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Floor Debate
March 26, 2013

[LB6 LB6A LB79 LB79A LB85 LB105 LB153A LB170 LB223 LB253 LB269 LB362
LB387 LB528 LB530 LB530A LB595A LB617 LB620 LR119 LR120]

PRESIDENT HEIDEMANN PRESIDING

PRESIDENT HEIDEMANN: Good morning, ladies and gentlemen. Welcome to the George W. Norris Legislative Chamber for the forty-ninth day of the One Hundred Third Legislature, First Session. Our chaplain for today is Senator Tom Carlson. Please rise.

SENATOR CARLSON: (Prayer offered.)

PRESIDENT HEIDEMANN: Thank you, Senator Carlson. I call to order the forty-ninth day of the One Hundred Third Legislature, First Session. Senators, please record your presence. Roll call. Mr. Clerk, please record.

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

PRESIDENT HEIDEMANN: Thank you, Mr. Clerk. Are there any corrections for the Journal?

CLERK: I have no corrections, Mr. President.

PRESIDENT HEIDEMANN: Thank you. Are there any messages, reports, or announcements?

CLERK: There are. Your Committee on Health and Human Services chaired by Senator Campbell reports LB269 to General File with amendments. Transportation Committee chaired by Senator Dubas reports LB223 to General File. Transportation also reports LB85, LB387, and LB617 as indefinitely postponed. Enrollment and Review reports LB6A to Select File. Enrollment and Review also reports LB6, LB105, LB170, LB620 as correctly engrossed. I have a new A bill, LB153A by Senator Dubas. (Read LB153A by title for the first time.) That's all that I have, Mr. President. (Legislative Journal pages 825-826.) [LB269 LB223 LB85 LB387 LB617 LB6A LB6 LB105 LB170 LB620 LB153A]

PRESIDENT HEIDEMANN: Mr. Clerk, we'll proceed to the confirmation reports.

CLERK: Mr. President, the first report offered by Transportation and Telecommunications this morning involves two appointments to the Information Technology Commission. (Legislative Journal page 805.)

PRESIDENT HEIDEMANN: Senator Dubas, you are recognized to open on the confirmation report.

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SENATOR DUBAS: Thank you very much, Mr. President, and good morning, colleagues. I am pleased to present two very, very qualified people to serve on the Nebraska Information and Technology Commission. The first one, Mr. Brad Moline, the committee unanimously approved of this appointment. Mr. Moline was unable to attend the hearing, but Senator Christensen testified in support of this nomination. Mr. Moline is president and CEO of Allo Communications, LLC, a competitive telephone company. Allo operates fiber networks in and between Scottsbluff, Gering, Alliance, Bridgeport, Ogallala, and North Platte. Mr. Moline and his wife Jill also own grocery stores in Imperial, Nebraska, and Holyoke, Colorado. Mr. Moline was senior vice-president of finance and chief financial officer of Birch Telecom in Kansas City, an integrated communications provider serving three cities in the Midwest and southeast. During his tenure, Birch Telecom grew from a start-up to annualized revenue of \$150 million. Mr. Moline has also been the treasurer and chief financial officer of Covenant Transport, Inc., a transportation company in Chattanooga, Tennessee, where he still serves on the board of directors and the audit committee. Prior to joining Covenant Transport, Mr. Moline worked for Ernst & Young in Kansas City and Grant Thornton in Lincoln. Mr. Moline holds a bachelor's degree in business administration from the University of Nebraska and was a certified public accountant. And again, he was advanced unanimously from the committee. Our next committee appointment is Ms. Donna Hammack. The committee unanimously approved the advancement of Ms. Hammack to the Nebraska Information Technology Commission. By statute this commission is required to have five members representing the general public who have experience in developing strategic plans and making high-level business decisions. I believe Ms. Hammack meets this requirement and then some. She currently is working at the St. Elizabeth Foundation as the chief development officer. Past professional experience includes positions as the director of grants and special projects at Good Samaritan Hospital Foundation in Kearney; instructor of business communications at UNK; director of the David City Public Library and faculty at State Peru College; Dawson-Verdon Public Schools; Wolbach Public Schools; and Ralston Middle School. Her experience in the fields of education and health will serve the board well in managing the state's Telehealth Network and expanding on-line educational opportunities. Ms. Hammack has served as a legislative advocate in Telehealth both at the federal and state level. She was a charter board member of Telehealth Leadership initiative based in Washington, D.C., and assisted in the passage of LB559, the Telehealth Development Act. Ms. Hammack was also instrumental in establishing and sustaining the Nebraska statewide Telehealth Network. In Kearney, she helped raise \$4 million in grants for the mid-Nebraska Telemedicine Network at Good Samaritan. I urge your support of Ms. Hammack for the appointment to the Nebraska Information Technology Commission. Thank you.

PRESIDENT HEIDEMANN: Thank you, Senator Dubas. Is there any discussion on the report? Seeing none, Senator Dubas, you're recognized to close on the report. Senator Dubas waives. The question is the adoption of the report offered by the Transportation

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Committee. All those in favor vote aye; all those opposed vote nay. Have all those voted who wish to vote? Mr. Clerk, please record.

CLERK: (Record vote, Legislative Journal pages 826-827.) 29 ayes, 0 nays, Mr. President, on adoption of the confirmation report.

PRESIDENT HEIDEMANN: Mr. Clerk, next confirmation.

CLERK: Mr. President, the Health and Human Services Committee has two reports. The first involves a series of appointments to the Rural Health Advisory Commission. (Legislative Journal pages 807-808.)

PRESIDENT HEIDEMANN: Senator Campbell, you're recognized to open on this confirmation report.

SENATOR CAMPBELL: Thank you, Mr. President, and good morning, members of the Legislature. The Health and Human Services Committee held confirmation hearings on Friday, March 15, on the appointment of Dr. Brian Buhlke, Ms. Mary Kent, Dr. Rebecca Schroeder, Dr. Avery Sides, Dr. Michael Sitorius, and Mr. Roger Wells. I am pleased to take the opportunity to commend the Commission Office for working diligently with my office to bring these busy professionals to Lincoln for their hearings on a day that they had already scheduled a Rural Health Advisory Commission. That is the reason for this large number of appointees in a single confirmation report. The Health and Human Services Committee visited with each of the appointees individually and found they bring varied and impressive expertise. Dr. Buhlke is a new appointment to the Rural Health Advisory Committee from Central City, but he has worked with the commission for several years to address concerns related to taxation of loan repayment. He is enthusiastic about incentives that will bring and keep medical professionals in Nebraska's rural areas. Ms. Kent is also a new appointee. She is a nursing home administrator and brings expertise in long-term care issues and services for the elderly in rural areas to the commission. She also has a unique insight into the needs of the Native Americans having worked with the United Tribes of Kansas and southeast Nebraska. Dr. Schroeder is an appointment for the fourth time. She brings the perspective of a rural clinical psychologist to the commission. Dr. Schroeder has practiced in Curtis and North Platte and spoke to the Health Committee about the challenges and distance can provide or hinder serving in rural populations. She has a bent towards retention of providers once they are recruited. Dr. Avery Sides is a family practice resident and another new appointment to the commission. She was born and raised on a farm in western Nebraska and began her medical career as an EMT when she turned 18. The Rural Health Opportunity Program drew her to Chadron State College. She said she had a deep appreciation for the goals of the commission and looked forward to serving when she has her own practice in rural Nebraska. And that was really most encouraging to hear from a young resident. Dr. Sitorius has a long

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history with the commission and, in fact, may have served as one of its first appointees. He noted that perhaps the only member not currently living in a rural area because he represents UNMC. His father was a rural general practitioner. His career as an educator, he has encouraged medical students in diverse disciplines to consider practices in rural areas. He appreciates the commission's efforts to offer financial incentives feeling they are key to focusing attention of the opportunities that are available to students. And last, to Mr. Wells. A reappointment representing the perspective of a physician assistant from St. Paul, Nebraska. Mr. Wells spoke to the Health Committee about the vital role of medical personnel that serve in conjunction with doctors. And he directed the senators to a newly developed Web site, Workplace Center, 2020, for employment opportunities in rural Nebraska. Colleagues, this is an exceptional group of candidates and the members of the Health and Human Services Committee commend them to you for your confirmation. Thank you, Mr. President.

PRESIDENT HEIDEMANN: Thank you, Senator Campbell. Is there any discussion on the report? Seeing none, Senator Campbell, you're recognized to close on the report. Senator Campbell waives. The question is the adoption of the report offered by the Health and Human Services Committee. All those in favor vote aye; all those opposed vote nay. Have all of you voted? Record, Mr. Clerk.

CLERK: (Record vote, Legislative Journal pages 827-828.) 34 ayes, 0 nays, Mr. President, on the adoption of the confirmation report.

PRESIDENT HEIDEMANN: The report is adopted. Mr. Clerk, we will proceed to General File, LB530A. Excuse me, we have a second confirmation report. Senator Campbell, you are recognized. (Legislative Journal page 808.)

SENATOR CAMPBELL: Thank you, Mr. President and members of the Legislature. This confirmation is on a hearing of the appointment of Ann Fiala on the Board of Emergency Medical Services on Wednesday, March 13. Ms. Fiala is a reappointment to the board from Ainsworth, Nebraska. She serves as a volunteer EMT with the Brown County Ambulance Association and as a firefighter with Ainsworth Fire and Rescue. Her husband is the fire chief. Together they were recognized as Volunteers of the Year in 2011 by the Ainsworth Chamber of Commerce. Mrs. Fiala spoke at length with the Health and Human Services Committee about the importance of recruitment and retention of emergency personnel as volunteers retire and need to be replaced. She also indicated that the board is aware of the need for respite and related services for volunteers in areas where there is a shortage of personnel in large service areas. The Health and Human Services Committee found Mrs. Fiala to be an extremely knowledgeable and engaged appointee and voted unanimously to recommend her appointment to the Board of Emergency Medical Services. Thank you, Mr. President.

PRESIDENT HEIDEMANN: Thank you, Senator Campbell. Is there any discussion on

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the report? Seeing none, Senator Campbell, you're recognized to close on the report. Senator Campbell waives. The question is the adoption of the report offered by the Health and Human Services Committee. All those in favor vote aye; all those opposed vote nay. Have all of you voted? Record, Mr. Clerk.

CLERK: (Record vote, Legislative Journal page 828.) 32 ayes, 0 nays, Mr. President, on the adoption of the confirmation report.

PRESIDENT HEIDEMANN: The report is adopted. Mr. Clerk, we proceed now to General File, LB530A. [LB530A]

CLERK: Mr. President, LB530A by Senator Dubas. (Read title.) [LB530A]

PRESIDENT HEIDEMANN: Senator Dubas, you're recognized to open on LB530A. [LB530A]

SENATOR DUBAS: Thank you, Mr. President. LB530A is a reflection of the changes that we made in the amendments to LB530 dealing with the foster care reimbursement rates and the pilot program. We backed away from implementing these new rates this year. The department had already built into their budget the continuation of the bridge payments, so we will just continue those bridge payments of \$3.10 for foster families in this year, and then implement the new rates next year, hopefully, after the results of the pilot program are much more evident. So this essentially cut that fiscal note in half and this A bill reflects those changes made through the amendment of LB530. Thank you. [LB530A LB530]

PRESIDENT HEIDEMANN: Thank you, Senator Dubas. The floor is now open for discussion on LB530A. Senator Dubas, you're recognized to close on LB530A. Senator Dubas waives closing. The question is the advancement of LB530A to E&R for engrossing. Have all you voted? Mr. Clerk, please record. [LB530A]

CLERK: 28 ayes, 0 nays, Mr. President, on the advancement of LB530A. [LB530A]

PRESIDENT HEIDEMANN: LB530A does advance. Mr. Clerk, next item. [LB530A]

CLERK: Mr. President, LB528, a bill by Senator Howard. (Read title.) Senator Howard presented her bill yesterday, Mr. President. The committee amendments as offered by Health and Human Services were then offered. Committee amendments are pending. I do have amendments to the committee amendments, Mr. President. (AM605, Legislative Journal page 774.) [LB528]

PRESIDENT HEIDEMANN: Senator Howard, you're recognized to give us a summary of LB528. [LB528]

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SENATOR HOWARD: Thank you, Mr. President, members of the body. Today, we continue discussing LB528, a bill to allow medical practitioners to use expedited partner therapy as a tool to combat chlamydia and gonorrhea. Expedited partner therapy is another opportunity for this body to address two of the causes of adverse outcomes in birth. It is critical that pregnant women are treated and not reinfected with sexually transmitted diseases because STDs pose not only a danger to the mother, but threaten the pregnancy and the health of the child. LB528 deals only with two types of STDs, chlamydia and gonorrhea, and these both have critical consequences for Nebraska babies if their mothers are infected during pregnancy. Women with gonorrhea have higher rates of miscarriage. Untreated gonorrhea makes the baby much more susceptible to HIV if exposed. Chlamydia and gonorrhea can both be passed on to the baby and finally, worst of all, both can cause eye infections which lead to blindness for these newborns, our most vulnerable Nebraskans. And let me stress, all of this is preventable. And as I mentioned yesterday, 317 babies were born with gonorrhea and chlamydia in 2011. Yesterday, we passed out some maps showing that Nebraska is one of the highest...a state with the highest rate of positivity among women who present in a prenatal clinic for chlamydia and gonorrhea. Because we are having such an epidemic of chlamydia and gonorrhea in our state, medical practitioners must have tools outside of the traditional treatment model. One method, the CDC has recommended to address the problem of STD infection and reinfection, is expedited partner therapy. This method of treatment is supported by ACOG, the Nebraska Medical Association, Nebraska public health officials, and the Nebraska Affiliate of the American College of Nurse-Midwives. There were no opponents to LB528, and it was voted out of your Health and Human Services Committee unanimously. I've had some questions in...since yesterday, and so I'd like to revisit the example I used yesterday on how does expedited partner therapy work. Here's the scenario where expedited partner therapy would most likely be used and since ob-gyns are the dominant practitioner utilizing this method of prevention, I'll use the example of a pregnant woman in her first trimester. If the practitioner diagnoses her with chlamydia in her first trimester, and the woman indicates that her partner is unable or unwilling to come into the doctor for treatment, the doctor will have her call her partner in the room to get a name for the prescription and ask if he has any allergies. She will then go home with a prescription for herself and for her partner and the two of them will be treated for the disease concurrently. Let's consider the reverse for a moment then. If expedited partner therapy is not used in this instance, the mother goes home with only her prescription and she will most likely do two things. First, she could take the entire prescription herself, but run the very probable risk that her partner will reinfect her before she gives birth, at which point her baby will be born with severe health risks. Second, she could split her prescription with her partner and neither partner will receive the strength needed to kill the bacteria and both will remain infected. LB528 is our opportunity to give this mother, her partner, and her child the best chance of living and being born disease free. I've had some questions about what in our law speaks to expedited partner therapy and the fact of the matter is, is that our law is silent.

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And this omission deters some providers from using this critically important treatment method. We can do better. Thirty-two states outline expedited partner therapy and it's currently in use in 43 states. We've modified this bill since last year to follow the CDC's recommended protocols including a name on the prescription, the distribution of a medication guide, and compliance with pharmacy laws. I want to be clear, expedited partner therapy is not for partners who are able to visit the doctor. This is for those who are unable or unwilling to visit the doctor and who are likely to reinfect their partners. STDs are preventable, especially chlamydia and gonorrhea. And this will not alone solve our STD epidemic, but it will make a world of difference for the babies whose parents are treated with it. I thank you for your time and attention to LB528 and I urge you to vote green. Thank you. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Howard. Would Senator Campbell please give us a summary of AM605. [LB528]

SENATOR CAMPBELL: Thank you, Mr. President and colleagues. I will quickly indicate that the committee's amendment...yesterday, I covered six points, major points that the committee put forward in the amendment. Almost all of those six points deal with requests from the pharmaceutical association to clarify the law to make sure that it fit within the scope of practice of advanced nurse practitioners or certified midwives. And most importantly, as Senator Howard indicated, that the patient's name must be on the prescription. The remainder of them bring us into compliance with our already existing statutes. Thank you, Mr. President. [LB528]

PRESIDENT HEIDEMANN: Mr. Clerk, do you have messages on your desk? [LB528]

CLERK: Mr. President, I do. Before we proceed to the amendment to the committee amendments, Senator Scheer offers LR119. That will be laid over. Education reports LB253 to General File. That's signed by Senator Sullivan. Senator Avery, an amendment to be printed to LB79. New A bills: (Read LB595A and LB79A by title for the first time.) (Legislative Journal pages 829-830.) [LR119 LB253 LB79 LB595A LB79A]

Mr. President, with respect to LB528, Senator McCoy, I now have AM764 as an amendment to the committee amendment, Senator. (Legislative Journal page 811.) [LB528]

PRESIDENT HEIDEMANN: Senator McCoy, you're recognized to open on AM764. [LB528]

SENATOR McCOY: Thank you, Mr. President, and good morning, members. I am opening on AM764 this morning and first off, I want to thank Senator Howard for bringing this legislation to the body. She represents a portion of Douglas County as do I. As many of you know, I represent the western geographic 25 percent of Douglas

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County. And I would most certainly agree, as it's been said, not only yesterday but last year when we last discussed this topic on the floor, it is an embarrassment that we are a county, in the most populated county in our state that has such a high problem as we do with this issue. You know, we can hand wring and say, well, it's for one reason or another, and religious organizations ought to have more of a role in this, and parents ought to have more of a role, and young people in that age group from 15 to 25 ought to be more responsible and...but that's not what's the issue before us today. I would wholeheartedly agree with Senator Howard that the issue at hand here is a public health emergency, and Douglas County declared it to be an epidemic, at least in Douglas County, almost a decade ago. It's a real problem and it's not just a problem for the actual individuals that get these infections, but it's a problem for the defenseless unborn babies that are born premature that have sometimes lifelong health challenges because of this issue. You know, and I thank Senator Howard as a new senator for taking on what is a tough issue that's been talked about before. Many of us served with Senator Howard's mother, who I had the utmost respect for, and as all of us did and do. And I thank Senator Howard for taking on this issue. I believe that the amendment, not only this one of which I will speak to the actual merits of in a moment, but the two amendments following it are very important additions to what I believe to be an important bill, an important bill for public health in our state, an important bill that protects unborn children, and one that with the addition of these amendments, I would be happy to support. This amendment specifically would add to medical practitioners' responsibilities to the patient. And has been articulated not only by the chair of the committee, Senator Campbell, by the principal introducer, Senator Howard, medical practitioners whether they be nurse practitioners, physicians, but medical, kind of all encompassing medical practitioners must under this legislation, the committee amendment which becomes the bill, AM605, must provide information on the risks involved be they with allergies or whatnot, to the patient so that the patient can pass that along to any...to a partner or partners, plural. This amendment would very simply say that in addition that medical practitioner would provide written information about chlamydia and gonorrhea to the patient for the patient to then forward along with the information regarding the actual antibiotic to the partners. I think this is an important addition. If you look at information from the Guttmacher Institute, there's...and it's changed a little bit and it's a moving fluid situation as it is here, but there are about a dozen states that require medical professionals to give this information to patients to pass along to partners. I think this is an important addition to this bill because I really think it speaks to what we're dealing with here. We're dealing with a public health emergency. Some would say an epidemic. I wouldn't disagree with that. I don't know if it's an epidemic yet across the state, but certainly Douglas County has declared an epidemic within the confines of Douglas County. I think this amendment is an important addition to the bill. I think it provides an extra amount of information, particularly for individuals who may not realize the health risks involved with chlamydia and gonorrhea, and I think this information is very beneficial to protect Nebraskans, especially those Nebraskans that are unborn. Thank you, Mr. President. [LB528]

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PRESIDENT HEIDEMANN: Thank you, Senator McCoy. We're now open for discussion on AM764. Senator Krist, Gloor, Howard, Chambers are in the queue. Senator Krist, you're recognized. [LB528]

SENATOR KRIST: Thank you, Mr. President, and good morning, colleagues, and good morning, Nebraska. I am on the Health and Human Services Committee and I voted this bill out on the floor because we've had this discussion for the last...well, for the time that I've been on the committee, the last four years. I want you to just play a little game with me and it's only going to take about three minutes. I want you to close your eyes and imagine yourself in District 50, way out there in the Panhandle in Nebraska, and it's a decennial year. We took our time and now we're going to move District 50 someplace in Nebraska because there's not enough population, not unlike what we did with District 49 moving it from the same place. When you as a Panhandle senator are moved, you have to represent that new district. And I want you to imagine for just a second that that new district is District 11, or the space that is now occupied by District 11, a combination of 11, 13, 10, even a little bit of 8. I want you to realize that your district is the number one leading in an area all over this country, STDs. And I want you to think about it for just a second and say, what am I going to do in the two years that I represent these people? I no longer have to represent cattlemen and farmers and ranchers with issues and problems all their own. I now have to represent 13, 14, 15, 16, 17, 18, 19-year-olds who are a product of our society and who have venereal disease that is out of control. And I want you to think about the fact that you just met Dr. Adi Pour, who is in the CDC in the Douglas County health arena, and she said, this is an epidemic. And then I want you to look at LB528 and I want you to make it as good as it can be, and I want you to vote it through because we have a problem in the state and you've just inherited that problem. Put yourself in that district, that's not a nirvana district, that's a problem district. Transpose yourself into that situation and tell me what you would do to fix the situation. If the amendments coming forward make this a better bill, that's a good thing and we need to talk about it. What Senator Howard has brought to us may be a parcel solution to moving ourselves out of that top position. I wonder if Senator Howard would yield for a question. [LB528]

PRESIDENT HEIDEMANN: Senator Howard, will you yield? [LB528]

SENATOR HOWARD: Yes, I will. [LB528]

SENATOR KRIST: Thank you, Senator Howard. Just one question. What does this bill do differently than we currently can do by Nebraska statute? [LB528]

SENATOR HOWARD: Thank you for the question, Senator Krist. Currently, our laws are silent on expedited partner therapy, so what that means is that the omission is deterring some providers from using this critically important tool. But I also want to note

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that some providers are using expedited partner therapy. However, there are no regulations for it at this point and so this bill outlines the CDC protocol and forces our providers to use it exactly, which I believe will make expedited partner therapy not only accessible, but safer for our state. [LB528]

PRESIDENT HEIDEMANN: One minute. [LB528]

SENATOR KRIST: Senator Howard, one additional question if you would. Does this force Hall County or Banner County or anyplace else anywhere in Nebraska to take its regional health programs and use this process? [LB528]

SENATOR HOWARD: This isn't a mandate. This is an opportunity. [LB528]

SENATOR KRIST: So if you are in that make-believe district we just talked about, which actually exists as a combination of others, your health department could use this tool to try to solve their problem, but in no way does it force Blair or Tekamah or anyplace around Omaha, not to mention Banner County, from doing anything that they would think unproven or unethical. [LB528]

SENATOR HOWARD: Exactly. That's exactly it. [LB528]

SENATOR KRIST: Thank you, Mr. President. Thank you, Senator Howard. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Howard and Senator Krist. (Visitors and doctor of the day introduced.) Continuing discussion on AM764, Senator Gloor, you're recognized. [LB528]

SENATOR GLOOR: Thank you, Mr. President. Good morning, members. As Senator Krist says, good morning, Nebraska. And I guess this morning, good morning, clowns, who happen to be around. This is a repeat of a bill obviously that Senator McGill brought to us before. One that I was supportive of at that point in time. And let me walk through some of the realities as I play this through in my head of what happens in most physicians offices when somebody shows up with a disease, sexually transmitted disease, an STD. That is that that practitioner a vast majority of the time...and this came up during our discussion on this bill in the past, it's come up again in my conversation with other practitioners, if you or I were to present with a sexually transmitted disease, our practitioner would likely give us a script for our partner, or they would give us a double doze of medication in our script so that we could treat that other partner. And so what happens in real life in physicians clinics all across the state and all across this country is, people get appropriately treated for this STD by their primary care practitioners. And so your question would be, then why do we have to have this bill? And the answer to that is, that's if you or I went to our private practitioner. But the clientele, the patients we're talking about, the segment of the population that we have

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the largest disease with STD doesn't have a primary care physician, doesn't have a place to go like you and I might have for our primary care physician. So they go to established clinics, or free clinics, or charity clinics that are out there for practitioners who sometimes are donating their time, are faced with making this decision. And, unfortunately, they don't have the anonymity. In fact, they have a higher level of scrutiny of making decisions that are clearly contrary to state law doubling up on scripts like this. They also don't have the luxury of sending these prescriptions down to a pharmacist who isn't about to bite the hand that feeds them, because physicians who do this have to worry about being turned in by people who might have some concerns about this, could be a pharmacist. You're not going to have that problem in a private practice. You could well have that problem elsewhere in the types of clinics we're talking about. So we're dealing with a very small segment of the population that doesn't have the luxury of a practitioner who makes the right ethical decision and that is to say, I'm going to treat two people for a disease that I know is affecting two people. That's why we need this. There's another issue that's come up and it has to do with treating children and adolescents, concerns that parents know. And too often we leap to broad-sweeping generalizations and don't get professionals credit for making the same decisions that we want to force them to make legally and that is, practitioners that I know, if faced with an adolescent with an STD, are going to sit down with that child and say, you need to be talking to your parents about this. You absolutely need to be talking to your parents about this. We need to get them in here. We need to sit down and have this conversation with them. And usually go even further than that, spend inordinate amounts of time talking to these youth about the decisions they've made, the bad decisions they've made, and how they need to rectify this above and beyond just handing them a script saying, don't do this again, and oh, by the way, there's some more meds in there for your partner. I trust the medical profession. My experience with them to handle this in an appropriate, ethical manner without having to have it built into statute in some way, shape or form. The same is true of educational material. Although I am very much interested in AM764, these pamphlets are the very ones that you'll find in physicians offices and charity clinics all across the state and are handed out all the time, even under suspicion that somebody may be engaging in promiscuous activity. So, it isn't as if building this into law changes what I think already happens within the state of Nebraska. We don't need to overregulate. What we do need to do is treat a problem that we happen to be one of the leading states in the country. I just got an ag sheet. I think it was talked about...it has been talked about a couple of times this past week, but it talks about where Nebraska ranks in ag production, corn, fed-out cattle, soybean production. And it's quite impressive and every year I've got one of those as an update it, I slip it underneath the glass on my desk so I have it right in front of me. [LB528]

PRESIDENT HEIDEMANN: Time. [LB528]

SENATOR GLOOR: Time? Thank you. [LB528]

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PRESIDENT HEIDEMANN: Continuing discussion on AM764, Senator Howard. [LB528]

SENATOR HOWARD: Thank you, Mr. Speaker. I'd like to state my support for AM764, but also discuss the bill and how it makes it better. On page 1 of the amended copy, lines 14 through 17, discuss that adequate directions and medication guides must be given to both the patient and the partner. And this is a great opportunity. I've taken the liberty of passing out exactly what you get when you go to the doctor and are diagnosed with a sexually transmitted disease. And I've discussed with my own health department about their thoughts on AM764 and they're excited at the opportunity to create a new guide for partners who are treated with expedited partner therapy. I've had some questions as well about prevention counseling. How do we prevent people from getting STDs, which is a much larger issue? And I...every time a person comes in and is diagnosed with a sexually transmitted disease, the physician will usually follow the CDCs recommended prevention counseling guidance, which are the five "Ps". You first discuss the partner, then you discuss prevention of pregnancy, then you discuss protection from STDs, safe practices, and your past history of STDs to prevent you from having STDs in the future. So thank you, Senator McCoy, for introducing this amendment and I urge you to vote green on it. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Howard. Continuing with discussion, Senator Chambers. [LB528]

SENATOR CHAMBERS: Thank you. Mr. President, members of the Legislature, it is so good to be able to speak in favor of a proposal presented to us by Senator Beau McCoy. And because of the fact that he has made it possible for us to have a collegial discussion at this point, I wanted to put on my specs because I've been told that these kind of glasses, whether you need them or not, lend to you a kind of benign grandfatherly appearance. So, I'm going to take this opportunity to speak like a benign grandfatherly individual. This amendment, I think, should not alarm anybody. The fact that it's brought by Senator McCoy will probably allay some people's suspicion who might think anything connected with this bill is pernicious and dangerous. But remember, it was Richard Nixon who was forced from office and raised his hands and separated his fingers and said, I'm not a crook. And if what we were told as children was true, a bolt of lightning would have come from heaven and struck him dead on the spot. But, nevertheless, it was that man who thawed the cold relationships between the United States and China. And one of the reasons it was effective was because of his disposition, his temperament, and his ideology. So, Senator Carlson gets a word from me this morning too. He gave a prayer and he knows that the "Bible" often does what people cannot do. That's build a house from the top down. Well, the "Bible" does that. There's a verse that I'm sure Senator "Parson," I mean "Parson" Carlson is familiar with. Wisdom is the principal thing, therefore get wisdom. But with all thy getting, get an understanding. Wisdom is first. Understanding is second. What's the foundation and building block for it all? Knowledge. Knowledge brings understanding which ultimately

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takes you to wisdom. This, that Senator McCoy is giving us, is one of the building blocks of knowledge. If we accept it, we're on the road to the truth and the truth shall make you free. Knowledge is power. Truth is what we're approaching, and I hope that Senator McCoy pays attention to what he himself said about the issue we're addressing this morning and I hope everybody else will too. You should consider, if you saw the news, the outrage that occurred not only in this country but all over the world when this elderly lady at an assisted care facility in California had a heart attack, or whatever it turned out to be, but she had passed out. Nobody in the facility would start CPR. Nobody would call on somebody else to do so. I won't go into the reasons given as to why it wasn't done, but there tends to be a feeling in people that if somebody is in distress and another person is nearby, that person has a moral obligation, even if not a legal one, to help that person. So, if a physician were presented with somebody who has gonorrhea or chlamydia and is aware of what constitutes appropriate treatment, if the physician turned away, would that physician be applauded? Maybe if you started putting in overlays of religion, superstition, and the rest of that, which fights against the advancement of science, you might say so. But if anybody is concerned about our young people, and some older people who wind up with one of these diseases,... [LB528]

PRESIDENT HEIDEMANN: One minute. [LB528]

SENATOR CHAMBERS: ...then we should be happy to provide any means as a societal response to this problem to arrest it in its tracks if we can. We cannot stop it and eradicate it, but in individual cases, there is action that can be taken which is in mainstream medicine, and Nebraska should try at least this once to step into the mainstream and find out that it is wholesome, healthful, and beneficial. Thank you, Mr. President. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Chambers. Senator Brasch, you are recognized. [LB528]

SENATOR BRASCH: Thank you, Mr. President, and good morning, colleagues. I rise this morning to support AM764 to AM605. However, I do want to continue to stress that this is not good policy to prescribe any medication without seeing the patient. Taking prescription drugs is not as simple as taking an over the counter aspirin. There can be complications, not just allergies. Just asking someone about the allergies is not sufficient. Most labels on a prescription do reference a doctor or a physician. Who is responsible for the care and follow-up of an unknown or stealth patient who does not want to step forward? There is risk with prescription drugs. I see this year that the trial lawyers did support it after...and they changed their position seeing that civil immunity provision was removed. There is risk associated with the prescription drug. Tracking. How are the physicians supposed to track the progress or the spread of STDs like chlamydia or gonorrhoea when patients go unexamined? What if an individual is already

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taking additional prescription drugs or where an existing condition does exist? Different drugs do interact with other drugs and not always in a beneficial way to the patient. Yesterday, I had mentioned the fact that LB25 could be problematic in the sense if there has been a crime committed. If there is any sexual abuse, it enables the sex offenders to hide this abuse. An adult who has communicated this disease to a minor would not have to disclose his or her age of that partner. That is something very, very concerning. And the drugs that are prescribed, there are several interactions and you can go on-line and look at the interactions that are here but there are multiple interactions. Some of the interactions have to do with taking fish oil which is now a very common healthy thing to do. There's 30 or so reactions and that's not disclosed here. It is just not good policy to not prescribe medicine or to do it when you don't know who the patient is, what the medical consequences could be. And when parents or a person who is responsible for the well-being of a minor is not in the front line of caring and seeing that medical help is needed, that is very concerning. I do want to move forward saying that there is a problem there, but by not allowing the physician to treat that patient directly is a greater problem. Thank you, colleagues. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Brasch. (Visitors introduced.)
Continuing on with discussion on AM764, Senator Chambers. [LB528]

SENATOR CHAMBERS: Thank you. Mr. President, members of the Legislature, I listened very closely to what Senator Brasch said. I would not say that her statements are untrue, inaccurate, or given from a position of malice, but there is additional information that can be added to the story. Aspirin is an over-the-counter drug. Aspirin can cause or exacerbate bleeding, internal bleeding. But when you buy aspirin, no physician, no pharmacist, no druggist, no clerk is required to tell you, don't take this aspirin until you go to your doctor to see whether or not you can take it safely. But people are accustomed to aspirin being the cure-all, so despite the very serious complications that can result from aspirin, nobody has suggested making it a prescription medication. They're now pointing out that taking aspirin on a daily basis can reduce the likelihood of a heart attack. However, because it can lead to bleeding, talk to your physician before you undertake an aspirin regimen, but it still is not being put on the list of prescription medications. Now there's something called ibuprofen. I hope I've pronounced it correctly. I think it has to do with helping people deal with pain. Athletes and others take it. It's in different substances, but now they're finding out that they are very serious side effects that can occur. I don't remember whether it was the kidneys or what, but something down in that mysterious interior of the body can be adversely affected, but it has not become a prescription medication. I am not convinced that people would take the drugs that can be used to combat chlamydia and gonorrhea and try to sell them on the street as you would some of the drugs that kids find in their parents' medicine chest at home which were procured by way of prescription. The greatest drug abuse in this country, Senator Brasch, and others among young people, prescription drugs. Yet nobody is saying that prescription drugs ought not be made

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available to parents, which assumes and presumes children in the household, unless they sign a statement with the police pointing out that they have children, they're going to make sure that their children don't get these drugs. In other words, it's very easy to have a knee-jerk reaction when you look at some things in isolation. Society and the problems, as well as the projected solutions, could be viewed more as a seamless web. You have to look at the entire web to understand the impact of this particular element. Some people think blue eyes are beautiful. One guy said, blue eyes, blue eyes, baby's got blue eyes. Then somebody else saying about brown-eyed girl and how pretty those brown eyes are. But here's one thing we'll all agree, that eyes of whatever color have to be put in the proper context. If you took a blue eye which you might favor, or a brown eye you might favor, and put it in a saucer and the only thing with that eye in the saucer is that aqueous humor, it would be a turnoff. But when you put that eye in its... [LB528]

PRESIDENT HEIDEMANN: One minute. [LB528]

SENATOR CHAMBERS: ...proper place, the eye socket as a part of the face, then it enhances beauty if there is there, it diminishes ugliness if that's there, but it's where it belongs and it does something that's of value. When we put in context what is being presented here, I personally can see only a positive good, I will support the bill. I did not hear Senator Brasch say she was opposed to this amendment, so I haven't felt the need to comment further on it. Thank you, Mr. President. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Chambers. Senator Gloor, you are recognized. [LB528]

SENATOR GLOOR: Thank you, Mr. President. Good morning again, members. I wonder if Senator Brasch would yield for a couple of questions. [LB528]

PRESIDENT HEIDEMANN: Senator Brasch, will you yield? [LB528]

SENATOR BRASCH: Yes, I will yield. [LB528]

SENATOR GLOOR: Senator Brasch, you look the picture of health today. Rosey-cheeked. My guess is that you've gone through life pretty much the same way and with good genetics in your family, my guess is your...Lee, and your family, your kids, have all been healthy also. So this is a hypothetical question that isn't about your family, but about a hypothetical Nebraska family. [LB528]

SENATOR BRASCH: Yes. [LB528]

SENATOR GLOOR: I understand your concern about medications being distributed by physicians who haven't seen those patients. But in your experience within your constituency, is it reasonable for us to see a phone call coming to a physician's office

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saying, so-and-so, my husband, has been fighting this cough for several weeks, can you give him something to help him? Or the kids have got earaches again, we need the medication you usually prescribe for those earaches, and on and on, do you see that as something that plays out in the state of Nebraska on a regular basis? [LB528]

SENATOR BRASCH: I imagine not on a regular basis. If the doctor knows and is familiar and trusts and has an ongoing relationship and history with the patient, perhaps; but in most cases, and I know in the...at the Dinklage Clinic in Westpoint that they want you to come in for a prescription and the last...one of the last visits I had, I had done a lot of research on the illness and the doctor said, so why are you here? And I said, I need a prescription. [LB528]

SENATOR GLOOR: Thank you, Senator Brasch. What I hear you saying is that you trust the physician and the physician's judgment in these matters, and so it gives me an opportunity to remind the body that the Nebraska Medical Association, the body that represents...not all, but a majority, I think, of active practicing physicians in the state of Nebraska, or certainly at least a very large number, is supportive of this bill. Using their judgment, their knowledge, and their training that in the instances we're talking about with certain STDs, it's appropriate for them without seeing that patient just as--not infrequently--they prescribe other medicines for other diseases if they're comfortable doing without seeing the patient. The Nebraska Medical Association finds this appropriate. It alleviates the concern I might otherwise have that what we're dealing with here is something that is fraught with the risk on behalf of patients. Certainly, there is risk as has already been discussed. Anytime you take any medication there's risk. Even if it's stuff you buy over the counter, there is a degree of risk. However, you weigh that risk against the benefit. And in this case, we're finding the peer organization responsible for weighing this risk in the state, the Nebraska Medical Association, saying, this is an appropriate risk to take, an appropriate thing to do. And, therefore, didn't get a chance to say it before on the mike, I'll restate it now, I'm certainly in support of this bill, support of the amendment from Health and Human Services, still trying to weigh whether I'm in support of AM764, but I think what it's attempting to do, improve education, is admirable. Thank you. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Gloor. Continuing on discussion of AM764, Senator Bloomfield. [LB528]

SENATOR BLOOMFIELD: Thank you, Mr. President. Good morning, colleagues. I stand in support of this amendment. I'm not wild about the bill yet, but this goes a little ways toward making it some better. I believe it does no harm at all to the bill and the amendment at least should be passed. I do have a lot of questions yet on the bill itself and we'll get to those in due time. Thank you. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Bloomfield. Senator Brasch, you are

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recognized. [LB528]

SENATOR BRASCH: Thank you, Mr. President, and thank you, colleagues. I did want to address Senator Chambers' concern about over-the-counter aspirin having complications and certainty facts. That is true, but when medication is a prescription, it is typically because of greater associated risks and severity, we are told. For example, some of the prescriptions here that we see for STDs. Zithromax, the drug interactions. There are a total of 310 drug interactions, 45 are major, 239 are moderate, 26 are minor. There are three diseases associated with these interactions with this, one of them is liver disease, the other is colitis, and the other is myasthenia gravis. That is just one of them. The second one, doxycycline. There's 334 drug reactions and nine major ones, 249 moderate reactions, and 76 minor ones. There are also two alcohol and food interactions associated with that. And also diseases, three, that are problematic with this prescription. The third one is the azithromycin drug interaction. And there are 310 drugs that will interact with it, 45 are major drug interactions, 239 are moderate drug interactions, 26 are minor drug interactions. And these interactions, when there's no follow-up, no patient to be visible or present with the physician, could create consequences for both the patient. Earlier yesterday it talked about babies and mothers and a mother with a child or being pregnant is under a doctor's care or should be under a doctor's care. What if this person does not know that the partner is pregnant or, you know, the degree of sexual activity? I mean, that could be problematic. I am saying that there needs to be treatment. It needs to be addressed but not treated blindly. It must be treated with the doctor and a patient and I do support the amendment, AM764 to AM605 that removes liability and creates immunity for the doctor who will not treat or prescribe medications with such high risks for patients they are not familiar with and work with directly. These are just a few examples. I have more I can share as debate continues, but these are things to think about that over the counter and prescribed medications are two different treatments. One needs a physician's care. Thank you, colleagues. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Brasch. (Visitors introduced.) Senator Kolowski, Chambers, Lautenbaugh, and Howard are in the queue. Senator Kolowski, you are recognized. [LB528]

SENATOR KOLOWSKI: Thank you, Mr. President. Fellow senators, good morning. Yesterday, we received a state map with the counties with the chlamydia and gonorrhea percentages in those counties. I hope you all had a chance to look at that because my comments are not only to that, those maps, but also to the issue in the Omaha area. As we look at Sarpy and Douglas Counties, we're looking at counties that are very high in both of these rates of these problems. And I want to make a statement that I hope will be heard by everyone in the body. This issue is not just a north Omaha or south Omaha issue. Please keep that in mind. When you look at the two counties that we're dealing with in Douglas and Sarpy County, we have one-third of the students in the state of Nebraska in those counties, which means we have a lot of teenagers. With the activity

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and the mobility, those diseases are also very mobile. Please keep that in mind as we're going through this and look at those maps again as far as the ranges and the distances across our state that are imperiled because of this. I stand in support of this bill by Senator Howard and the amendment by Senator McCoy. I hope we'll be able to successfully pass this and make the progress that we need in this terrible situation that is plaguing our state as a whole, and especially Douglas County as one of the major ones. Thank you very much and I yield my time to Senator Howard. [LB528]

PRESIDENT HEIDEMANN: Senator Howard, you have 3 minutes and 15 seconds. [LB528]

SENATOR HOWARD: Thank you, Senator Kolowski for yielding your time to me. I want to revisit my reason for introducing this legislation in the first place, and that is because expedited partner therapy really does help Nebraska babies. I know it seems a stretch, but ob-gyns are the predominant practitioner of expedited partner therapy and that's often because a pregnant woman will present in her first trimester and if her partner goes untreated, she will be reinfected by her third trimester and that baby can be born preterm, which costs the state quite a lot of money with NICU stays. One in nine babies in the state are born preterm. Both diseases can be transmitted to the baby. Gonorrhea can cause a miscarriage which is absolutely what we don't want to have happen in this state. And finally, and for me worst of all, both of these diseases can attach to the eye sockets of the fetus and have a baby be born not only with an eye infection but also blind, and all of this is preventable. And so I support AM764. I hope you will vote for it, and I appreciate all of the support on the floor today. Thank you. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Kolowski and Senator Howard. Senator Chambers, you are recognized and this is your third time. [LB528]

SENATOR CHAMBERS: Thank you. Mr. President, members of the Legislature, people are more aware now of how serious an allergy to peanuts can be fatal, but there's no warning on the peanut label. There are notices on bread and other products that might contain wheat because of the allergy people have to that. There's some churches who are so mindful of it that when they give the Last Supper, they don't use the unleavened bread or matzos, which they ordinarily use, they will have gluten free wafers so that these people can participate in the religious ceremony. So, we know there can be risk in every single thing that a human being encounters. And there was one substance that was so potent it was first given over the counter, but then Jeremiah Peabody went to an ad man on Madison Avenue and had an advertisement made and when that advertisement went out over the world, then tests were made of it and they found out that what that substance contained was something that's on another registry that makes it forbidden. And the commercial went...I won't try to sing it. Get rid of that hacking, that runny nose, that hacking cough, that sneeze, that wheeze, and other miseries. Get the wonder drug that cures all your ills, get Jeremiah Peabody's polyunsaturated, quick

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dissolving, fast acting, pleasant tasting, green and purple pills. (Laughter) Oh, yes, little green and purple pills. Another substance...that was...I made that up. He didn't have this product, but there was a substance called Hadacol and they had comical advertisements and one guy said that his aunt never went to school, she was illiterate, she took Hadacol for two weeks, and now she's a schoolteacher. And I'm wondering if that might not be the case with some people, but so many people were using Hadacol that when they did examine it, they found it had an overly high amount of alcohol and that's why people were buying it, and because of the alcohol content it couldn't be sold in the way that it was. What we're talking about, though, are medications and everybody recognizes it. We know that we would prefer that nobody gets a disease in the first place. We know the ideal thing would be if somebody with the disease would go to a doctor, be examined, obtain a prescription, go to a pharmacist and have it filled. All of those are things that we would like to have done. We would like our children to pay attention to the teacher, do his or her homework, eat broccoli, early to bed, early to rise, become healthy, wealthy and wise. Those things are said but they don't happen. When we are in a society that has a serious problem, we have to be practical, we have to be pragmatic, we have to be realistic. What happens in the real world? That is what we have to address. This bill is aimed at a problem which anybody who is not out of touch is aware, happens not only in certain parts of Omaha, not only in the city of Omaha, but all over the state and all over the country. There was a commercial that said, wherever sophisticated people get together. You can say this disease is found wherever people of any kind get together. And when we know that the problem is there, it will not be eradicated by turning our eye away from it. We have to face it. And Senator Howard has brought us a way to do that. We are not, as lay people, trying to substitute our judgment for trained and experienced physicians. There are people who have all the credentials that can verify that what they say should be taken seriously in this realm where they're giving their opinion. [LB528]

PRESIDENT HEIDEMANN: One minute. [LB528]

SENATOR CHAMBERS: Such people, studies conducted by experts have indicated not only the presence of the disease and its increasing spread, but a way to confront it and address it. Nothing else has worked. Where this program has been in place, progress has occurred. I think we ought to look forward instead of backward. Thank you, Mr. President. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Chambers. Senator Lautenbaugh, you are recognized. [LB528]

SENATOR LAUTENBAUGH: Thank you, Mr. President and members of the body. I wonder if Senator Gloor would yield to a question. [LB528]

PRESIDENT HEIDEMANN: Senator Gloor, will you yield? [LB528]

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SENATOR GLOOR: Yes, I will. [LB528]

SENATOR LAUTENBAUGH: Thank you, Senator Gloor. Senator, I was paying attention to your floor comments earlier--that may surprise you--but you mentioned the Nebraska Medical Association, and I think you said that they represent most of the physicians in Nebraska. Is that correct? [LB528]

SENATOR GLOOR: Yes, I did, and then I backtracked on that and said a large number of the physicians in the state of Nebraska. [LB528]

SENATOR LAUTENBAUGH: But not all of them. [LB528]

SENATOR GLOOR: Not all of them, no. [LB528]

SENATOR LAUTENBAUGH: So I'm inferring from that that all physicians aren't required to be members of the Nebraska Medical Association, is that correct? [LB528]

SENATOR GLOOR: That's correct. It's strictly a voluntary organization like, I believe. [LB528]

SENATOR LAUTENBAUGH: And you've had occasion to deal with them in your past life as I believe you were a hospital administrator, I think that's come up a time or two. [LB528]

SENATOR GLOOR: Correct, although I've dealt with them a lot more since I've come down here, interestingly enough. [LB528]

SENATOR LAUTENBAUGH: Had you found them to be a respected and reputable entity? [LB528]

SENATOR GLOOR: I would be at great pains to say otherwise. [LB528]

SENATOR LAUTENBAUGH: And are you aware...I mean, are nurses required to be a member of any particular organization? [LB528]

SENATOR GLOOR: No, they have their own association and other than being licensed by the state, they also have their own association that's voluntary. [LB528]

SENATOR LAUTENBAUGH: Completely voluntary. [LB528]

SENATOR GLOOR: As far as I know, yes, unless they've changed that in recent months. [LB528]

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SENATOR LAUTENBAUGH: Thank you, Senator Gloor. This is sort of a little self-serving digression that I point out from time to time because I am not in the medical field. I am in the legal profession and so I am forced to be a member of my particular association under penalty of not being able to practice my particular profession. And so, when they stand up and say they speak for me in our various committees, they do not. They force me to pay dues, except this year because we're in litigation over that very topic, and I got to put mine in my trust account until we resolve it. But it sounds like the doctors have a voluntary organization which is respected and doctors choose to be a part of it and they get to express their views and life goes on. Wouldn't it be nice if the attorneys had an organization that could be respected by all attorneys because it was a voluntary association of free individuals who could choose to be members or not? And I'm not going to make this bill about that, but I just...it struck a chord with me and I know I'm the only senator on the floor here who engages in digressions from time to time, so I won't make this a long one. I do support this amendment. I did vote for this bill last year to the amazement of some and I'll probably...but I will vote for it again this year barring anything untoward. I do like immunity. Heaven knows, we've been down...careful observers of the Legislature will know we've been down this road before, me and the trial attorneys. But we'll see where that takes us. And in case he has another rhyme about the purple and green pill, verse two, I will yield the rest of my time to Senator Chambers. [LB528]

PRESIDENT HEIDEMANN: Senator Chambers, 1 minute and 54 seconds. [LB528]

SENATOR CHAMBERS: Thank you, Mr. President, members of the Legislature. No rhymes, no songs, but I do agree with what Senator Lautenbaugh said about being compelled to belong to the bar association. My ethical principles are deep, and I call it ethical just to give a name to it. I graduated from Creighton law school. The only thing they hate more than the fact that I graduated from their law school is that I tell people that I did. But before you can have a law school that's accredited, it must have all of the required accoutrements that the Nebraska Supreme Court mandates, such as an adequate library, a competent staff, and so forth. My feeling is that once you graduate from the law school accredited by the Supreme Court, you shouldn't have to take exams, you shouldn't have to join bar associations, you shouldn't have to pay fees. They require all of that. [LB528]

PRESIDENT HEIDEMANN: One minute. [LB528]

SENATOR CHAMBERS: As a result, I will never be able to practice law in the state of Nebraska, but they can't take from me the knowledge that I acquired, much of it not in the classroom, because I did not attend classes. And I told them I didn't need to attend their classes to pass their courses, and that proved to be true. I don't believe that anybody should be compelled to join an organization and pay it dues, whether you

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agree with what they do or not, in order to practice a profession recognized as legal and lawful and, contrary to the jokes made, essential to the proper functioning of a democratic society. Thank you, Mr. President. Thank you, Senator Lautenbaugh. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Lautenbaugh and Senator Chambers. Senator Howard, you are recognized. [LB528]

SENATOR HOWARD: Thank you, Mr. Speaker. I just wanted to make a few notes. In regards to the question about the dangers associated with the medications that are recommended to treat gonorrhea and chlamydia, there are always risks associated with any medication, even over-the-counter medications, as we've discussed. However, in the Health and Human Services Committee hearing, which I'd like to note this bill was voted unanimously out of your Health and Human Services Committee again, one of the testifiers at the hearing did a comprehensive survey of all states to see if there had been any reported cases of expedited partner therapy causing a serious medical complication or death, and she could not find a single one. The requirements that the prescriptions must have a name in the bill and in the amendment, AM605, serves as an additional safeguard that I was happy to bring to the floor. So I urge you to vote yes on AM764 and I urge you to vote yes on LB528. Thank you. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Howard. Senator Christensen, you are recognized. [LB528]

SENATOR CHRISTENSEN: Thank you, Mr. President. I appreciate the amendment. I'll vote for the amendment. I still haven't figured out how to support the bill yet, but I guess I don't fully understand why that a partner wouldn't want to be...go see the doctor themselves. This part of it just doesn't make sense to me. And if your partner doesn't want to go, why would they be your partner? If they don't care enough to take care of themselves, don't care enough to take care of you, why would you want to be with them? Some of the logic behind this I just can't understand. You know, if you look at what you...if you're dating someone, they're your partner, and they refuse to take care of the issue, you're seriously going to stay with them? No common sense to that. I just cannot even fathom that. Why would you even want them? I understand there's still the health risk. I understand they need to go. But what if they have another disease beyond the one that you know about? Where did the disease come from? Who's fooling around with who? Is it a partner you want? Think about this. I understand there's an epidemic because people have lost their morals. But if you read this handout that was given, this "STD Facts," safe sex, separated, I appreciate it. For once you see it in print, "Not having sex is the best way to protect yourself." It's the only guaranteed way. Having sex with only one uninfected partner is also safe. That's common sense. But there is no common sense on the side that you wouldn't go get taken care of if you have a problem, and there's no common sense that you would even want to be with that partner if they

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don't want to get taken care of. So I still have a lot to fully comprehend on this one. I guess I must be slower than many of you because there's just some things here that make zero sense. And I don't know how you can argue with the fact that your partner should go and get it taken care of. I just can't think of a reason why you wouldn't. And I don't know why doctors should want the risk of sending it out. Maybe these are absolutely safe drugs. Never had any of them, but maybe they're that safe. I can't even get an aspirin given to my kids at a school from the school, but we can hand sexually transmitted disease medicine out, sight unseen, to someone. There's no common sense in that either. It don't make sense. There's just too many things of this don't make sense. [LB528]

PRESIDENT HEIDEMANN: One minute. [LB528]

SENATOR CHRISTENSEN: Thank you, Mr. President. I guess I just sit here and challenge you in your thinking if you support this. Answer to me why you'd want to be with a partner that won't go, answer me why you'd want to be with a partner that gave it to you and maybe I'll understand this a little bit better. I have a partner come give it to me, I ain't going to have a partner because something is going on. So anyway, somebody can explain that to me. Thank you. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Christensen. Senator Wallman, you are recognized. [LB528]

SENATOR WALLMAN: Thank you, Mr. President, members of the body. Thank you, Senator Howard, for bringing this controversial bill out to the floor. And I think you probably knew it would bring controversy. And so we are a society that should help take care of our youth and/or maybe older people. It's not only youth nowadays, you know? And so I think it's a good bill and the amendment is all right too. I'd vote for both of them. And I'd yield the rest of my time to Senator Chambers. [LB528]

PRESIDENT HEIDEMANN: Senator Chambers, 4 minutes and 25 seconds. [LB528]

SENATOR CHAMBERS: Thank you, Mr. President. Thank you, Senator Wallman. Senator Christensen, two young people named Mickey and Sylvia gave the answer to your question even before you asked it. The song they sang was called "Love Is Strange." Shakespeare wrote about two young people, each one belonged to a different family, obviously, and the families were feuding, but they fell in love. They were called Romeo and Juliet. Now there was a man named Nat King Cole who sang a song called "Hajji Baba," and one of the verses said, "Deep in each soul," Senator Christensen, "carefully hidden, there's a desire to be indiscreet; Hajji has said when love is forbidden, love is so sweet, love is so sweet." And I regret that you have not had a chance to sink your teeth into that juicy sweet plum, but many people have. And since they're going to do it and problems result, there are situations that must be addressed. I'd like to ask

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Senator Carlson a question or two, if I may. Senator Carlson. [LB528]

PRESIDENT HEIDEMANN: Senator Carlson. [LB528]

SENATOR CHAMBERS: Senator Carlson, did King David love Bathsheba? [LB528]

SENATOR CARLSON: Yes, to a certain extent. [LB528]

SENATOR CHAMBERS: And was David called the apple of God's eye? [LB528]

SENATOR CARLSON: Yes, he was. [LB528]

SENATOR CHAMBERS: Thank you. Did Samson love Delilah? [LB528]

SENATOR CARLSON: To a certain extent. [LB528]

SENATOR CHAMBERS: Thank you. Members of the Legislature, God had told Samson, don't you do this, don't you let a razor touch your hair. And his parents swore an oath of the Nazarite. So when Samson looked deep into Delilah's eyes, she said, Samson, what's the secret to your strength? He said, Delilah, I'm strong enough to move a mountain; I can do anything, but I can't resist your charms; if my hair is messed with, I'll be weak as any other man. And he woke up and what he said was true. And they took him and they put out his eyes and they took him in their temple to make fun of him. And he said, show me where the pillars are that support the temple. Right, Senator Carlson? He's nodding yes. Then Samson, this one last time, leaned with all of the strength that he had, because his hair had grown, the temple pillar slid on its foundation. It fell. And when that pillar fell, down came the whole temple. So he was allowed some redemption. David loved Bathsheba so much that he filled the role of a Peeping Tom. She was married to another man, but that didn't stop or quench his love. This other man happened to be David's top general. And they were going to war, and David told those soldiers, take him to the hottest part of the battle and that won't be hard because that's where he wants to be as a leader. Then when he is there and the battle is hottest, withdraw from him that he may be killed. That was Uriah the Hittite, and he was in fact killed. And that rascalion David took that man's wife, and he had wives. So there was a prophet and he came to David. [LB528]

PRESIDENT HEIDEMANN: One minute. [LB528]

SENATOR CHAMBERS: He said, David, king, there is a man; he has more sheep than he can name, than he can count. And this one neighbor had one ewe lamb, and this man with all these sheep took that man's ewe lamb, e-w-e. David was outraged, as any of us would be. He said, such a man, and he went through a litany of bad things that that man was. And as prophets did in those days, he focused that piercing gaze on

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David, as I'm looking at Senator Scheer, and said, David, thou art the man. And David's conscience, soiled as it was, smote him and he was sorry after the fact. Senator Christensen, that's why people get into these messes, and if we can help them out we ought to do it. And if the God that you worship is so forgiving of these two men who really should have known better because they have talked to God, then we can certainly forgive our children who sometimes follow our example in falling into the plights that they do. Thank you, Mr. President. [LB528]

PRESIDENT HEIDEMANN: Thank you, Senator Chambers and Senator Wallman. Senator Lathrop, you are recognized. [LB528]

SENATOR LATHROP: Thank you, Mr. President and colleagues. Good morning. I am in full support of LB528 and I want to talk about the bill, what it attempts to accomplish, and then respond to something Senator Christensen said. We have a huge problem. We're like the epicenter. It is the worst. You can't go to...you can't find places in the country worse than the problem we have in a particular part of this state with STDs. That's just a fact. And how we got there is very much beside the point. I get that there are plenty of ways to avoid this, plenty of ways to...including not having sex before you're married, being monogamous, all of those things--perfect ideas, using protection--perfect idea. That would avoid or help get ahead of the epidemic. That's sort of beside the point, though. The problem is there and the question is, what are we going to do about it? Are we going to ignore it? Make judgments about people that are caught up in it? I guess when I was listening to Senator Christensen speak about how if these people would just avoid sex we wouldn't have this problem, and I thought, you know, there's a lot of things that cause health problems that we still address. We are dealing with the consequences of people who choose to smoke. We don't say we're not going to invest money in cancer research or, by the way, a cancer hospital up in Omaha because those people all got there with some lifestyle choice. We recognize that there are some things, whether it's obesity, the consequences of smoking, whatever it is, they present a health problem for us and the question is, are we going to do something about it or are we going to make a judgment about the people who have the health concern and then ignore it? I think, I think we ought to do something about it. Now the other question is, is there risk associated with this proposal? I'm going to tell you that the fact that there are no immunities in LB528 suggests to me that there's a very small or no risk associated with sending an antibiotic home with a partner. And here's ultimately what, when we make policy, the question is, are we going to make the situation better, worse, or do we not belong there? And I think the answer to the "do we belong there" is, yes, we need to do something to get ahead of this. And is this a solution? I think it is. Would I like to not have to deal with it? Sure. And I'd like to not have to spend money or resources in the form of higher health premiums for people that smoke or people who are overweight or people who have all kinds of problems because they don't exercise, but that's where we find ourself with our population and I don't believe we should ignore it. I don't think we should try to ignore it by making a judgment about the folks who are

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there any more than I'd want somebody making a judgment about me. And so I think LB528 makes perfect sense and I would encourage your support. Thank you. [LB528]

SENATOR COASH PRESIDING

SENATOR COASH: Thank you, Senator Lathrop. Senator Brasch, you're recognized. [LB528]

SENATOR BRASCH: Thank you, Mr. President. And thank you, colleagues. I am listening closely to all discussion, all exceptions, all impact. It is most interesting to hear that the reports are there have been no complications and no deaths to expedited partner therapy in the surrounding states. Well, if you don't know who the partner is and...or the patient is, but how do you become aware if there's complications? How do you become aware, when there is no follow-up or diagnosis or treatment, and especially when this partner is an anonymous partner medically, that they're alive and well today? That you know, the reporting piece is not in there and the doctor-patient relationship is not there. This is where I come back to this, not as a judgment of morality or...but what is right. What is good public policy? It has been practiced that physicians do have a relationship, a knowledge, a trust, a medical background in prescribing medication to their patients. They're aware of preexisting conditions. They're aware of the diseases. They're aware and able to treat complications. That is the public policy that is in place. Now if we start changing the policy and we want to make exceptions here in Nebraska for STDs because it is problematic, we're not going to solve the problem but what we're going to do is blindly treat someone on hearsay. We do not know if the parents are aware. That's not a requirement to have parents' consent. We do not know if there is multiple partners. We do not know if there's a case of sexual abuse or we do not know moving forward on how many times this unknown person is being treated. We don't know if they're taking their medication that's not prescribed to them. We don't know what's happening once it leaves the partner's hand the doctor talks with. There are so many unknowns here. And you know, with this medical situation, with this concern that's in all states, if this medicine is so safe, even though there's hundreds of complications, major, minor, why isn't it over the counter? I mean maybe the medical professionals need to lobby someone and put this in a pack in a cellophane wrapper and on the top shelf in your local dime store. But there's too many unknowns. There are risks. And we are here to protect the innocent and the innocent at this point aren't being treated. They aren't being addressed to the problem. And basically, we are just saying, take this and go away and hope you're okay. That doesn't seem like good public policy. I want to, you know, consider all factors. The amendments have been good. The upcoming amendments look good. But the bill itself I think still is lacking, and it is, in addressing the problem, and I believe we can do better than this. Thank you, colleagues. [LB528]

SENATOR COASH: Thank you, Senator Brasch. Senator Christensen, you're recognized. [LB528]

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SENATOR CHRISTENSEN: Thank you, Mr. President. I'd address Senator Chambers' comment: Forbidden love is better. I'm going to disagree with you. I love my wife more today, 18 years later, than I did when I first met her or when we first started that relationship. You know, you make a decision if you're going to love someone or if you're not. You make a decision how you're going to treat somebody, good or bad. I mean, yeah, people make mistakes. They did in the Bible; they do today. That's not going to change. I've made mistakes. Everyone here has made mistakes regardless what it is. But it doesn't mean you can't control yourself. And even if you can't control yourself, at least you can be responsible. You can go see the doctor. I would think you would want to, to take care of yourself, if that's your lifestyle. I don't see that we have to have this to address the problem. The medicines that are available that you're wanting to hand out are available now. They can go get them. It's not to control the problem that's out there. It's just going to be the responsibility of the individuals. Even if you take it to your partner, doesn't mean they're going to take it. If they don't care enough to go to the doctor, are they going to care enough to take it? There's no guarantee that taking the drugs to your partner is going to solve anything. I don't understand this. I really don't understand. You know, we hear love is blind. I use that quote a lot myself. It is blind. I look at a lot of people and I think, in one case or the other, someone had to be blind. But fact is, if you care about someone, care about your partner, they care about you, this isn't going to be an issue. It just doesn't make sense to me. I'm sorry, I haven't heard anything to convince me differently. But I'll disagree with Senator Lathrop a little bit. He said we take care of cancer patients; we have research for that and it's because people smoke. My mother died of cancer; never smoked a thing in her life. My dad didn't smoke, her folks didn't smoke, but she died of pancreatic cancer. Had nothing to do with smoking. I don't know what it was. She led a far better lifestyle than I do. So it's not just that we take care of other issues that come up, because this is an issue that can be taken care of. They can go to the doctor and get it taken care of if they have an STD. They can avoid having sex. They can be in a monogamous relationship. There's multiple ways of handling this. We're not giving them anything new here in this bill. There's nothing new that we're doing here... [LB528]

SENATOR COASH: One minute. [LB528]

SENATOR CHRISTENSEN: Thank you, Mr. President,...that can't be done now. I liked a gentleman come by the other...a little bit ago, says I'll bet we spend more time on this than we do the budget. It's probably true, at least it's true compared to what we've done some budgets the last few years. And I don't know of any new solutions here. I guess I'm not understanding any new medicine, any new approaches that we don't have before us here now. Thank you. [LB528]

SENATOR COASH: Thank you, Senator Christensen. Senator Carlson, you're recognized. [LB528]

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SENATOR CARLSON: Thank you, Mr. President and members of the Legislature. And I would like to address Senator Chambers, if he would yield. [LB528]

SENATOR COASH: Senator Chambers, will you yield? [LB528]

SENATOR CHAMBERS: Yes. [LB528]

SENATOR CARLSON: Senator Chambers, thank you for your contribution this morning. I have a question, though. Did David love Bathsheba or just desire Bathsheba for a personal experience? [LB528]

SENATOR CHAMBERS: He loved her with all his heart, soul, mind, and strength, and that's why he turned on his best general. [LB528]

SENATOR CARLSON: All right, that's an opinion and I don't think you read that from the Good Book. Now did Samson love Delilah, or just desire Delilah for a personal experience? [LB528]

SENATOR CHAMBERS: With all his heart, soul, mind, and phenomenal strength. [LB528]

SENATOR CARLSON: And you didn't read that out of the Good Book either. You know, we many times...thank you, Senator Chambers. We many times have a misdirected concept of love. We get confused on what is unselfish love and what is unbridled desire. And so, young people up in the north balcony, I'm glad that you're here this morning and listening to this discussion. You know, Senator Chambers can quote the Bible and use it in a good way whenever he wants to, and part of the time he's done that well this morning. But this would be a message for all of us on discussion that's taken place for all of us: Think before we act and we could be in far fewer positions of difficulty if we would just do that. Thank you, Mr. President. [LB528]

SENATOR COASH: Thank you, Senator Carlson. Senator Murante, you're recognized. [LB528]

SENATOR MURANTE: Question. [LB528]

SENATOR COASH: The question has been called. Do I see five hands? I do. The question is, shall debate cease? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk. [LB528]

CLERK: 30 ayes, 2 nays, Mr. President, to cease debate. [LB528]

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SENATOR COASH: Debate does cease. Senator McCoy, you're recognized to close on your amendment. [LB528]

SENATOR McCOY: Thank you, Mr. President and members. I would ask for your advancement of AM764 this morning. And again, as I talked about in my opening, which was the last time I stood up to address you, there are currently eight other states that require such information as what we're describing in AM764 to be provided to patients to pass along to their partner or partners. I think this is an important component of this bill. I would agree with Senator Lathrop that how we got to this point of a public health emergency, not only in Douglas County but in other parts of the state--but clearly the epicenter, as he said, is Douglas County--how we got to this point, perhaps for the public policy discussion of this morning, isn't all that necessarily relevant. And we probably all have our own personal opinions, perhaps shared by some of our constituents, as to why this became such a problem. But nonetheless, it is a problem, and it's a problem I think that we have a duty to do everything that we can to address. And again, I would most certainly applaud Senator Howard for attempting, I think valiantly, to address this problem with LB528 and I think that, again as Senator Lathrop said and maybe I'd expand upon, that we have a duty to fix the problem and not necessarily make judgments on lifestyle choices even if sometimes we want to, because I don't think that if we do that we maybe are going to make the right public policy decisions always, particularly in this case. So again, I think this amendment is pretty simple. It just says that the medical practitioner, in addition to providing the patient information on the actual antibiotics that they would be writing a prescription for, not only for that patient but for the partner or partners, and in addition to that, and Senator Howard provided a handout which would be an example of information that could be or would be handed out by those medical practitioners, they would hand out corresponding information on chlamydia and gonorrhea to those patients, not only for them but for the partner or partners. I think this hopefully goes a ways to strengthen and make better LB528. Thank you, Mr. President. [LB528]

SENATOR COASH: Thank you, Senator McCoy. Members, you've heard the closing to AM764 to AM605. The question before the body is, shall AM764 be adopted? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk. [LB528]

CLERK: 37 ayes, 0 nays, Mr. President, on the adoption of Senator McCoy's amendment to the committee amendments. [LB528]

SENATOR COASH: AM764 is adopted. Next item, Mr. Clerk. [LB528]

CLERK: Mr. President, Senator McCoy would move to amend with AM765. (Legislative Journal page 812.) [LB528]

SENATOR COASH: Senator McCoy, you're recognized to open on AM765. [LB528]

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SENATOR McCOY: Thank you, Mr. President and members. Again I bring to you another amendment that I hope will provide some additional necessary safeguards to make sure that we're addressing this public health emergency in the best way possible, making sure this doesn't become a statewide epidemic. And you may, if you're looking at it on your gadget, look at this amendment and say, well, how could that be, because this amendment, it's one line, page 1, line 6 of the committee amendment, which of course becomes the bill, AM605, it strikes...keeps chlamydia as being available as an STD to be treated by expedited partner therapy but strikes "gonorrhea." And I want to outline why I think this is necessary to this discussion. It is in no way, shape, or form to somehow set up the scenario by which that I think gonorrhea is less of a problem or not at epidemic levels in Douglas County and, at the very least, public health emergency levels in other parts of the state. It's because you'll have a handout in a moment that's from a November 2012 Centers for Disease Control and Prevention report on the guidance on the use of expedited partner therapy in the treatment of gonorrhea. And you'll find that there's a couple of very interesting points in that report that I think are relevant to AM765 and to the underlying committee amendment and to the bill. I think that this particular STD, gonorrhea, is too important to be part of expedited partner therapy. You'll find in this report, if you look through it, that we are experiencing a real problem with drug-resistant strains of this particular STD. I would draw your attention also to a letter that we all received at our office, a letter that we all received at our office yesterday, some of you may have read it, from the National Coalition of STD Directors, and it's actually a memo on drug-resistant gonorrhea and a challenge we can meet through public health investment, which is a whole nother component of this discussion but one that we probably won't talk about much today. I think that letter is particularly important. I didn't hand that out as a handout because I assume all of you had the opportunity, hopefully, to look through that when you received it at your office yesterday. I think this particular STD, and all of them, but this particular one is a terrible, awful, and pernicious problem, particularly for unborn children. You know, I missed part of the discussion yesterday because my wife Shauna and I, we have another member of our family that will be joining us this fall. We were actually at a doctor's appointment yesterday. Wasn't here yesterday morning because of that. And I was reminded when our physician, who's delivered a number of our children, outlined again, as she does for all of her patients in her practice, just how dangerous these STDs can be for unborn children. And I must say, I don't know that I ever...I should have paid more attention to that, as the father now of three daughters, maybe four, we'll find out this fall, especially, and our son of course too. As a parent I should have paid more attention to that, but our children are young. But I was horrified when I heard from our healthcare provider just how dangerous this can be for babies and the latent health concerns, sometimes for life long, that can haunt individuals when these STDs go untreated or, in the case of gonorrhea, not treated properly. Again, I'll reference back to the CDC report that's being handed out. You know, in the past 50 years, as gonorrhea has been treated, pharmaceutical companies have always been kind of one step ahead, members, of this

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problem by a new antibiotic that could treat this terrible problem. Well, when you look at this CDC report, in addition to the memo that was mailed to our offices yesterday by the National STD Directors association, you'll find that we're on the last generation of antibiotics for this terrible problem. And what they're finding is that oral antibiotics aren't enough to take care of the problem anymore in a lot of patients or partners in the case of EPT, or expedited partner therapy. And they're finding that you also in many cases need a shot administered by a medical practitioner in order to make sure that a patient or partner isn't being reinfected. Well, clearly, when you're talking about shots, that's a very difficult thing to do with EPT. Now you'll also notice in the CDC report, and I'm sure there may be those who will get on the microphone in a minute and address this, you'll also notice that there's a line that says that expedited partner therapy is better than no treatment at all for gonorrhea, and I suppose I wouldn't have any reason to disagree with that. I'm not a medical professional. But I would draw your attention to the fact that that report says that the CDC no longer recommends the routine use of oral administered antibiotics for the treatment of gonorrhea. My fear, members, is that gonorrhea is such a problem, not just in Douglas County but in other parts of our state and definitely across our country. And as these reports indicate, it's a global problem. We have to be very careful, members, what we're doing here with public policy to make certain sure that while we're doing our very best to address what is a dire public health emergency, that we aren't at the same time having medical practitioners treat patients and prescribe for partners antibiotics that then those same individuals are contributing to the epidemic levels of this STD by reinfesting others and themselves, in particular when there may be pregnant women involved. As it's been noted I think yesterday, you know, I think if I recall the number correct, I think it's either one in seven or one in nine babies in Nebraska are born premature. I would guess, although I don't know that anyone...I heard any statistics, although maybe there are some, that there are a number of those premature babies that an STD like gonorrhea or chlamydia is contributing to that premature birth, which in turn not only affects that family but affects that baby. And in some cases, that comes back to be our responsibility here in the Legislature and the government of the state of Nebraska. So I bring this amendment to you as the only way that we could think of, that I could think of to address this problem. It isn't to say that we don't want medical practitioners to be able to address gonorrhea. Absolutely we do. But as you'll see from the CDC report, the CDC really recommends that in the case of gonorrhea, that person is seeing a medical professional practitioner so that they can determine whether or not a shot is going to also be needed in addition to the oral antibiotics. You know, if you'll look at the states that have in statute or may already be doing EPT, you'll find that a number of them may have passed their legislation with chlamydia and gonorrhea but of now only are allowing chlamydia to be used with EPT. Oregon is one of those states. If you look at Oregon's guidelines for protocols for medical professionals, you'll find that they have recognized that this is a very large problem in their state over what I just articulated--the oral antibiotics in addition to a shot and how that treatment is greatly complicated and made very difficult... [LB528]

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SENATOR COASH: One minute. [LB528]

SENATOR McCOY: Thank you, Mr. President,...made very difficult with expedited partner therapy. You know, perhaps there is a way to address this, as I believe Section 1 does or perhaps it's Section 2 of AM605 where it says that the Department of HHS shall promulgate rules and regulations for this act. Perhaps that's a way to address this problem. I don't know. But I think this is something that really ought to be discussed. And it's my hope that we do adopt this amendment or, at the very least, we figure out a pathway forward so that this issue can be addressed under this bill. Thank you, Mr. President. [LB528]

SENATOR COASH: Thank you, Senator McCoy. (Visitors introduced.) Members, you've heard the opening to AM765 to AM605. Senators wishing to speak: Senators Avery, Bloomfield, Chambers, and others. Senator Avery, you're recognized. [LB528]

SENATOR AVERY: Thank you, Mr. President. I have been listening to this debate yesterday and then all day today, and I've listened very carefully and I am now convinced that this bill needs to be passed. No one has denied that we have a problem with STD infections. No one has suggested that we don't need to deal with the problem. No one denies that antibiotics are the treatment of choice for these infections. What seems to be at the core of the debate is the failure of current approaches to the problem and the need to do something about that. Clearly, the state has a compelling interest in solving this public health issue. It's a serious health problem. But what we are doing seems to be an utter failure. It's interesting that we all agree on the problem; no one has offered a realistic solution other than the bill before us. I haven't heard anybody get up and say...except I believe Senator Christensen made the argument that abstinence was the solution. That's not realistic, folks. We need realistic solutions, solutions that are founded in reality. Obviously, the approach we are now taking is not working. It hasn't worked in the past and it will not work in the future. You can't keep doing something and then just hope that things get better. Doing nothing is not an option. If we fail to approve this bill then where does that leave us? It leaves us with the problem that we all recognize as a serious problem. I have been trying to read quickly here the handout from Senator McCoy from the CDC, and I want to address specifically his amendment, AM765. My reading of this confirms what he said about the CDC changing their recommended regimen for the treatment of gonorrhea, that there is a need not only that gonorrhea be treated with antibiotics, whether it be oral or in injection form, but there is a need for a follow-up treatment. This disease has become so resistant to many of the antibiotics available that there is a need to find out if you are in fact getting the cure that you are seeking with the antibiotics prescribed. That's called, I think, a cure for test or test for cure. Test for cure it is. And go to that handout on the back page of the first page, second page of this handout, and you'll see that number two there says that: Since the CDC no longer recommends exclusively oral treatment for gonorrhea, and since the CDC recommends that a patient return for a test-of-cure visit, that the CDC

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recommends the following with respect to EPT as a practice for gonorrhea. And read down there under that bullet point and it's pretty clear that, as has often... "As has always been the case, medication or prescriptions provided as part of EPT should be accompanied by treatment instructions," thank you, Senator McCoy, for that amendment we just passed,... [LB528]

SENATOR COASH: One minute. [LB528]

SENATOR AVERY: ...appropriate warnings about the medications, general gonorrhea health education and counseling, and a statement advising the partners seek personal medical evaluation. This is saying that EPT is still an effective treatment option. They simply believe that it's important that instructions be accompanied with that, with the hope that a person would be smart enough to follow up on that. I believe this is a good bill. I intend to support it. I hope that you will do the same. Thank you, Mr. President. [LB528]

SENATOR COASH: Thank you, Senator Avery. Senator Bloomfield, you are recognized. [LB528]

SENATOR BLOOMFIELD: Thank you, Mr. President. I actually had my light on earlier, before we passed that last amendment. You received a couple maps that were passed out that are in blue. Those are just updates, I think, of the maps that were passed out yesterday. These were updated December 13 of 2012. These maps are not introduced to infer that we don't have a problem. They are just newer maps that let us see, I think more accurately, what the problem is. And secondly, I will be supporting AM765. I think if we pass out medication that maybe doesn't go far enough, we are leaving that individual with the idea that he's taking care of the problem and he probably hasn't. And I would yield the rest of my time to Senator Brasch, if she'd like it. [LB528]

SENATOR COASH: Senator Brasch, 4 minutes. [LB528]

SENATOR BRASCH: Thank you, Mr. President. And thank you, Senator Bloomfield. I do have a question for Senator Gloor, if he is on the floor. He is not on the floor. Then I will...I'll ask Senator Campbell to yield to a question, please. [LB528]

SENATOR COASH: Senator Campbell, will you yield? [LB528]

SENATOR CAMPBELL: Yes. [LB528]

SENATOR BRASCH: I'm looking at the committee statement on LB528 and I'm looking at those who testified. I understood from Senator Gloor, did the medical association testify on this? I thought I understood there was an approval from them and I don't see the medical association as a testifier. Am I...? [LB528]

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SENATOR CAMPBELL: Senator Brasch, I'll have to take a look at I think we received a letter. Thank you. We received a letter from the medical association. I don't think that they testified, but we received a letter and I would be glad to provide a copy. They are supporting LB528, addressing expedited partner therapy. [LB528]

SENATOR BRASCH: Thank you, Senator Campbell. I have no other questions and I'll yield to Senator McCoy the balance of my time if he'd like it. Oh, I can't, I'm sorry. Thank you. [LB528]

SENATOR COASH: Thank you, Senator Brasch. [LB528]

SENATOR BRASCH: Thank you. [LB528]

SENATOR COASH: Senator Chambers, you're recognized. [LB528]

SENATOR CHAMBERS: Thank you. Mr. President, members of the Legislature, I oppose Senator McCoy's amendment and I do not think that what he said is persuasive. We should not drop gonorrhea from this bill. Before I go on, I want to touch on something Senator Christensen said, because it opens the way to a broader discussion. He mentioned that a family member died who had never smoked, and the cancer was pancreatic cancer, which has nothing to do with smoking. There are different types of cancer. Some are slow-growing; some are aggressive. They're beginning to say now, the experts, that they don't know whether pancreatic cancer is really slow-growing or if it's fast-growing and aggressive. By the time symptoms are recognized, then it's too late to do anything. And from that diagnosis until death not a great amount of time elapses. But they're checking now to see whether or not pancreatic cancer may have had its inception much earlier than the onset of symptoms. So this is a plea for continued research, even on those things where it may seem that all the knowledge that is necessary or that can be acquired has been acquired. We need to have people with that dedication to science and advancement to continue to research everything, especially those things that relate to the better health of individuals and society. Even when it comes to treatment of very minor ailments to serious, potentially fatal diseases, not every treatment is going to affect every person who's afflicted the same way. So the giving of a particular treatment does not come with a guarantee that this is going to work. If, as Senator McCoy pointed out, there are more and more strains of bacteria resistant to antibiotics, then you have to look at the origin of that resistance. There are antibiotics fed to livestock and some people feel that that providing of these antibiotics can lead to resistant strains that affect human beings. But I have not heard one person in agriculture say, therefore, we should stop administering antibiotics to livestock, because it affects their bottom line or profit. We're not talking about profit here. There are no medical people who say we want this program because it will allow us to sell perhaps twice as much of these particular drugs. Their intent is to address a very real,

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intractable problem. And gonorrhea is one of those that should stay within the corral that is provided by this bill. In the old days, they used to call it (claps hands), and you know what that is. And that way you didn't have to say it, because in the old days there were certain words that were unspeakable, certain things that were unmentionable. But they still were there. [LB528]

SENATOR COASH: One minute. [LB528]

SENATOR CHAMBERS: In the case of Senator McCoy's amendment, it would hinder what the bill is attempting to do, and to say that a treatment may not be as effective as it once was or that we would desire is not an argument against giving no treatment at all. Some diseases can only be treated by making a person comfortable, but there is no cure whatsoever. My time is just about up this time, so I'll stop. Thank you, Mr. President. [LB528]

SENATOR COASH: Thank you, Senator Chambers. (Visitors introduced.) Senator Howard, you're recognized. [LB528]

SENATOR HOWARD: Thank you, Mr. President. I wanted to give you a little bit of my background. I work at a health clinic in south Omaha and so I spend a lot of time with CDC protocols and guidance, and so I wanted to make sure that my fellow colleagues knew that I did not include chlamydia and gonorrhea in this bill lightly. Incidentally, in the last debate it was an agreement between Senator McCoy and Senator McGill that limited the bill to chlamydia and gonorrhea and so this bill actually maintains that compromise. Senator Avery was kind enough to point out the CDC recommendation is that if you cannot give the intramuscular shot, if you cannot give Ceftriaxone in person, they do still recommend expedited partner therapy with cefixime and azithromycin. Should...it should still be considered. This goes back to our issue with whether or not we trust the doctors in Nebraska to make good decisions about their patients, whether we trust them to follow CDC protocols and make the right decision for their patients. Expedited partner therapy in LB528 is not a mandate. It does not force practitioners to do anything that they're not comfortable doing for their patient. It is an opportunity for them to use a tool that is outside of their traditional methods. I want to address the fact that Oregon did change their legislation regarding expedited partner therapy. In Oregon there were 20 cases of antibiotic-resistant gonorrhea. If anybody would like to take a guess how many antibiotic-resistant gonorrhea cases we've had in Nebraska, it is zero. We have not had one case in the state of antibiotic-resistant gonorrhea. Therefore, expedited partner therapy is still applicable in this state. We ask in LB528 that the Department of Health and Human Services make recommendations and promulgate rules and regulations regarding expedited partner therapy. I believe they will follow the CDC guidance on this issue. Further, I wanted to address Senator Christensen's issue about barriers to care; why anybody would date another human being who refused to go to the doctor. This bill is if folks are unable or unwilling to come to the doctor, and there

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are a variety of barriers to care in this state. Some partners in this state are not able to pay for that visit. They simply can't afford it. Some don't seek treatment because of cultural taboos, and others are unable to find a provider expeditiously. Quick treatment of STDs is critical, because if a partner can't get an appointment and the prescription by the time the original patient's treatment has run its course, the partner will subsequently pass the disease back to the patient, and we go into a circle of infection. Expedited partner therapy is just what it says it is. It's expeditious and it treats the infection quickly. I rise in opposition to AM765 and I would appreciate your no vote on this amendment. Thank you. [LB528]

SENATOR COASH: Thank you, Senator Howard. Senator Christensen, you're recognized. [LB528]

SENATOR CHRISTENSEN: Thank you, Mr. President. Would Senator Howard yield to a couple questions, please? [LB528]

SENATOR COASH: Senator Howard, will you yield? [LB528]

SENATOR HOWARD: Yes. Thank you. [LB528]

SENATOR CHRISTENSEN: Am I correct, Senator Howard, in your legislation that all you got to do is go in, get a prescription for you and your partner. Then both of you just go to a drug store and get your prescription filled? [LB528]

SENATOR HOWARD: That's a good question actually. LB528 follows the CDC-recommended protocol. So if a patient comes in and they're diagnosed with chlamydia and they indicate that their partner is unable or unwilling to come in to the doctor, the protocol asks the patient to call the partner right in the room and they ask for a name for the partner and they ask for any allergies that the partner may have. In that way, it really creates a safeguard. So that is a good question. That's the protocol. [LB528]

SENATOR CHRISTENSEN: But will they have to go get a prescription filled or will they get free drugs? [LB528]

SENATOR HOWARD: Oh, you know, they will have to get the prescription filled and the pharmacy will also give them a medication guide and ask about any allergies. [LB528]

SENATOR CHRISTENSEN: And so you are identifying the name of the individual then? [LB528]

SENATOR HOWARD: Absolutely. In AM605, they ask for the name of the partner. [LB528]

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SENATOR CHRISTENSEN: And...but I wasn't here yesterday, of course. I don't know how you voted. Did you support knowing the age of the individual? [LB528]

SENATOR HOWARD: I did not. Since 1972, the state of Nebraska has allowed minors to receive examination and treatment for STDs in the interest of public health, and I support that policy standing. [LB528]

SENATOR CHRISTENSEN: But is there a difference between a young person going in themselves and asking, and it going out to a young person that is not present, in your mind? [LB528]

SENATOR HOWARD: In my mind, expedited partner therapy works to combat disease, regardless of age. [LB528]

SENATOR CHRISTENSEN: Okay, another question: Since you have to give a name and identify your partners, is there...and there's no checking up on this, could I not say I have 35 partners, give 35 names, identify no allergies for 35, and get 35 prescriptions? [LB528]

SENATOR HOWARD: Well, okay, that's a good question. The unfortunate reality, Senator Christensen, is that you can get an STD from having sex with one person one time. And while we can and should do everything to ensure that our provider community is educating our populace about the dangers of STDs before they have sex, regardless of their numbers of partners, I feel it would be inexcusable for the members of this body to ignore the serious public health effects in our communities of these diseases simply because we don't approve of the causes. [LB528]

SENATOR CHRISTENSEN: Absolutely, I agree with you. So if I say I have 35 partners, I could get 35 prescriptions. [LB528]

SENATOR HOWARD: If your partners were unable and unwilling to come in, if you called them right during your visit and asked for a name and any allergies that they might have, and your provider would have to feel comfortable writing those 35 prescriptions, which I seriously doubt would happen. But thank you for the question. [LB528]

SENATOR CHRISTENSEN: But it's simply whether it's 1, 2, 3, 10, 20, literally, you could do that and literally I see a business opportunity. Go out and sell them for the...if people are that afraid to go see a doctor themselves, then go in, get a bunch of people that are willing to take the phone call, put their name there, and go get the prescription. See, that's the fallacy I have problems with. [LB528]

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SENATOR COASH: One minute. [LB528]

SENATOR CHRISTENSEN: There is no way of knowing by a phone call, there's no way of knowing the direction we're going here that this isn't just unlimited and unfair. So that's where I'm at. Thank you, Senator Howard. I'm not going to push you more on this. I just sat here and see that there is major issues yet here. I don't think this bill is ready to go forward. I'm also going to address something Senator Avery said. He said that I only said there was one way--abstinence. Absolutely, that's the best. But also, as I've said three times at least, that there is a responsible way of doing this--you go see the doctor yourself. And I'm sorry, people have money. I don't care what...how poor they say they are... [LB528]

SENATOR COASH: Time, Senator. [LB528]

SENATOR CHRISTENSEN: Thank you. [LB528]

SENATOR COASH: Thank you, Senator Christensen. Senator Chambers, you're recognized. [LB528]

SENATOR CHAMBERS: Mr. President, members of the Legislature, there's a term "ad absurdum," where you put a push a thing to a ridiculous length. That can be done with any subject or any issue. Sometimes it's effective; other times it makes the user appear absurd. So I don't think that the bill has serious problems. I think Senator Christensen has serious problems with the bill and I don't think anything can be said to change his mind so I will not attempt to change his mind. And the things that I said was to bring him a little bit of light in terms of what goes on in the real world. I'd like to ask Senator Christensen one question. [LB528]

SENATOR COASH: Senator Christensen, will you yield? [LB528]

SENATOR CHRISTENSEN: Yes. [LB528]

SENATOR CHAMBERS: Senator Christensen, do you think a person can love more one individual at the same time, love more than one individual at the same time? [LB528]

SENATOR CHRISTENSEN: I guess you're going to have to define love because I take love as the definition you're committing to someone. So I would say no. [LB528]

SENATOR CHAMBERS: I'm not talking about committing, because might be looking over the wall just like David did but you may not give in to it. Do you think a person can love, as you define love, whatever that is, more than one person at the same time? [LB528]

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SENATOR CHRISTENSEN: If you're saying love, no; have sex with, yeah. [LB528]

SENATOR CHAMBERS: Thank you. Members of the Legislature, I believe that a person could marry, since he's talking about dedication, every other person he sees or she sees and make it. There is no such thing as somebody being made for one person. There are individuals who love a person, they think they do, with all their heart, soul, mind, and strength. That person dies and they marry somebody else and another strong bond and attachment will grow up. You can say it's on the rebound or whatever you want to, but the reality is that a person can love more than one person at the same time. And the kind of questions Senator Christensen asked is parallel to the one of why a woman or a man would remain in an abusive relationship. Why don't you just get on out of it? People are always willing to say if I were you, this is what I'd do. That's not true. If that person were you, that person would do exactly what you're doing. What the person means to say is if I were in your situation and think like I think, this is what I would do about it. And that's not necessarily true, because if you open closet doors you'll find skeletons of every description everywhere. But on this issue, Senator McCoy had touched on what Senator Howard elaborated on. The fact that rules and regulations by HHS, and they're authorized to do such, will be expected to have taken note, the rules' makers and offerors, of any medical findings, trends, methods of treatment, dangers, or whatever else can occur. When we enact legislation, we lay out broad guidelines, authorization for certain things to be done. When we give an agency rule- and regulation-making authority, we have to lay out sufficient guidelines to direct them so that it's not an unconstitutional delegation of our legislative authority. We're not empowering HHS to legislate. We have laid out things in Section 1, then authorized HHS to put in place appropriate rules and regulations. They do the refining. They look at the application. They're at the point where the rubber meets the road and, therefore, they are going to be able to continue monitoring and evaluating and analyzing how this program is working. And as I stated, Senator McCoy, when he was speaking earlier, had suggested that the rule-making authority might be a way out. [LB528]

SENATOR COASH: One minute. [LB528]

SENATOR CHAMBERS: Then Senator Howard elaborated a bit further and I really believe that we ought to leave gonorrhoea in the statute and look for the rule-making authority of HHS to address the issues that Senator McCoy rightfully raised. And I think the discussion has been very good this morning, including the contributions of Senator Christensen. I almost has a Freudian slip and said contradictions, but I corrected myself. We should get as much on the record and in the discussion as possible, because I know that Senator Christensen is not the only one in this state who has the opinions, the questions, the concerns that he is expressing, and they ought to be in the record and we should address them to the extent that we can. Thank you, Mr. President. [LB528]

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SENATOR COASH: Thank you, Senator Chambers. Senator McCoy, you're recognized. [LB528]

SENATOR McCOY: Thank you, Mr. President and members. As I indicated in my opening, I didn't want to use an axe, per se, with AM765 where a scalpel might be most appropriate. I would go back to Section 2, which are lines 3, 4, and 5 of page 2 of AM605, which is the committee amendment, which of course, again, becomes the bill, where it talks about that, "The Department of Health and Human Services may adopt and promulgate rules and regulations to carry out section 1 of this act." And of course, Section 1 of this act is the operative section of this legislation. And Senator Campbell has been kind enough to provide me with the letter that was mentioned earlier in support of LB528 from the Nebraska Medical Association when the bill was heard in the HHS Committee earlier this session. And I wondered if Senator Campbell might yield for a question or two. [LB528]

SENATOR COASH: Senator Campbell, will you yield? [LB528]

SENATOR CAMPBELL: Certainly. [LB528]

SENATOR McCOY: Thank you, Senator Campbell. Again, thank you very much for providing a copy of this letter. It's very helpful. Not being a member of this particular committee, it's very instructive to get the letter here and have a little background on a little more of what was discussed. Because, members, as you may know if you've checked, the transcript of LB528 in the HHS Committee is not yet available, which is completely understandable, due to the voluminous amount of pages that our very busy and hardworking Transcribers Office has to go through with all the bills that are heard every session. So without that transcript, I didn't know that this letter existed. Of course, I'm sure it was read into the record at the time of the bill hearing. The second paragraph, Senator Campbell, I think the Nebraska Medical Association, and I would quote it: We think it is wise to enable the Department of Health and Human Services to have authority to draft regulations as needed to carry out the intent of the legislation as contained in LB528. Senator Campbell, my question, I guess my first question would be is, does Section 2 of AM605 answer? Is that...is that the portion of the statute that would match up with what the medical association is talking about in this letter? [LB528]

SENATOR CAMPBELL: As I understand it, yes, it would. [LB528]

SENATOR McCOY: And how...I'm not completely familiar. And obviously, I don't expect you to give me a complete rundown, but how does that process work with HHS for purposes of the legislative history here going forward? If LB528 is to advance with this section in place, which we often do with legislation, but in the case of what we're talking about this morning, how does the department go about promulgating rules? Do they

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look at CDC reports? I assume that they do. Do you mind enlightening me just a little bit on that? [LB528]

SENATOR CAMPBELL: The department would research and look through the most current medical data and reports in order to put the rules and regs forward. They would also have a public hearing in which they could take testimony and I would assume, at this point, from any portion of the medical community. But it does have a public hearing before it comes out and they do research. And I appreciate your questions because I think this is the best approach to making sure they have the up-to-date research. [LB528]

SENATOR McCOY: So, Senator, this would then, I assume, in the case of the difference in how might be the best way to address the treatment of chlamydia or gonorrhea, whatever the case may be, this would then, by having this section in the amendment, this would then allow them to use the most up-to-date reports to figure out, in addition to an oral antibiotic, perhaps a shot may or may not be required. [LB528]

SENATOR COASH: One minute. [LB528]

SENATOR McCOY: Thank you, Mr. President. Would this then also allow the Department of HHS to determine perhaps, once they look into it, that in a case as Oregon did and perhaps other states, that the form and function of AM765, where gonorrhea might not be a good candidate for treatment by EPT, they might determine that on their own in their promulgation of rules. Would that be correct? [LB528]

SENATOR CAMPBELL: And I would guess that this won't. Part of that process, Senator McCoy, is if they find anything, and this is generally on rules and regs, that they feel is a policy decision, then they would come back to the Legislature. [LB528]

SENATOR McCOY: Thank you. And I believe my time is probably expired. Thank you, Mr. President. [LB528]

SENATOR COASH: Thank you, Senator McCoy and Senator Campbell. Senator Bloomfield, you're recognized. [LB528]

SENATOR BLOOMFIELD: Thank you, Mr. President. As luck would have it, I had a mark about the same place that Senator McCoy was. I'd like to ask Senator Campbell a couple questions, if I could, please. [LB528]

SENATOR COASH: Senator Campbell, will you yield? [LB528]

SENATOR CAMPBELL: Yes. [LB528]

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SENATOR BLOOMFIELD: Thank you, Senator Campbell. HHS being the department that we all love to hate, I wonder on line 3 of page 2, which is the beginning of Section 2, does that word "may," does that need to be changed to "shall"? [LB528]

SENATOR CAMPBELL: I'm sorry. [LB528]

SENATOR BLOOMFIELD: It reads now, Senator, "The Department of Health and Human Services may adopt and promulgate rules," and I wonder if that needs to be "shall adopt and promulgate rules." [LB528]

SENATOR CAMPBELL: I believe that's pretty standard language, Senator Bloomfield. It wouldn't be different than any of the other bills that the Health Committee would look at. That's pretty standard. [LB528]

SENATOR BLOOMFIELD: Okay. I know in the past if we have told them they are allowed to do something and can do something, that they frequently do not. And I just wonder if we need to put "shall" there in place of "may." And in either case, if we ask them to do something, how do we escape without a fiscal note? [LB528]

SENATOR CAMPBELL: Senator Bloomfield, we have a question over here. Are you referring to the green copy or the amended copy? [LB528]

SENATOR BLOOMFIELD: I am referring to the amendment. [LB528]

SENATOR CAMPBELL: Okay. And could you repeat? I'm sorry. [LB528]

SENATOR BLOOMFIELD: Page 2, line 3, the last word. [LB528]

SENATOR CAMPBELL: You know, you know, Senator, we continue to follow up on the rules and regs. In fact, Senator Howard has another bill that you're going to hear and we are following up in the Health Committee this year with a number of bills where regulations have been required. So we're beginning to monitor that very closely and we did pass legislation. So I don't hesitate to say to you that I think they will follow up. [LB528]

SENATOR BLOOMFIELD: So you're comfortable with the word "may" there? [LB528]

SENATOR CAMPBELL: Yes. [LB528]

SENATOR BLOOMFIELD: Okay. And do you think we do escape a fiscal note if we ask them to do something? [LB528]

SENATOR CAMPBELL: No. I think they're going to give you whatever their cost would

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be in... [LB528]

SENATOR BLOOMFIELD: Okay, because there is no fiscal note with the bill and I just wondered if one will appear all of a sudden. [LB528]

SENATOR CAMPBELL: I don't believe so, Senator. [LB528]

SENATOR BLOOMFIELD: Okay. Thank you. [LB528]

SENATOR COASH: Thank you, Senator Bloomfield and Senator Campbell. Senator Chambers, you're recognized. Senator Chambers. Senator McCoy, you're recognized. [LB528]

SENATOR McCOY: Thank you, Mr. President, members. And if I may, I'd like to address another question or two to Senator Campbell. [LB528]

SENATOR COASH: Senator Campbell, will you yield? [LB528]

SENATOR CAMPBELL: Yes, certainly. [LB528]

SENATOR McCOY: Thank you very much, Senator. And I wanted to continue for a moment or two, if we may, on the dialogue. I want to make sure that we have in the legislative history what we need to have for the promulgation of rules for HHS to give them all that they need going forward with this process. Senator Howard mentioned, and it's true, that Senator McGill and I had some conversation when we last discussed this issue last session about restricting this to just chlamydia and gonorrhea. And I think what's changed since then is that we do have a new CDC report. So that's November of 2012. This obviously was, I think, February of 2012 when we last talked about this issue here on the floor. Going forward in that, does HHS then have to have a public hearing? How does that process work when they promulgate rules and regulations in regards to something like this? [LB528]

SENATOR CAMPBELL: To my knowledge, Senator, every promulgation of rules and regs would require a public hearing. [LB528]

SENATOR McCOY: Okay. So in this case and I think where we ended up is they...and I really appreciate the insight, as Chair of this important committee here in our body, in the case of a policy decision then, it's likely, although don't hold me to this of course, but it's likely then if they thought there was a reason to need to come back to the Legislature for a policy here more than just a promulgation of some rules and regs, they would most likely do that, whether that be in a future next session or a future session down the road. If they thought this was going a direction with the CDC or whatnot that needed to change this process going forward, they would likely recommend that, I

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assume, to you, as Chair of the committee, or others to make those changes here in the Legislature. Would that be accurate? [LB528]

SENATOR CAMPBELL: Yes, Senator. We have an example of that this year, which you're going to hear if we get to Senator Wightman's priority bill in which the department came back and said, this is more than we might be able to cover in rules and regs; has to do with rehabilitation beds. And so a Senator introduced a bill and we will discuss that policy. [LB528]

SENATOR McCOY: Thank you, Senator Campbell. And I think that's very helpful. And I think it's important when we're dealing with a subject matter like this that, as we can see this morning, has a tendency to maybe get emotions involved. And while it's public policy, I think it's important that we try to pull that out to the degree that we can and look at this from an objective public policy angle. And that's what I'm attempting to do with AM765, is that we look at this and try to make sure that the individuals and medical practitioners that deal with this, these terrible, awful problems, aren't handling this in a one-size-fits-all approach, recognizing that different infections, different diseases are going to require different cures. That test of cure that Senator Avery mentioned is a very important component of this when we're talking about gonorrhea. The CDC report talks about that. Well, clearly, that's also one of the reasons the previous amendment that the Legislature saw fit to advance, AM764, that was one of the reasons I thought that it was so important that these medical practitioners are providing this information on these individual diseases to patients, not only for themselves but for their partners. That was one of the reasons for that, is that those individuals understand that the test for cure... [LB528]

SENATOR COASH: One minute. [LB528]

SENATOR McCOY: Thank you, Mr. President,...the test for cure, among other issues, are very important to overall curing these problems and not advancing the public health emergency that exists. I would be, as I mentioned in my opening, I would be happy to have HHS promulgate these rules and handle this in a way, if that is the way to do it, and then perhaps that's the way to take care of this. And it may be what the Nebraska Medical Association's letter in support in committee with LB528, they seem to think that the department can handle this, and perhaps that's the case. Thank you, Mr. President. [LB528]

SENATOR COASH: Thank you, Senator McCoy. Senators Christensen and Brasch are in the queue. Senator Christensen, you're recognized. [LB528]

SENATOR CHRISTENSEN: Thank you, Mr. President. Would Senator Campbell yield to a question, please? [LB528]

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SENATOR COASH: Senator Campbell, will you yield? [LB528]

SENATOR CAMPBELL: Certainly. [LB528]

SENATOR CHRISTENSEN: Senator Campbell, if someone goes to the doctor here and they get a prescription that they can take out and deliver to their partner, does the partner have to go in to get that prescription filled? [LB528]

SENATOR CAMPBELL: Yes. I think I'm answering your question correctly. [LB528]

SENATOR CHRISTENSEN: So if I'm getting medicine for my partner, I can't go in and get my partner's filled? [LB528]

SENATOR CAMPBELL: The prescription has to have the name of the person that it is for. You know, Senator, I'm not sure that you could go in and get it, but it has to have that partner's name on it, not your name. [LB528]

SENATOR CHRISTENSEN: Well, my partner is my wife. I can go in and pick up her prescription. So can I, if I have a live-in partner or just an acquainted sexual partner, can I go in and pick up their prescription? [LB528]

SENATOR CAMPBELL: I'm sorry, Senator. I think you probably should direct the question to Senator Howard. [LB528]

SENATOR CHRISTENSEN: Sure. Would Senator Howard yield, please? [LB528]

SENATOR COASH: Senator Howard, will you yield? [LB528]

SENATOR HOWARD: Yes. [LB528]

SENATOR CHRISTENSEN: Senator Howard, go ahead and answer that question. If I have a casual-meet partner and want to get them a prescription, can I go in, get that filled, and take it to them? [LB528]

SENATOR HOWARD: That is a very good question. We worked diligently with the pharmacy association to make sure that expedited partner therapy and the law match the Pharmacy Act. If I were to go pick up a prescription for my partner and his last name was not the same as mine, presumably they would not give me that prescription because they would need to see his ID in order for him to pick that up. That's why we required a name on the prescription. [LB528]

SENATOR CHRISTENSEN: Okay. Then...and I agree that's the way, I believe, it's supposed to be. Then if they don't have time to go in and see the doctor or can't afford

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that, how do they afford the prescription and the time to go pick up the prescription? In our early questioning, you said it's for those that don't... [LB528]

SENATOR HOWARD: Right. [LB528]

SENATOR CHRISTENSEN: ...have the time or don't have the money to go see the doctor. So now I've turned it to the prescription. And I'm asking, if they didn't have money to see the doctor and time to go see the physician, how do we know they have time and the money to go get the prescription? [LB528]

SENATOR HOWARD: That's also a good question, although I would say that it's doubly expensive to see a physician and pick up a prescription, and pharmacies tend to be open 24 hours as opposed to doctor's offices, which generally keep business hours which impedes access to care. I would say that I can't read the mind of every person who may be utilizing expedited partner therapy and their reasons for not being able to come in. My goal overall is to stem the tide of disease in this state and I believe that this bill can do that. [LB528]

SENATOR CHRISTENSEN: Senator Howard, I won't go off something else you just said there--most doctor offices aren't open. Isn't there not a lot of late-night clinics that you can go to? I see them all over down here in Lincoln. I guess I don't have them in my district, for what you said would be perfect. In my district, you're either going to go to the hospital emergency room to do it late at night or you're going to... [LB528]

SENATOR COASH: One minute. [LB528]

SENATOR CHRISTENSEN: ...be out at 5:00 or 6:00 when they normally close. But don't we in Lincoln and Omaha have a lot of late-night clinics and things that make that easier for them? [LB528]

SENATOR HOWARD: That's a good question actually, and it goes to access. So a lot of clinics across the state are working on expanding their hours. However, since there is not a lot of money in the system and with hospitals losing their DSH payments, there is the possibility that they would be scaling back those hours. And so expedited partner therapy would be appropriate in that instance. I guess what...to your point, expedited partner therapy would be really advantageous in rural areas and that's a really good point to make. Thank you. [LB528]

SENATOR CHRISTENSEN: Well, I just see that the issue we've been talking about we've been told is so bad in Omaha, and I think it's...there's a percentage across the whole state. But I really don't think there's a lack of... [LB528]

SENATOR COASH: Time, Senator. [LB528]

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SENATOR CHRISTENSEN: Thank you. [LB528]

SENATOR COASH: Thank you, Senator Christensen. Senator Brasch, you're recognized. [LB528]

SENATOR BRASCH: Thank you, Mr. President. And thank you once again, colleagues, because this is an important bill and it's important to be thorough with the amendments and thoughtful in all aspects. I have been looking back into the amendments, looking back over the bill, and I would like to ask Senator Howard a question, please, if she'd yield. [LB528]

SENATOR COASH: Senator Howard, will you yield? [LB528]

SENATOR HOWARD: Yes. [LB528]

SENATOR BRASCH: Senator Howard, you had mentioned, and I believe here on the floor, or I'd heard others say that the physician will make a phone call to the partner. Is that correct? [LB528]

SENATOR HOWARD: That's part of the recommended CDC protocol at this time. [LB528]

SENATOR BRASCH: But we do not have anything in our statutes or in our amendments that require that statutorily to be done. Is that correct? [LB528]

SENATOR HOWARD: No, it is not in the statute. [LB528]

SENATOR BRASCH: And why have we not put this into the statute? [LB528]

SENATOR HOWARD: I worked very hard on this bill to make sure that we weren't telling providers how to provide care. I think there's always a concern of Nebraska becoming a nanny state, and so I wanted to make sure that providers follow the CDC protocol as recommended currently but I didn't necessarily want to force them, to tell them how to provide the care that's necessary and individualized for each of their patients. [LB528]

SENATOR BRASCH: Thank you, Senator Howard. That does seem to be an important aspect here that this expedited partner be spoken with to ensure there are no existing medical conditions, existing prescriptions that could cause complications; that this is not an antibiotic that they have taken repeatedly where its effectiveness may not...no longer be the correct and proper treatment. Without this written into legislation, it makes it optional for a physician to see or to prescribe something. So the physician may choose

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not to. Is that correct, Senator Howard? [LB528]

SENATOR HOWARD: Exactly. This is an opportunity to use expedited partner therapy but not a mandate. [LB528]

SENATOR BRASCH: And that does increase my concern when that contact is not made, and it is a prescription with multiple side effects, multiple reactions, where there could be multiple partners perhaps, and we have not been thorough in speaking with the partner and treating it as if it were an everyday over-the-counter medication when it is not. And in seeing that there are so many things that we have left unwritten in law, it is a greater concern that your intent here is very good that we do need to treat people. However, we don't treat people the Nebraska way here without knowing exactly who we are talking with, is that person who they are said to be, is this the best possible treatment for this particular individual situation. Looking at a general guideline medically I think could have impact on the spread of this disease, here in Nebraska particularly, that it's taken lightly, that don't worry. There's no phone call with this doctor. All you have to do, walk in and say I've got... [LB528]

SENATOR COASH: One minute. [LB528]

SENATOR BRASCH: ...this partner, I've got several partners, and you can get all the scripts you need. That doesn't seem to be the policy, good public policy that Nebraska has followed; that we should address legislatively specifically that contacts, phone calls, documented phone calls, affidavits perhaps, to acknowledge that the partner is who is intended to receive this medication, assurance that this partner may not...that this partner could possibly be pregnant and you're prescribing something for a pregnant person who has not been to a physician yet. There's just so many unknown things here and I don't know if more amendments...would you disagree to having an amendment on this, Senator Howard? [LB528]

SENATOR HOWARD: I absolutely would. I feel that AM605 amended the bill in a form that the Health and Human Services Committee worked on diligently. [LB528]

SENATOR COASH: Time, Senators. [LB528]

SENATOR HOWARD: Thank you. [LB528]

SENATOR COASH: Thank you, Senator Brasch and Senator Howard. Senator Price, you're recognized. [LB528]

SENATOR PRICE: Thank you, Mr. President, members of the body. Would Senator Howard yield to some questions? [LB528]

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SENATOR COASH: Senator Howard, will you yield? [LB528]

SENATOR HOWARD: Yes, I would. [LB528]

SENATOR PRICE: Thank you very much, Senator Howard. I applaud you for your effort here. I would like to ask some questions on the wording, so if you can look at your copy of the bill. I'm reading basically what we had on the Chamber Viewer and it talks about when we get to approximately...well, for instance, take from lines 12 through 18 here. It talks: If the patient affected is unwilling or unable to deliver such prescription oral antibiotic drugs to his or her sexual partner or partners, such physician may prescribe, provide, dispense, such physician...and such physician assistant or advanced practice nurse may prescribe the prescription oral antibiotic for delivery to such partner. So let's talk about delivery, if they have the information. So they, I guess, if we look down there, it would be done by the Department of Health and Human Services or the county or the city board. So this is going to be a task levied to another agency to find these individuals and give them the prescription? [LB528]

SENATOR HOWARD: That's a good question, Senator Price, and that section was actually removed by AM605. So... [LB528]

SENATOR PRICE: Okay. Great. [LB528]

SENATOR HOWARD: ...if the... [LB528]

SENATOR PRICE: Great. [LB528]

SENATOR HOWARD: Oh. [LB528]

SENATOR PRICE: Well, the reason I said it talks to the underlying what we're doing here when we talk about earlier that it said that they would...you can give to a partner, without examination, general instructions for use or medication guides. Does that encompass contraindications? [LB528]

SENATOR HOWARD: Medication guides are the medication guides that come with your prescription. So when you pick up your prescription, it's in a bag and stapled to it is your medication guide. [LB528]

SENATOR PRICE: So we're going to expect that a client, a customer, or a patient, I don't know, can we actually call them a patient if they haven't seen a doctor? If you haven't been seen, you're just a citizen. So a citizen who's going to be provided the medication, who won't go to the doctor to get it when they've been informed that they could be infected, or whom their partner won't give their information to, is going to read the guide that talks about contraindications? [LB528]

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SENATOR HOWARD: You know, this is a good question because it goes back to turning Nebraska into a nanny state. Unfortunately, this bill is not able to force people to read the information that they're given, although I wish we could because I think education is really critical to stemming the tide of disease. And I thank you for your question. [LB528]

SENATOR PRICE: So that would mean then you'd be okay that, well, like if we had to deal with a liability issue, there should be no liability because there's really no reason to because you can't have a nanny state. [LB528]

SENATOR HOWARD: Was that a question? [LB528]

SENATOR PRICE: Yes. [LB528]

SENATOR HOWARD: Could you repeat it for me? [LB528]

SENATOR PRICE: Okay. So if you were expecting that we're not going to be a nanny state, because you can't expect people to read the contraindications or the guide, then there should be no cause or concern about liability, because we just can't be a nanny state. [LB528]

SENATOR HOWARD: You know, I thought you were asking me if we could force people to read the medication guides. I think we should have the reasonable expectation that information given to you by your physician and your pharmacist would logically be read by the person who's taking the medication or receiving the counseling from your practitioner. [LB528]

SENATOR PRICE: All right. Thank you very much, Senator Howard. Again, we're stuck in a balance here between, as Senator Howard said, being concerned that we're not a nanny state. But the other aspect is when we began this concept, we're talking about people...I mean for myself, just meaning myself, it's hard to conceive that a partner... [LB528]

SENATOR COASH: One minute. [LB528]

SENATOR PRICE: Thank you...a partner won't go seek medical treatment or a partner won't divulge or take the prescription to another person. We have a lot of broken linkages here that are trying to be fixed, and I'm concerned that we're going to be expecting the medication that's prescribed to be properly administered, properly taken, while mitigating the risk associated for contraindications, because these drugs are powerful enough already to require that a prescription be given and there is a protocol for when you give a prescription to an individual that these contraindications are

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covered. And in the language of the bill, it doesn't seem to say, tell me and give me everything: are you a transplant patient, are you a...do you have any other underlying... [LB528]

SENATOR COASH: Time, Senator. [LB528]

SENATOR PRICE: Thank you. [LB528]

SENATOR COASH: Thank you, Senator Price. Senator Kintner, you're recognized. [LB528]

SENATOR KINTNER: Thank you, Mr. President, members of the body. I yield my time, for an important announcement, to Beau McCoy, Senator McCoy. [LB528]

SENATOR COASH: Senator McCoy, 5 minutes. [LB528]

SENATOR McCOY: Thank you, Mr. President. Thank you, Senator Kintner, for being kind enough to yield me the time. Again, I think this is a vitally important piece of legislation to address what are some very, very serious problems, particularly among the age group of which a number of us on the floor here haven't been away from very long, about a decade for me and less than that for others. This is a serious, serious problem that affects our community, particularly our state and our communities, particularly Douglas County. I think we've built an appropriate legislative history in regards to Department of Health and Human Services promulgating rules, taking into account Centers for Disease Control and Prevention reports, among other important medical information as they promulgate the rules and regulations in regards to this bill as it moves forward. I appreciate very much just Senator Campbell's interaction on the floor here as we discuss that, along with Senator Howard. And again, I would thank Senator Howard for bringing this bill. And with that, and in light of the fact that HHS, through Section 1 of the bill, will provide promulgation of rules and regulations, I believe that satisfies my concerns in reference to this amendment, and I would ask that AM765 be withdrawn. [LB528]

SENATOR COASH: AM765 is withdrawn. Mr. Clerk. [LB528]

CLERK: Mr. President, a new resolution: Senator Brasch, LR120. Amendments to LB362 to be printed by Senator Dubas; and an amendment, Senator McCoy, LB528. (Legislative Journal pages 830-832.) [LR120 LB362 LB528]

Priority motion: Senator Adams would move to adjourn the body until Wednesday, March 27, at 9:00 a.m.

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

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Those opposed say nay. We are adjourned.