we buy our own health insurance and I try to pay close attention to that which we purchase. Her son had cancer, has cancer, and they have insurance, catastrophic insurance. And within their insurance is included chemotherapy, anticancer medication. I think...I went back and checked in my policy, and as I recall, it says just simply chemotherapy. It was a summary of the benefits included in my policy. She was told that the only kind of chemotherapy that is covered in her policy is the intravenous chemotherapy. The other, the oral, was not covered. And as I understand it, in her situation the oral was preferable. It gave her son the better chance to live, to beat this cancer. But, alas, it's not covered. And she went down many roads to try to see that it should be covered and try to make sure that what she thought was previously covered is indeed honored, but she was unsuccessful. And no other place to go, she came here to the State Legislature. And I remember receiving the e-mail from her and thinking through that situation. And as it turns out, Senator Nordquist was already on this bill. But put yourself in her shoes. I read through the policy before I purchased it. I think that I'm an informed consumer. I compared to another policy, actually to a couple of other policies, comparing price, comparing benefits. And if you read that chemotherapy is included in your policy, then I think you would probably come to the conclusion that the best chemotherapy would be covered by your policy. It just seems to be common sense. And so in one respect I can understand and I do understand and identify with the apprehension in putting forth a mandate in the statute which will be picked up by the insurance companies, and I oppose those. Generally I do oppose those mandates because they drive up the cost of healthcare. I don't see this as a mandate. This, I think, is a definition, a clarification of a definition. I think an average person of reasonable intelligence reading through a policy and understanding that chemotherapy is covered would expect that the chemotherapy best able to address this particular form of cancer is covered. And so I think this is a clarification about what is broadly understood already by a majority of Nebraskans, at least by this Nebraskan. That's the way I would understand it and that's the way I understood it. [LB882]

SENATOR COASH: One minute. [LB882]

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SENATOR FULTON: And so I stand in support of LB882 because I think it clarifies what every Nebraskan believes about what's covered and what's not covered. Indeed, other states have done this. It seems that this is an appropriate way forward, and I do support LB882. I'd like to yield the remainder of my time, if any, to Senator Gloor. [LB882]

SENATOR COASH: Senator Gloor, 35 seconds, and you're next in the queue. [LB882]

SENATOR GLOOR: Thank you, and, Mr. President, if you'll let me just transition into my time. Thank you. Members, you don't want to come before the Banking, Commerce and Insurance Committee with a bill that talks about mandates on insurance coverage. You don't want to be that person because it's an extremely hard sell. This is my fourth year on that committee and I have joined that committee in turning down requests for cochlear implants, prosthetics, additional levels of coverage. It's difficult, difficult decision and heartrending. But the Banking, Commerce and Insurance Committee knows that every time some sort of a mandate goes on insurance, it can drive up the cost and an increased number of Nebraskans can no longer afford health insurance. And yet this bill advanced. And that's because it does not fall under the same category as those sorts of mandates. And let me explain as best I can, although there have been pieces of it that have already been brought forward, maybe perhaps from a more clinical standpoint, as I've asked, and my past experience brings some knowledge to me, why this is a horse of a different color. Assume that you had a tumor and went in for surgery. And you woke up after surgery and found out that the surgery was successful, the tumor had been removed, but you still had an open surgical wound. And you're told, yes, but we took care of the surgery. We took care of the tumor and got it taken out, but closing the wound requires you to pay out of your own pocket and we need to know that you're going to be able to do that before we can close up the wound. Now that sounds ridiculous to you but I have to explain to you that the regimens we're talking about for a lot of these oral medications are not just part of the way that some cancers are treated but the only way to treat some of these cancers--the only way to treat some of these cancers. Certain kidney cancers, as an example, are treated with oral medications that aren't the chemotherapy poisons that kill the tumors. These oral medications actually affect, at the cellular level, cancer cell's ability to replicate and grow, and you take them orally. If this oral medication could only be taken by being admitted to a hospital and had it ground up and put in your food and you eat it for two days while you're in the hospital, this would be covered. If it could be put in a lollypop form and you had to go to an outpatient cancer center and lick it to take it, it would be covered. But because it is in a simple form that can be taken orally in a very nontechnical way, it gets treated as if you were taking high blood pressure medication, as if you were taking something that was an antibiotic. And that's the reason this is different, and that's the reason that's different. If my simplified explanation helps, and I hope it helps, that's the predicament we have here. It's also the reason that when this is understood by state legislators across the nation, they vote, in some cases unanimously, to bring this forward because it is different. It isn't just convenience. It isn't because this works a little better and allows

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you to maintain more of a lifestyle. There are cases where that's the case. But we are talking about a leap in medical technology that's a wonderful thing but has exceeded our insurance companies' understanding of this or their ability to make adjustments to this. And so we still treat it as if it falls under your traditional drug regimens for your insurance coverage. It's unfortunate we're at this point. But let me tell you something you should take pride in. If you have a cancer diagnosis, there are few states in the Union that you want to live in where you can be sure that you're going to get the latest technology, efficacy in treatment protocols in the state of Nebraska. And it's not just in Omaha. And it's not just in Lincoln. It's across the state. We have an oncologist who lives in Grand Island who was asked and has written one of the chapters in the definitive oncology reference book. There are cancer networks across this state and they provide incredible care. I don't plan to leave Nebraska if I get a cancer diagnosis with what I know, and yet we have pharmacological laws or pieces of insurance that are antiquated. There is a reason that the university is coming in and talking about dollars to put into cancer research and cancer therapy. I'm not here to promote that today. But there's a reason behind it, and it's because the prestige... [LB882]

SENATOR COASH: One minute. [LB882]

SENATOR GLOOR: ...in Nebraska already...thank you, Mr. President...that relates to cancer treatment. This may be a step ahead of where the insurers are at but they will get there. Maybe a year, two, three from now, they won't have any problem covering this. Why wait? It's the right thing to do and it's the right thing to do now for the right reasons. Thank you. [LB882]

SENATOR COASH: Thank you, Senator Gloor. Senator McCoy, you are recognized. [LB882]

SENATOR McCOY: Thank you, Mr. President, members. Would Senator Nordquist yield to a question, please? [LB882]

SENATOR COASH: Senator Nordquist, would you yield? [LB882]

SENATOR NORDQUIST: Happy to. [LB882]

SENATOR McCOY: Thank you, Senator Nordquist. You mentioned in your opening, national studies. What national studies were you referring to? [LB882]

SENATOR NORDQUIST: It was the national study done by Milliman, which is the same company that the...our Department of Health and Human Services hired to conduct a study on the Affordable Care Act impact on our state, and they showed for most plans it would certainly be under \$6 a month...or \$6 a year per member, 50 cents per member per month. For larger plans, it was down into the pennies per member per month. So

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that was the national study that was done. Several other states, California has conducted a state study; Indiana spoke about their experience. [LB882]

SENATOR McCOY: Thank you, Senator. That will be all my questions for you at this point. Members, I find that significant and I'll get back to that in just a moment. But I want to start off by if you look at the committee statement on LB882, I was one of three members of the committee that did not vote to advance this bill to the floor, not because I don't feel that this subject matter is of grave concern to a lot of us here in the body and Nebraskans as a whole. I would agree with Senator Nordquist that I would daresay probably isn't a one of us here that hasn't had cancer affect their family in some significant way. It's touched my family as well, perhaps not as closely as Senator Nordquist. And I appreciate his deep concern over this issue. It's admirable. I feel, though, that this legislation, that this isn't the right time for this legislation. And one of the reasons is ironically enough, perhaps it's not ironic, today at 1:30 this afternoon in Biloxi, Mississippi, at the national...winter meeting of the National Conference of Insurance Legislators, known as NCOIL to those of us that deal with them, will convene a meeting with many of the same proponents and opponents or their national organizations that testified on this bill--the American Cancer Society, the insurance companies of America, pharmaceutical companies. Many of the same folks that testified as proponents and opponents of this legislation here in Nebraska will meet in Biloxi, Mississippi. I hold in my hand a report from NCOIL that talks about that meeting this afternoon at 1:30 in Biloxi, Mississippi, and it's titled "NCOIL Legislators Launch Investigation into Oral Chemotherapy Coverage." And the nature of this meeting this afternoon, members, is to talk about what this means on a national basis, what this means as individual state legislatures across the country, the 15 states that Senator Nordquist has mentioned and the other states that are currently contemplating this. In addition to here in Nebraska, I believe there's some 20-odd states that are contemplating this coverage at some point during their legislative process, those that have every-year legislative sessions this year, other ones that will be addressing this shortly. You know, the reason I asked Senator Nordquist of what national studies he talked upon his opening is because I also hold in my hand that very same Milliman report that he refers to. Members, there's no mention in that Milliman report of what this means for small business and small business owners. This report is about large employers. And Senator Nordquist very well may be correct. This may cost pennies, \$6, maybe nothing for some large employers. [LB882]

SENATOR COASH: One minute. [LB882]

SENATOR McCOY: I'll probably continue to have many questions on this, but I would say I don't have to remind you many of us in this body are small business owners. Many of us in this body have employees in our small businesses. And you know the reason for that? That's because 76 percent of Nebraska businesses are small business. How can we look at LB882 and not look at the impact that it will have on small business

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owners? Senator Nordquist talked about having the resources, if you're someone who contracts cancer, to fight that disease. What about those who may be driven into the ranks of the uninsured because of small business premiums, insurance premiums, that go through the roof? I have very, very... [LB882]

SENATOR COASH: Time, Senator. [LB882]

SENATOR McCOY: ...many more questions on this. Thank you. [LB882]

SENATOR COASH: Thank you, Senator McCoy. (Visitors introduced.) Members wishing to speak: Senators Wallman, Nordquist, Cornett, Schilz, and others. Senator Wallman, you are recognized. [LB882]

SENATOR WALLMAN: Thank you, Mr. President, fellow members of the body. I knew there would be push back on a bill like this. But I cosigned this bill because I have experience with this, and I would definitely rather have oral than a port. And I cannot see how this would be that much difference in cost. But as we realize sometimes: figures lie, liars figure. And I was trying to get something out of committee on density of the breast, as far as taking further tests, like MRI or something. That bill didn't get out of that committee. Why? Insurance resistance and also the cancer organization, we couldn't get much traction. And this is an emotional issue. This is a big cash cow for insurance companies and also for hospitals. It costs a lot of money. And I don't know why this is but it does. And so we should be looking at this as an option. And I thank Senator Nordquist, I thank him, I thank him. And if he'd like the rest of my time, he can have it. Thank you, Mr. President. [LB882]

SENATOR COASH: Senator Nordquist, you have 3 minutes 45 seconds, and you are next in the queue. [LB882]

SENATOR NORDQUIST: All right. Thank you, Senator Wallman, for that. I want to...I didn't get a chance to thank Senator Christensen for his comments, Senator Gloor. I know Senator Christensen thought long and hard about this issue in committee. And, again, I think Senator Gloor mentioned, this is a committee that's been very judicious with issues like this. And this is one that they chose to move forward with because they know the impact on Nebraskans. You know, the issue...I did a handout, a one-page handout, maybe I'll tell you...the other packet too, these are some letters that came in. Some of them I read into the record at the...read their statement of support at the hearing from the Nebraska Oncology Society; Susan Komen; there's testimony from the introducer in the state of Kansas who talks about the impact on her life and the importance of this bill; the International Myeloma Foundation. Then there's a map. And we talked about the convenience issue. And while this isn't obviously the key part, for me the key part is getting the patients what they need, this is a map of the key cancer centers in Nebraska. Eighty percent of Nebraskans receive their care at one of these

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sites, and you can see how far apart they are. If you're located in north-central Nebraska, it's likely you're going to travel quite a ways to receive your IV chemo four days a week, three days a week. And there's options for you, potentially options, to receive it via oral with less side effects. And as we talk about the cost, that's something that we need to consider, is the side effects. Senator Coash had a constituent that testified at the hearing who she had the choice, there was the choice of oral or IV, but because of her insurance she had to go with the IV route. She had to have a port put in, had complications and was hospitalized. I guarantee the cost of that ate up the difference in the cost of the drugs. The other page I handed out, a one-pager, on the back is kind of a cost showing of a variety of oral versus IV drugs. As you can see, there's not, you know, not a lot of difference. On the other side is a specific treatment for nonsmall cell lung cancer. And if you look at the cost of oral, which is expensive, \$20,000 for a course of treatment versus \$16,000 for the IV, but by the time you add in the cost of paying oncologists, like my brother at his cancer center, or other folks around the state to administer that,... [LB882]

SENATOR COASH: One minute. [LB882]

SENATOR NORDQUIST: ...the cost difference goes away. And we received a letter from an oncologist in Lincoln that spoke specifically about the current cost system, which is these policies are archaic, left over from a time when most medicines were fairly cheap. Many years ago, it was not anticipated that certain essential medications taken at home would cost thousands of dollars. And this problem is going to continue. If you talk to folks that represent drug manufacturers, there's 40 or 50 FDA-approved oral chemo drugs right now. All of the research dollars that's going into that because, as Senator Gloor said, it's targeted, it's less...has a less impact on your body, and there's over 400 drugs in the pipeline right now. We need to move forward with this so Nebraskans facing cancer have access to everything that they need to beat the disease. Thank you. [LB882]

SENATOR COASH: Thank you, Senator Nordquist. You are now on your own time. [LB882]

SENATOR NORDQUIST: I'll yield my time to Senator Cornett. [LB882]

SENATOR COASH: Senator Cornett, 5 minutes. [LB882]

SENATOR CORNETT: Thank you very much. I rise in strong support of this bill. As the Banking, Insurance Committee knows, I've had a bill in front of their committee dealing with tiering of medications. And probably most of you don't know, I have a disease where I have to go in every month and receive IVIG therapy. It's really expensive. It's thousands of dollars a month. I don't have the option of taking a pill. And it's not often that Senator Price and I disagree on something, but the ability to take a pill and not be ill

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for days afterwards, not have the personal repercussions, physical repercussions, not to sit in an infusion center for six to eight hours out of your life, not to have to be stuck with a needle repeatedly, not to have a port, which as Senator Nordquist brought up brings complications of its own. If you're talking about a difference of a couple thousand dollars a month versus having a port put in and the risk of infection with a port, the risk of...or the time going into the infusion center, the cost of administering the IV, the cost of the personnel that have to be at the chemo treatment lab, because a lot of times I've had to go to a chemo lab because they couldn't do mine at an infusion center. You have to be monitored when you're on IV chemo. That's nurses. That's technicians. That's the cost of the procedure. If you could take a pill at home and not be as ill, the personal cost to you is great. The financial cost of going into an infusion center or into a chemo lab is great. This is a very good bill that supports the people in this state that need it. This gives them the opportunity to enjoy a better quality of life, not to mention the fact, most of you probably know that I work in this area in my private life. A lot of these chemo drugs, oral chemo drugs, are cutting-edge medication. Yes, they may cost more, but their efficacy rate is much higher. The reoccurrence of cancer is lower. The physical repercussions on the patient are less. They work better and they work quicker. And overall if you can extend someone's life or cure them with a pill rather than torturing them every month or every week or sometimes a couple of times a week with IV therapy, I think that we as a state really ought to move forward with that. Thank you. [LB882]

SENATOR COASH: Thank you, Senator Cornett. Senator Cornett, you are next and recognized. [LB882]

SENATOR CORNETT: (Microphone malfunction)...Nordquist. [LB882]

SENATOR COASH: Senator Nordquist, 5 minutes. [LB882]

SENATOR NORDQUIST: Thank you. Thank you, again, Mr. President. Thank you, Senator Cornett. I think it's important to talk about the impact on business and small business. There's a...I think...I can't remember if we handed it out or not, oh, I think on the back of the pack, the bigger packet, there's some stats of a study done in 2009 of 64,000 employees with cancer that outline the major financial impact on employers and employees due to missed work for cancer treatment. On average, employees missed 26 workdays because of traditional chemotherapy or radiation and 18 days due to treatment and management of side effects because of that. Replace that with taking a pill and being able to continue to work, plus the cost of caregivers. It says 70 percent of cancer patients indicated they were accompanied by a caregiver, a loved one, a spouse, a family member. That's people taken out of our work force. If you're a small employer with only a handful of employees and you have to give one of those up three, four days a week to get IV and then the side effects of that, that's a tremendous hit to your business, where this is an ability to keep those people healthy and keep them

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working. And I just want to note what another...in another state, here in Illinois, their chamber of commerce, there was a bill pending that addressed this issue as well as the clinical drug trials, which I know is an issue Senator Gloor has worked on for a while. And they say...this is quoting from the story written in the Springfield State Journal-Register in Illinois: The Illinois Chamber of Commerce, which often opposes state insurance mandates, didn't object to these two bills, because their mandates won't significantly increase insurance costs for employers, according to Jay Shattuck, executive director of the chamber's Employment Law Council. We are seeing across states, we have not seen any increase in cost. We are seeing other organizations, that typically don't support these things, at least not stand in the way of them because they see the common sense here of keeping people healthy by getting them the best treatment. If any of you want to talk about the importance of the efficacy of drugs, I'll give you my brother's cell phone number. He's happy to speak with any of you about the times that, if they don't hit it right, patients are coming back and back again. That's why it's important to get it right the first time and getting people the treatment that's best for them. And there's no cookie cutter here. It all depends on a person's...it depends on their age, it depends on other health complications. You have to have the right treatment at the right time to beat cancer, and that's what we need to get for Nebraskans. Thank you, Mr. President. [LB882]

SENATOR COASH: Thank you, Senator Nordquist. Those wishing to speak: Senator Schilz, Krist, Campbell, Schumacher, and others. Senator Schilz, you're recognized. [LB882]

SENATOR SCHILZ: Thank you, Mr. President and members of the body. Good morning again. I sit on the Banking, Commerce and Insurance Committee and we heard this bill, and I was one of the three votes that voted not to bring it out of committee. And the main reason for that is, and everything that Senator Nordquist is talking about, I mean, I'm not disputing that. I think that this is...these are wonderful advancements in technology and science and medicine for these people that need these drugs. I think it makes sense at some point. I just haven't figured out the process of how this works now. One of my biggest concerns, obviously, is the cost to small businesses and what that will do, and I heard Senator Nordquist talk about that. But that's always a concern every time that we look at something, and insurance costs aren't going down. They continue to move upward, they continue to spiral upward, and we need to find...we need to make sure that we don't take a step that increases that further. So that's a question that I'm still exploring to try to figure out. I also wonder in this new age and as we move forward with what we may have to take upon from the federal government, will this cost the state any money? As I look at what mandates are coming down from the federal government, taking this step here in the Legislature today may cost the state of Nebraska money, and we're exploring to see if that is the case or not right now. I want to see anyone that has a need for these kind of drugs to be able to get them, to use them to combat and defeat their disease. Cancer is an ugly thing. I've been through it.

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It's very...I've been through it with my family. It's a very personal thing. My mother passed away in 2005 from lung cancer. And so as I look at this, I don't look at this flippantly. It's a very, very serious issue and it's one that I take seriously. And at this point, I still can't come to be in support of this bill on the floor today. There will be a time when we know the process that we need to do, where we understand the ramifications of what it means to take upon this responsibility as a state and move this mandate forward. But I'm not sure it's today. And with that, I would yield my time to Senator McCoy. [LB882]

SENATOR COASH: Senator McCoy, 2 minutes. [LB882]

SENATOR McCOY: Thank you, Mr. President. And thank you, Senator Schilz. I'd like to go back to something that Senator Nordquist just mentioned. He talked about it being important to realize the impact on small business with this legislation. I would agree with that. That's why I mentioned that in my first time on the microphone speaking about this. He referenced the last page of his handout, which is the economic case for ensuring oral chemotherapy access, and talked about a 2009 study of 64,000 employees. I would refer you back to the Milliman report, from which Senator Nordquist draws much of his data for this legislation, page 11. And I quote: Because oral chemotherapy is sometimes combined with infused agents and because oral and infused agents are not often directly substitutable, we believe the hypothesis of cost reduction by avoiding infusion-related costs is unproved. So, members, I would submit to you... [LB882]

SENATOR COASH: One minute. [LB882]

SENATOR McCOY: ...it may be that there are times that, by nature of taking an oral chemotherapy drug, it allows an employee to be back at work earlier than a class IV infusion drug. But the very Milliman report talks about that's unproved at this point. I would agree with Senator Schilz in that there very well may be a day that there is a path forward, truly forward, on this legislation, but I don't believe it's today, not here in Nebraska. I would submit to you, and perhaps Senator Nordquist would address this at some point, of the 15 states that have passed such legislation, it's my understanding that perhaps only 2, members, 2 states have fully implemented this legislation because they don't know how to do it with rules and regulations. [LB882]

SENATOR COASH: Time, Senator. [LB882]

SENATOR McCOY: Thank you. [LB882]

SENATOR COASH: Thank you, Senator McCoy. Senator Krist, you're recognized. [LB882]

SENATOR KRIST: Good morning, again, Nebraska and colleagues. I think there's some

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questions that are fundamental to this piece of legislation that I don't have answers to. I will address Senator Nordquist in just a minute, if he'll yield, but first I just want to say this. You know, medical science is not a static entity. It is so dynamic. It changes so much. When my father was diagnosed with mesothelioma, the first question asked was have you ever smoked a cigarette, because there was always the possibility of a false diagnosis. And an oncologist will tell you, incorrectly treating a cancer can be fatal. You can do more damage with the wrong kind of treatment. So in having said that and having had that experience in my family, I can say that as we move forward it may be, as Senator McCoy just related, that in the future taking your pill and going back to work is the best treatment. It may be that you have to sit there, unfortunately, and have the injections and go through the process that my father did three, four hours at a time, and then feeling the way that he did for two or three days after that. That's called quality of life. But fundamentally I also want to say that I think this probably should have been a joint hearing between Health and Human Services and Banking and Insurance because we hear these kinds of things all the time in the scope of practice and the reality of the dynamics of medical science and moving forward, and we even do some bovine stuff, as you're probably aware. But fundamental to these questions, if Senator Nordquist would yield. [LB882]

SENATOR COASH: Senator Nordquist, will you yield? [LB882]

SENATOR NORDQUIST: Yep. [LB882]

SENATOR KRIST: Senator, I don't know if you know the answers to these questions. I'll just take them one at a time, and maybe it's something that we can get to in days ahead. Is this covered under a medical benefit or a prescription benefit, because the legislation really doesn't go into that detail? [LB882]

SENATOR NORDQUIST: Yeah. The IV is covered under a medical benefit because it's administered in a physician's office or in a hospital and you pay an outpatient copay. The oral is covered under a pharmaceutical benefit. [LB882]

SENATOR KRIST: Okay. So as a prescription benefit, will the copay at the pharmacy or the doctor's office be relatively the same in terms of the insurance world as it is today? I mean, and I guess my understanding there is that these drugs, some of them new to the market, can cost \$10,000 or excess. [LB882]

SENATOR NORDQUIST: Uh-huh. Yeah. [LB882]

SENATOR KRIST: I'm not going to give you a number, but it can be very expensive. [LB882]

SENATOR NORDQUIST: Yeah. Yeah. [LB882]

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SENATOR KRIST: So how does a pharmacy allow you to walk out the door with anything other than a normal copay? [LB882]

SENATOR NORDQUIST: Well, I think it would be similar to how pharmacies and insurance companies work together right now on different tiers of drugs. They charge so much for this tier, so much for this tier. I don't think it would be that difficult to say if it's oral chemo, here is what the copay would be. [LB882]

SENATOR KRIST: Okay. So if the drug was, as it's been talked about, as expensive as it is, the copay could potentially be several hundred thousand...or \$700 or maybe even \$1,000 just to walk outside the pharmacy with that drug. [LB882]

SENATOR NORDQUIST: It would have to be, the bill says, no less favorable. So I think it would have to be on...considered on a course of treatment. So if you're looking at a course of treatment over here and your copays would add up to this, the insurance company would do an equivalent, this is no less favorable on the oral side, so this is what your copay would have to be to walk out today with that drug. [LB882]

SENATOR KRIST: Okay. And then in your experience and your family relations, do you see the drug companies actually assisting with this move forward in technology? [LB882]

SENATOR COASH: One minute. [LB882]

SENATOR NORDQUIST: Assisting with the costs, you mean, or...? [LB882]

SENATOR KRIST: As we've heard so many times when...if you can't afford this medication, contact the drug... [LB882]

SENATOR NORDQUIST: Yeah. My brother said about a year ago...you know, it's been growing, he just started his own cancer center about a year ago, but it used to be that they could get some foundational support. But he said that's been drying up more and more as more oral cancer drugs are coming onto the market and those dollars are becoming less and less. So there was support, but now as more people are taking oral drugs and more drugs are coming out, there's not...there certainly isn't enough to go around. And he's got a half a dozen patients right now, he said, that he can't get funded. [LB882]

SENATOR KRIST: So then, very quickly, it comes back on the burden of the insurance company and the potential additional money. But you've covered that in terms of where we are. I think there's more data available. I just ask us to look at those details. Thank you, Mr. President. [LB882]

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SENATOR COASH: Thank you, Senators. Senator Campbell, you're recognized.
[LB882]

SENATOR CAMPBELL: Thank you, Mr. President, and good morning, colleagues. My comments this morning certainly support the bill before us and have to do with a personal reflection regarding a staff member, that I had at the agency I work for, several years ago. And I have to say that Dick and I have been very blessed in the fact that we have not had a member of our families have cancer. And so this was my very first interaction with someone who had cancer and the effects on their life. And I have to say that I very much understand what people talk about in terms of the cost and to a small agency when a staff member has cancer. It's not only a cost of time to that patient, it's not only a cost of time to their family, but there is a cost of time to that agency or that business they work for. We tried very hard in the months that she had chemotherapy for breast cancer and worked diligently to keep her involved. But I have to tell you that there was a loss of productivity, a loss of time, and we had made that commitment to her as an individual and we wanted her to continue with the company. But don't be misled, colleagues; there is a cost here. And I looked at that cost for my staff member in terms of our own agency as small, watching what she and her family went through. I was very touched by the article in the paper of Senator Fulton's constituent in terms of what it was costing her. And I wouldn't want to get to a point in which perhaps the best treatment for a member of my family can only be purchased by those who can afford it. And that is exactly what this woman in the story in the newspaper told. She had the resources or scraped them together. That should not be the case in the state of Nebraska. If we have an alternative that we think might be better, the health issues of cancer are so impactful but I do see them as differently than some of the other issues that might have come before the insurance and banking industry. It's touched on so many families and people in our state; is worthy of our attention. And I wholeheartedly support this bill, and would yield the rest of my time to Senator Nordquist. [LB882]

SENATOR COASH: Senator Nordquist, 1 minute 40 seconds. [LB882]

SENATOR NORDQUIST: Thank you, Senator Campbell. Thank you for sharing the story of how this has impacted you. I want to read from a letter we got from Amy King, the administrator of Nebraska Hematology Oncology, who said the impact of this on her small business from the other side, says: Currently, we have one full-time staff person--full time--assisting our patients with oral cancer and oral-supported drugs. Before we had committed the resources to employ additional staff to make sure patients are able to fill their prescriptions, we were seeing an increase in the amount of patients who did not fill their prescriptions... [LB882]

SENATOR COASH: One minute. [LB882]

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SENATOR NORDQUIST: ...mostly due to the inability to cover the out-of-pocket expenses. Folks, we cannot leave Nebraska families here who have comprehensive health insurance out in the wilderness to go figure out how to get their cancer drugs. And if they can't, guess what? They will be coming back and their situation will be worse, their cancer will have progressed, and their likelihood of survival will have lessened. We can do better for those people. We can make sure they get what they need. Thank you. [LB882]

SENATOR COASH: Thank you, Senators. Those still wishing to speak: Senator Schumacher, Gloor, Karpisek, Smith, and others. Senator Schumacher, you're recognized. [LB882]

SENATOR SCHUMACHER: Thank you, Mr. President and members of the body. We've heard about small businesspeople and most of our state is small businesspeople and we pay our insurance premiums. And for most of us, particularly in the age category I'm in, we're asked to kick in \$950,000 a month and every year we get the letter that says, well, if you want your insurance premium to stay the same, you better double your deductible or we're going to jack up your rate by another \$100-\$150 a month. And when we pay those premiums, we expect to be covered in the event we have a medical catastrophe like cancer. And in the part of the state that I live in, and I'm actually fairly close to Omaha, being only about 100 miles from there, but particularly when you get out farther west, if you should be stricken by cancer, it's a long and miserable drive and it can be a dangerous drive on two-lane roads that will likely not improve a whole lot unless we get a whole lot more money in our Highway Fund. And at any rate, we face those particular situations. What we do not expect is that if we are stricken in such a way, our insurance companies are going to tell us, listen, you're not covered unless you take the old-fashioned way, unless you get poked by a needle and sit in a chair in a distant location and have poison dripped into your body. We expect after paying those premiums that if there is a pill, if there is something easier, we will be entitled to it. As we would drive to those treatment centers, one thing that we do not expect is that to be told that: don't worry, be happy, some insurance executives are going to get together in the casino resort town of Biloxi, Mississippi, and gamble with your life. Folks, this body has an obligation to protect the interest of our people first, protect their welfare, stand as leverage between them and the large uncontrollable entities that sometimes they must pay into and must deal with. We have a simple duty of humanity, and this is one of those times when we need to exercise that duty. Thank you. [LB882]

SENATOR COASH: Thank you, Senator Schumacher. Those wishing to speak: Senators Gloor, Karpisek, Smith, and others. Senator Gloor, you're recognized. [LB882]

SENATOR GLOOR: Thank you, Mr. President. Let me slingshot off of Senator Schumacher's comments because I want to make sure people understand again that in some cases access isn't the issue. It doesn't make any difference whether you're in

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Omaha or in far western Nebraska and have a ways to drive to get in. It's availability. It's not literally being able to take the drug because you can't afford it because it's not covered under your drug program or your drug program covers so little that your out of pocket falls into the category of thousands and thousands of dollars a month, tens of thousands of dollars a year. There are no options for some of these cancers. Five years ago for some of these cancers--I used the example kidney, I will again--you would be treated by infusion therapy, which is what they call chemotherapies for the most part, IV distribution of these infusion therapies or radiation therapy or maybe a combination of both, and then told that's all we can do at this point in time. We'll hope for the best. One of two things will happen. Either you'll get better or you'll get worse and we'll start the regime all over again. And now we're being told there are oral medications that are being taken, that can be taken that will in fact improve your chances of recovery even more, and in many cases are ways to treat these cancers that not even infusion therapy, chemotherapy, or radiation therapy will treat. This is the way that this cancer has to be treated, can be treated, not has to be but can be treated and yet it's not covered. And people are saying, I can't do this. And that's why I say this doesn't fall into the category of the traditional mandate that the Banking, Commerce and Insurance Committee normally looks at. It's part of a treatment regime. It is, to me, as if we were doing surgeries and not closing up the wound, saying we took out the tumor, closing things up is not covered. To not allow this sort of coverage for these oral medications is to say we're comfortable with incomplete treatment of certain cancer diagnosis. Senator McCoy talked about NCOIL meeting and talking about this. Does this tell you, among other things, how important this issue has become and how we're, good for us, on the leading edge of trying to come to grips with an issue that will continue to be important for Nebraskans? There is a cost of not using these drugs, by the way. There are insurance companies that cover this. It isn't as if all insurers don't. You want to know why some insurers cover this? Because they understand in the grand scheme of things if people continue worse...to worsen if they're not successfully treated with their cancers. What ends up happening is a spiral, unfortunately, downward that gets ever-increasing as you go downward. They go back in for more infusion therapies, more chemo injections, more radiation therapies that also cost thousands and thousands of dollars that will dwarf the expense of a pill. And eventually, sadly for some folks, it requires hospitalization. And for some it requires end of life care, hospice and respite care, weeks in the hospital before they pass away that run into tens and tens of thousands of dollars. There is a cost on the other side of not successfully treating cancers and, in some cases, successfully treating those cancers but having to do it in a very intensive way. What bothers me about not approving these medications is not that there is...it makes it inconvenient for people; it is that for many cancers and an increasing number of cancers the way to treat them is with oral medication. The best way to treat them successfully is with oral medication, and that's why I think this bill deserves to be approved. Thank you. [LB882]

SENATOR COASH: Thank you, Senator Gloor. Senator Karpisek, you're recognized.

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[LB882]

SENATOR KARPISEK: Thank you, Mr. President and members of the body. And I have to say that I'm glad that I'm not on the Banking, Insurance...Commerce and Insurance Committee because I know it is tough. It is tough to hear those stories and sometimes to have to say no. I don't envy their position at all. I will say, though, I lost my father 21 days ago. And if anyone would like to come home with me this weekend and help pay bills, I'd more than appreciate it. It's a big, big load. I've taken the cochlear implant bill over to the committee for a few years now. And the insurance people always say, you know, we're sorry, we'd like to do this but it's going to drive up costs. We just can't do it because it's going to drive up costs. It may increase them a little, but I think that it's a scare tactic anymore. And I do feel bad for the small businesses. I was one for 20 years. But I think that it is always just to say we can't do this, we can't afford it. Those insurance premiums are atrociously high right now. And when it comes down to it and you find out what they really pay and don't pay, I'm not very impressed. And that it's going to go up again. Maybe they can not build one brand new building that's huge and immaculate or maybe their execs don't have to make the kind of money that they make. That's what ticks me off. But to say that these people shouldn't get this kind of thing just because it's going to cost a little bit more, folks, we get accused of the same thing being in this body. Well, why don't you cut costs? We all know that we are. I can't look at those companies and agree that they are. If that is the one person or you're the person affected, you don't really care how much it costs you. So that's my 2 cents on the thing. In looking over the committee statement, I'd like to ask Senator Pahls a question, please. [LB882]

SENATOR COASH: Senator Pahls, will you yield? [LB882]

SENATOR PAHLS: Yes, I will. [LB882]

SENATOR KARPISEK: Thank you, Senator Pahls. I see that you voted this out of committee. Could you give me a little reason why? [LB882]

SENATOR PAHLS: Well, as you know I am Chair of that particular committee, and over the last eight years I've heard a number of people come forth talking about mandates. And we are pretty hard on mandates. But I'd be honest with you, Senator Gloor with his explanation of this caused me to take a little bit different look at this. So that's probably one of the major reasons why I made that decision. And like I say, I have listened to countless stories. In fact, I've had a former student come in front of the committee and she showed the various years of the different prosthesis that she had used. And so some of these things are quite heartrending. But I did decide on this particular bill since I do not see it as a mandate. And just let me, if you mind, elaborate a little bit. I do take an oral medication every day similar to what is being offered. I don't think mine is as high... [LB882]

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SENATOR COASH: One minute. [LB882]

SENATOR PAHLS: ...high as the dosage as some of these, but I take it every day. In fact, I'm a walking medicine cabinet. It has a tendency to play with your skin and your hair if you haven't noticed. But in all sincerity, I see this as a little bit different. And you can't say that I voted myself...a number of bills out of the committee, which I haven't, because I have listened to the industry and I do know in some cases it does affect the business world. But, you know, every once in a while you have to sort of stop and look at all sides on this. And like I say, I know what this has done for me as a person. It has allowed me to continue. Although I do not have cancer but I need this type of medication because my body is trying to kill itself. So I that's...for some reason this is affecting me and I have the privilege of getting a medication. Now I'm... [LB882]

SENATOR COASH: Time, Senators. [LB882]

SENATOR PAHLS: Thank you. [LB882]

SENATOR KARPISEK: Thank you, Mr. President. [LB882]

SENATOR COASH: Thank you, Senator Karpisek and Senator Pahls. Senator Smith, you are recognized. [LB882]

SENATOR SMITH: Thank you, Mr. President and colleagues. Again, good morning. I stand in support of Senator Nordquist's bill, LB882. And I...like maybe some of you, I lost a parent to cancer and it's a terrible situation and it's particularly terrible to families that have to go through that. But, you know, so my heart tells me this is a good bill. But I have to bring my mind along with this. I am a small business owner. I'm one of those small business owners that Senator McCoy referred to in some of his comments. And I want to say I believe that the majority of small business folks out there, small business owners are responsible and ethical. And I do not like mandates. I do not like the government telling me what to do as a small business owner. I like to be able to invest my monies the way I see need to do so. And so I stepped out while this discussion was going on and I called my insurance agent for my company and I said, what kind of coverage do I have? And they informed me that I...because I said, you know, I think this is a good idea to have the oral chemotherapy coverage. And he says you have it. I said that's great. So I have that as well as the traditional chemotherapy treatment coverage. I said, well, you know, if I were to be able to do an a la carte, what kind of cost differential would there be to provide this? And, of course, you know that it's not that easy to have that type of a la carte coverage. But he said, you know, truly the differential would be fairly small. And then I go back to thinking, you know, from a perspective of a businessperson, this is a way of being able to keep your employees productive for longer periods of time when they...if they were misfortunate enough to have this type of

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a disease, that they would be able to continue to work and to be able to have time on the job. So it's to the benefit of the employee. I think on a demand-and-supply perspective, if we can create demand in the workplace or in the free market to be able to have more of a long-term, low-cost solution to treatment, I think that would be good for everyone. I know up-front this is going to be a higher R&D cost investment, but I think long term I could see that this could actually drive down costs for treatment. So it just makes sense to me from a business perspective and from a small business perspective that this is a good direction to go. And I...like Senator Pahls, I don't see this necessarily as a mandate as we've heard mandates discussed in the past. So, again, with that, I support LB882. And I'm just going to say from a small business perspective I think it's a good thing to do. And with that, I'd like to provide the rest of my time to Senator Lathrop if he would like it. [LB882]

SENATOR COASH: Senator Lathrop, 2 minutes. [LB882]

SENATOR LATHROP: Thank you. And I'll try to do this within two minutes. Boy, I've listened to the debate today and I appreciate the concern for small business owners. I happen to be one. And it seems like everybody stood up and said, you know, I had a family member that went through this whole chemotherapy thing and had cancer and maybe a good outcome, maybe a bad outcome. So we've all seen it. You can't be in here without having experienced it. If you haven't been through it yourself, your mom, your dad, or your uncle, or your grandparents did. And imagine for two seconds that somebody just told you, you have cancer. And now you're going to ask yourself how you're going to spend your last few months on this earth. Is it going to be in some doctor's office with an IV stuck in your arm and your hair falling out? Or do you want to be at home with a pill you can take that does the same thing? [LB882]

SENATOR COASH: One minute. [LB882]

SENATOR LATHROP: I haven't heard anybody tell me that this is going to bury small business. It is a quality-of-life issue. Every issue in here that might raise by 5 cents the cost of doing business at my law firm shouldn't trump what we should be doing. And to me, this is a quality-of-life issue. We should let these people...Paul Schumacher, best speech I've ever heard him give, because I hadn't even thought about what if I had to drive to Columbus to go so somebody's office and sit there for four hours with a needle in my arm. This should be easy for us. This really should. I support LB882. I think it's a great idea, and I think we're helping some people that need our help today. Thank you. [LB882]

SENATOR COASH: Thank you, Senator. You are next in the queue. Senator Lathrop waives. Senator Ashford, you are recognized. [LB882]

SENATOR ASHFORD: Question. [LB882]

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SENATOR COASH: There are no other lights on. (Laughter) Senator Nordquist, you are recognized to close on LB882. [LB882]

SENATOR NORDQUIST: Thank you, Mr. President and members, and thank you all for a thoughtful debate on this issue. I think Senator Lathrop really hit the nail on the head. This is about getting people, getting Nebraskans, the treatment that they need when they need it so they can have everything they need to beat their cancer. And it's about quality of life, making sure that those people can get that treatment that's available to them in a way that they can spend...if it is the end, they can spend it in an appropriate way. So I don't want to prolong the debate. I think we've talked about all the issues and I think, again, Senator Lathrop hit the nail on the head when he said that we're doing good here today for hardworking Nebraska families that have health insurance that thought they had coverage for all their cancer treatment needs but ultimately don't, and this will put us on that pathway forward. Thank you. [LB882]

SENATOR COASH: Thank you, Senator Nordquist. Members, you have heard the closing to LB882. The question before the body, shall LB882 advance? All those in favor vote aye; all those opposed vote nay. Have all voted who wish? Record, Mr. Clerk. [LB882]

CLERK: 30 ayes, 4 nays, Mr. President, on the advancement of LB882. [LB882]

SENATOR COASH: LB882 does advance. Mr. Clerk, items. [LB882]

CLERK: Mr. President, your Committee on Health and Human Services reports LB820 to General File with amendments; LB821, General File with amendments; likewise with LB961 and LB1160. New A bill. (Read LB993A by title for the first time.) Senator Mello would like to print an amendment to LB239. (Legislative Journal pages 639-651.) [LB820 LB821 LB961 LB1160 LB993A LB239]

And, Mr. President, a priority motion: Senator Nelson would move to adjourn the body until Monday morning, February 27, at 10:00 a.m.

SENATOR COASH: Members, you've heard the motion. All those in favor say aye. Those opposed say nay. We are adjourned. (Gavel)