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Health and Human Services Committee
January 25, 2013

[LB42 LB54 LB132]

The Committee on Health and Human Services met at 1:30 p.m. on Friday, January 25, 2013, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB132, LB54, and LB42. Senators present: Kathy Campbell, Chairperson; Bob Krist, Vice Chairperson; Tanya Cook; Sue Crawford; Mike Gloor; Sara Howard; and Dan Watermeier. Senators absent: None.

SENATOR CAMPBELL: I'm Kathy Campbell, and I serve from the 25th Legislative District. And we're all very glad you're here today. Before I have the senators introduce themselves, I want to go over some of the procedures that you may want to know to make the afternoon go smoothly. If you have a cell phone with you, I would remind you to take one more look at it to make sure that it's turned off or that it's on "silent," so we don't disturb your neighbors and for the people testifying. If you will be testifying today, you need to pick up one of the orange sheets, and print your name very legibly. And when you come forward, you can give it to the clerk, who is on my far left, Diane Johnson. And if you have testimony that you would like to hand out...it's not necessary, but if you have handouts, you can also give those to the clerk. If you are here and you wish to record, on the white sheets over there, your name, and saying, you know, I'm in favor of this bill, or I'm opposed, you can also just leave a message on there if you don't plan to testify. We do use the light system in the Health and Human Services Committee. You will start out with five minutes, and it'll be green for a pretty long time. You'll see the lights up here. And after four minutes, it will go to yellow, which indicates you have one minute left; goes to red, and you'll probably look up and I'll be anxiously trying to get your attention to say you need to finish your thought. That ensures that the first person who testifies before the committee on an afternoon, or the last person, gets the same amount of time and the same attention from the committee. I think, Madam Clerk, have I covered all of the...I think that's everything. I tend to forget sometimes the household...so with that, we will have the senators and staff introduce themselves today, starting on my far right, Senator.

SENATOR WATERMEIER: Dan Watermeier from Syracuse, District 1.

SENATOR HOWARD: I'm Senator Sara Howard. I'm from District 9; I represent midtown Omaha.

SENATOR COOK: I'm Senator Tanya Cook from Legislative District 13, northeast Douglas County and Omaha.

MICHELLE CHAFFEE: I'm Michelle Chaffee; I serve as the legal counsel to the committee.

SENATOR GLOOR: I'm Senator Mike Gloor from District 35, which is Grand Island.

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SENATOR CRAWFORD: Sue Crawford from District 45, which is Bellevue, Offutt, eastern Sarpy County.

DIANE JOHNSON: And I'm Diane Johnson, committee clerk.

SENATOR CAMPBELL: Deven and Kaitlyn are our two pages this afternoon. So if you need assistance with anything, they certainly can help you. With those announcements...Senator Krist will be joining us; he is introducing a bill at another committee. So we'll open our hearings this afternoon with LB132, Senator Nordquist's bill to adopt the Skin Cancer Prevention Act. Welcome, Senator. [LB132]

SENATOR NORDQUIST: (Exhibits 1 and 2) Thank you, Senator Campbell and members of the Health and Human Services Committee, for your attention to this hearing today on LB132. There are a number of testifiers after me who can provide their professional expertise and personal experience regarding the dangers of indoor tanning. In an effort to streamline the testimony, I'll allow them to stick to their areas of expertise, and I will focus on why I believe this is a pressing public policy issue that demands public attention and a public solution. I'll admit that when this idea was first brought to me, I, like, I'm sure, many of you and many of our other colleagues, did not approach it with the gravity that it demands. But thanks to the persistence of several medical experts armed with scientific research and powerful personal stories of young skin cancer survivors who you'll hear from today, I am here to tell you that this is an issue that is truly a matter of life and death and demands our attention and action. The Legislature has set strong and consistent precedent of protecting young people and their health and safety from the long-term consequences of their actions. State statutes forbid the sale of alcohol and cigarettes to youth because we know the long-term health risks that these habits pose and because science also tells us that youth have a diminished capacity to understand and weigh those long-term consequences before taking action. In Nebraska we don't allow youth to purchase a handgun; we don't allow them to consent to tattoos and piercings. And in our society we don't even allow youth under the age of 17 to see certain movies. Why, then, would we allow them to continuously and regularly expose themselves to a product that the World Health Organization calls a Class I carcinogen, in the same category as tobacco, asbestos, and arsenic? The public policy question here is, does indoor tanning and UV radiation exposure pose a long-term health risk to our teens? And if the answer is yes, then certainly a public policy solution is necessary, unless we feel that seeing an R-rated movie and tattoos are more harmful to our youth in the long run than high-intensity UV radiation. And, just briefly, I know some opponents of the Skin Cancer Prevention Act may argue that this is a issue of personal responsibility. Again I'd like to draw attention to the public policy precedent that we have set in our state. UV radiation, like tobacco, is a Class I carcinogen. Does anyone think we should allow a 15-year-old to buy a pack of cigarettes with a parent's note giving them permission to do that? We also need to face

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the reality that parents, while always good-intentioned, are not reading the latest international journals on cancer, or publications coming out of the Mayo Clinic or the International Agency for Research on Cancer. We know that parents are often too busy to keep up with that factual, scientific research from world-class research institutions. Most of them know that their teens want to tan because they think it looks good and because a lot of their friends do. And the industry sends a message like, "Tan all you can for \$19.99," which leads one to believe it's safe. In fact, in 2010 the Indoor Tanning Association settled charges from the Federal Trade Commission, the FTC, for making false health and safety claims about indoor tanning. I've included a press release from the FTC detailing this settlement. All of this is to say that I don't believe parents have all the information they need to make the best health decisions for their children. Indoor tanning is a public health threat serious enough to merit attention by this body. We can't protect everyone at every time from the dangers of UV radiation; we know that. And we certainly can't prevent all forms of cancer. But I'm asking you to join me to take action to prevent those that we can. I ask for your support in advancing this legislation. I will just also add that I think...and I don't know if, Madam Chair, if you'll be reading this in, but we have a long list of letters of support in addition to those that will be testifying today. There's probably 10 or 12 from a number of medical organizations. Thank you. [LB132]

SENATOR CAMPBELL: Thank you. Any questions for Senator Nordquist? Senator Gloor. [LB132]

SENATOR GLOOR: Thank you, Senator Campbell. Senator Nordquist, reading through those people who are still allowed, it does talk, from a medical standpoint, about licensed physicians. What I don't see is...and I may be dated as it relates to this, but there are organizations that provide therapies for treatment of skin disease, wound healing, and whatnot that do so--they don't have a physician's license--but they do so under a physician's order. And these would be outpatient therapy clinics and whatnot. Are there any provisions that you know of that I might have missed in reading through there. [LB132]

SENATOR NORDQUIST: To exempt...or to allow... [LB132]

SENATOR GLOOR: To allow them... [LB132]

SENATOR NORDQUIST: ...for medical treatment? [LB132]

SENATOR GLOOR: ...as long as it's under a physician's order. [LB132]

SENATOR NORDQUIST: That is something that, actually, we've talked about since introducing... [LB132]

SENATOR GLOOR: Okay. [LB132]

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SENATOR NORDQUIST: ...and I certainly would be willing to entertain this committee's expertise in that area after your conversation today with the proponents and the opponents. That potentially would seem like a... [LB132]

SENATOR GLOOR: Okay. [LB132]

SENATOR NORDQUIST: ...a reasonable exception if it was well tailored. Yeah. [LB132]

SENATOR GLOOR: Thank you. [LB132]

SENATOR CAMPBELL: Any other questions? Senator Nordquist, will you be staying through the hearing? [LB132]

SENATOR NORDQUIST: I will. [LB132]

SENATOR CAMPBELL: Okay. [LB132]

SENATOR NORDQUIST: Thank you. [LB132]

SENATOR CAMPBELL: Thank you very much. With that, we will take the proponents and then the opponents and then those in a neutral position on the bill. I would like the first proponent to come forward. And while we're preparing, I would like to remind all of you that in the committee...you'll want to give the orange sheet--Kaitlyn will help you, I think; there you go--to the clerk. Do you have any...? Okay. As you come forward, we'd ask you all to state your name for the record and spell it, so that the transcribers, when they listen, can identify very clearly who you are. So if you'd state your name and spell it, we'll start. [LB132]

KASEY SHRIVER: Hello. My name is Kasey Shriver, S-h-r-i-v-e-r. I am 20 years old, and I was diagnosed with malignant melanoma when I was 17. I started using indoor tanning beds when I was 14, in preparation for a vacation to Hawaii. After Hawaii, I used tanning beds for weddings, dances, and even basketball season. It turned into a twice-a-week kind of thing. Around December 2009, we all started talking about our junior prom. And I remember being at home and yelling to my mom from the bathroom, telling her that I didn't want this ugly mole in the middle of my back to show in my prom dress. I finally convinced her to take me to the dermatologist and get the mole removed. I didn't even think twice about it, and I thought that was the end of it. A few weeks later we got a call from the dermatology office saying that the biopsy results revealed melanoma; they had made me an appointment with a surgeon. I knew that melanoma was cancer, but I didn't know much about it. I didn't sleep at all that night, and the two weeks until my appointment with the surgeon, I kept it a secret. I was the captain of my basketball team, and I waited until the night before my surgery to tell them that I

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wouldn't be able to finish out the season. Some cried; some were confused; and one girl walked out of the gym and said she would rather die tan and pretty than be pale and ugly for the rest of her life. This is exactly why the bill is so important to me. That statement did hurt my feelings at the time, but I keep going back to it, and it has made me realize how uneducated we were. This bill will take away the opportunity for minors to make the uneducated decision to use indoor tanning beds. The next day, I had my first surgery. They took five sentinel lymph nodes from under my left arm and the borders around the original site. Ready for recovery and to get on with life, I was confident I was too young to have had the disease spread. But a few weeks later at my checkup the biopsy of the five nodes showed one node with cancer. At this point I was angry and confused. I played all sports; I exercised; I didn't smoke. I was on student council; I was in National Honor Society. I thought I was doing everything right. Someone like me doesn't get cancer. After being told I needed to do a year of chemotherapy and that I would feel like I had the flu for an entire year, I went in for my second surgery. This time they took out the remaining nodes from under my left arm and put in a Groshong catheter in my chest for the first month of treatment. I started my chemotherapy in March 2010 and finished the first month only a few days before my junior prom. The remaining 11 months I gave myself a shot three times a week. Today, three years since my initial diagnosis, I am still haunted by the fear I experienced when I was diagnosed and during treatment. The few days between my yearly CT scan and getting the results back brings back memories of my mind wondering if the cancer has returned. I don't want any young girl to have to experience this feeling of the unknown. I would like to say I live life with no regrets, but using that tanning bed for the first time when I was 14 will forever be my biggest regret. Sure, I had heard that tanning beds were bad, but I was not nearly old enough to make that decision. I'm a huge believer in everything happens for a reason. It was hard for me to understand in the beginning, but now, looking back at the progress I have made since my diagnosis, it makes sense. I was the all-around athlete, the prom queen, just the go-to girl. And I think that because of my position in the community, I was able to make a huge impact. But we as a whole need to do more. It should not take another 17-year-old prom queen to be diagnosed with skin cancer to change behaviors. We have a law here that can change the behavior of a whole state and save lives. Thank you. [LB132]

SENATOR CAMPBELL: Thank you, Miss Shriver. Are there questions from the senators? Thank you so much. It's always hard to give your personal testimony; you did a great job. [LB132]

KASEY SHRIVER: Thank you. [LB132]

SENATOR CAMPBELL: Thank you. Our next proponent. Good afternoon. [LB132]

DAVID WATTS: (Exhibits 3 and 4) Good afternoon. Thank you, Madam Chair. Distinguished members of the committee, I'm David Watts, W-a-t-t-s, here to support

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LB132. Before I start, I want to thank you for your public service. I'm a skin cancer surgeon, here on behalf of the Nebraska Medical Association and a coalition of medical specialties who are sick of seeing people die from preventable cancers. I trained at the University of Nebraska, then at Mayo Clinic and Cleveland Clinic before coming home to private practice 16 years ago. I am an adjunct professor of the University of Nebraska College of Medicine. I treat high-risk skin cancers, more on young women every year. Malignant melanoma is the most lethal of these and is increasing faster than any other cancer. When I started, it was rare in patients under 30 but now is the most common cancer in 25- to 29-year-olds, the second-most common in 15- to 34-year-olds, and a leading cause of cancer death in these young people. Just as tobacco causes lung cancer, indoor tanning causes melanoma. Minors can't buy tobacco now, and lung cancer rates are going down, showing that government action can save lives. Unfortunately, with no checks in place on indoor tanning, one in four 17-year-old girls tans indoors, and skin cancer rates are soaring. Tanning is a skin defense triggered by DNA injury. Skin cells try to shield their DNA from still more injury. Ultraviolet radiation-damaged DNA causes both tanning and cancer. One in four 17-year-old girls tans indoors. Opponents quote a few extreme viewpoints, like those of the late Bernie Ackerman, Sam Shuster, and others, as examples of a supposed controversy among medical professionals that indoor tanning causes melanoma. There is no controversy, but there is spin. In 2009 the International Agency for Research on Cancer of the World Health Organization analyzed the 19 best studies and classified both UV radiation and indoor tanning devices as Class I human carcinogens. That highest-risk category also includes asbestos and tobacco. A group calling itself the "educational institute" of the tanning industry disagrees and claims that 19 of 24 studies to date show no association. A fact check reveals that 4 of the 24 didn't even report risk, 3 were redundant studies, 1 was unpublished, and all but 3 were over a decade old, the dark ages. And 9 of 13 did trend toward increased risk. Last year the now 27 legitimate studies were combined and analyzed with data from over 11,000 patients. There was a 20 percent higher risk of melanoma from indoor tanning and 3 times that when tanning began before age 35. And each indoor tanning session within a year raised the risk even further, not surprising since the UV radiation output in these machines is highly concentrated. The recent Skin Health Study included over 1,100 melanoma patients, the most statistically powerful single study to date, designed to control for every imaginable confounding factor. Tanning indoors increased melanoma 74 percent; the higher the device output, the greater the risk; UVB-enhanced, so-called "high-speed," machines led to a threefold rise; and "high-pressure" devices with UVA 10 to 12 times natural sunlight caused a fourfold increase. Common sense. And almost a quarter of all users of all machines reported burns. By the way, you can get a melanoma without ever having had a burn. A study of young people calculated that three out of four melanomas under age 30 were directly caused by indoor tanning. In simple terms, the more indoor tanning or the younger the person, the higher the risk. We've come a long way. Recent evidence is very strong despite industry claims. Medical professionals and public health experts worldwide overwhelmingly agree that indoor tanning causes skin cancer, especially in

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youth. Indoor tanning is especially hazardous to young skin. And once skin cancers begin to form, new skin cancers are more likely to form throughout life. This means we are witnessing a developing public health crisis. The Nebraska Medical Association believes banning indoor tanning for anyone under age 18 is a necessary step to curb the rapid rise of these lethal cancers. As indoor tanning increases, so do the numbers of young people with preventable cancers once thought to belong to an older generation. Thank you. [LB132]

SENATOR CAMPBELL: Thank you, Dr. Watts. Questions from the senators? Senator Gloor. [LB132]

SENATOR GLOOR: Thank you, Senator Campbell. And thank you, Dr. Watts, for taking time to talk to us. What's the difference between tanning outdoors, not this time of year, obviously, but tanning outdoors and the machines we're talking about? [LB132]

DAVID WATTS: Right. Tanning indoors is subjecting your skin to intensely concentrated ultraviolet radiation. We're aware of a study from a few years ago that showed that the tanning devices averaged two times the shortwave ultraviolet B radiation, the burning radiation, and four times the ultraviolet A radiation as natural sunlight in Washington, D.C., at noontime in the summer. These devices are just more concentrated, so the doses are higher and quicker. And we really don't know--well, we do know that melanoma rates are increasing--but we don't know, long term, what the effects are going to be because this is a fairly new phenomenon. But they're much more intense. [LB132]

SENATOR GLOOR: Do we think some of those increased rates of melanoma occurrence are brought about by, you know, environmental changes, ozone layer depletion? And, I mean, I'm not the physicist to be able to define this, but I'm just wondering if trying to balance between the exposure from indoor tanning versus environmental hazards and risks... [LB132]

DAVID WATTS: Yes, that's a good question. The melanoma rates have been going up for a long time, particularly in old men. That's always, traditionally, been the highest-risk category. The new thing we're seeing is... [LB132]

SENATOR GLOOR: Don't define that age. (Laughter) [LB132]

DAVID WATTS: Old...it's all a matter of perspective, Senator. Anyone older than, well, (laughter) a certain age. I'm sorry, where...? [LB132]

SENATOR GLOOR: Environmental impacts. [LB132]

DAVID WATTS: Thank you. Melanoma rates have been going up for a long time; we

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know that. But the new trend that we're seeing is increased melanoma rates in young women. And there's, in the booklets that you've received, there are some graphs--and we've actually got the Nebraska melanoma statistics from the Nebraska Cancer Registry in those booklets--that indicate that the young women are far outstripping the young men, twice as many melanomas, in fact, more than twice as many. [LB132]

SENATOR GLOOR: Thank you. A helpful... [LB132]

DAVID WATTS: Yeah. [LB132]

SENATOR CAMPBELL: Other questions? Senator Crawford. [LB132]

SENATOR CRAWFORD: Thank you, Senator Campbell. So can you talk about the difference between...so you talked about the difference in intensity, but then how would we compare outdoor tanning to indoor tanning if you account for the fact that in indoors it would be a shorter duration of time and...say, compared to someone who might be outdoors for a longer amount of time? [LB132]

DAVID WATTS: It's harmful to be outdoors for a larger amount of time, as well. And that's probably why we are seeing the elevation in the melanoma numbers that we're seeing. Yes, the doses are administered to the skin much quicker in the tanning beds. So we don't really know what that does, except that we know from longtime studies that malignant melanoma is most closely--and basal cell carcinoma--is most closely associated with intense, intermittent sun exposures. Used to be vacations or things like that, but now it seems to be tanning beds. Those short, intense exposures seem to do something that, even with a cumulative dose the same as natural sunlight, seems to be worse. [LB132]

SENATOR CAMPBELL: Other questions? Dr. Watts, I have a question. When you go to a tanning facility and they sell a particular lotion that you're supposed to use, does that provide protection? [LB132]

DAVID WATTS: Senator, I have to admit I don't know. [LB132]

SENATOR CAMPBELL: Okay. [LB132]

DAVID WATTS: I don't know the answer to that. [LB132]

SENATOR CAMPBELL: And I have to say it's been a long time since I've done that, but they, you know, offered...or sold this and said to put it on. So I just didn't know if it had any protection or not. [LB132]

DAVID WATTS: It would just be... [LB132]

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SENATOR CAMPBELL: We can check... [LB132]

DAVID WATTS: ...speculation on my part. [LB132]

SENATOR CAMPBELL: Okay. [LB132]

DAVID WATTS: I just don't know. But we can get that answer for you. [LB132]

SENATOR CAMPBELL: Okay, because it's almost like, when you go outside, you know, to put suntan lotion on, and high-protection 15, 30, 45, you know. And so I just wondered if any of that protection was in that lotion that they sell. Don't know. Okay. Any other questions from the senators? Thank you, Dr. Watts. [LB132]

DAVID WATTS: Thank you. [LB132]

SENATOR CAMPBELL: And thank you for all the information you brought. [LB132]

DAVID WATTS: Thank you. [LB132]

SENATOR CAMPBELL: Our next proponent. Good afternoon. [LB132]

TRICIA HULTGREN: (Exhibit 5) Good afternoon. Thank you, Madam Chair and distinguished members of the Health and Human Services Committee, for the opportunity to provide testimony in support of LB132. My name is Tricia Hultgren, H-u-l-t-g-r-e-n, and I am a board-certified dermatologist from Omaha, Nebraska. I represent the Nebraska Dermatology Society, the American Academy of Dermatology Association, and the American Society for Dermatologic Surgery Association. As my colleagues have discussed, clear evidence now exists linking tanning bed use at an early age to a potentially deadly form of skin cancer, malignant melanoma. As a dermatologist, I see teenage girls and young women that tan on a daily basis. Most are unaware of the consequences this can have on their skin and potentially their lives. Large studies have shown that one in four 17-year-old girls use indoor tanning devices, and this number increases to one in three women aged 18 to 24. Studies have also confirmed that indoor tanning is addicting. Frequent adolescent tanners are more likely to experience additional health risks such as smoking, recreational drug use, and eating disorders. Furthermore, and importantly, the tanning industry continuously targets teenagers in their vulnerable, habit-forming years through print, radio, television, and on-line advertisements. Local salons have gone so far as to use sex to sell tans, with ads touting that a tan will get you more drinks and more boom-boom. One question we get as advocates of this legislation is why a parental-consent bill would not be enough. This is because parents are not given fair and accurate information to make an informed decision about their children's health. The tanning industry has a history of manipulating

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data and misleading the public. The Federal Trade Commission settled a claim with the Indoor Tanning Association due to deceptive advertising, in 2010. In 2012, a congressional report showed that among 300 tanning salons visited in all 50 states, a staggering 90 percent of tanning employees stated that indoor tanning did not pose a health risk, and 80 percent of salons stated that tanning was beneficial to the health of a fair-skinned teenager. Over half of salons denied that tanning increased risks of skin cancer. Tanning salons use numerous tactics to downplay the carcinogenic effects of their devices, including claims that young people are too young to develop skin cancer; increased skin cancer rates are due to sunscreen use; tanning devices are certified as safe by government regulators; and, if it wasn't safe, they wouldn't let us do it. Again, we cannot count on parents to make informed decisions when the information that they are given, in many instances, is not true. As physicians, we educate our patients to avoid indoor tanning. But it's simply not enough; we need your help as policymakers. You have set precedents in our state to protect youngsters from known health hazards such as tobacco and alcohol use. Ultraviolet radiation from tanning beds is in the same category as tobacco and should be treated in the same way. We don't let our teens smoke cigarettes or buy alcohol with a parental consent, and studies are now showing tanning to be just as dangerous. A large cross-sectional study of the 100 most populous cities in the U.S. demonstrated that tanning practices are not affected by parental consent, and further restrictions are necessary. You may hear later that restricting tanning bed use will negatively impact the economy, in particular small business. However, a recent Omaha World-Herald article quotes a local tanning salon owner as saying regulation would affect a small percentage of his revenue. Smart Tan, a trade industry magazine, reported tanning revenue stayed steady or actually increased for salons after a city ordinance banned tanning devices from minors under the age of 18. We should also consider the economic impact of skin cancers. The National Cancer Institute estimated the cost of treatment of melanoma in the U.S. to be \$2.36 billion in 2010. The cost of Zelboraf, a drug used to treat end-stage melanoma, is a staggering \$10,000 per month. Additionally, over 3 million basal cell and squamous cell skin cancers are diagnosed annually in the U.S., and together these two comprise the fifth-most expensive cancer to treat in the Medicare population. Insurance companies are starting to recognize the latent costs associated with sun bed use and are beginning to sign on in support of our bill. Our healthcare system and our Medicaid dollars demand that we take action to stop expensive medical conditions from occurring when we can. Numerous countries and states within the U.S. have taken action: 13 states in the U.S. currently restrict tanning bed use for minors; in just this year alone, between 18 and 24 states are pursuing legislation. Our state has the opportunity now to recognize the dangers of this carcinogen before it's too late. LB132 has the power to prevent disfiguring and life-threatening skin cancers. This legislation will save lives. I urge you to vote in favor of LB132. [LB132]

SENATOR CAMPBELL: Thank you, Doctor. Questions from the senators? Thanks for your testimony today. Oh, I'm sorry, Senator Howard, you've got to... [LB132]

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SENATOR HOWARD: I know, I've got to get up there. [LB132]

SENATOR CAMPBELL: ...catch my attention here. [LB132]

SENATOR HOWARD: Thank you, Madam Chair. Thank you, Ms. Hultgren, for your testimony. You mentioned the signs in tanning salons that say that tanning is healthier for you to do. Do they cite any medical...is there any citation from a physician that says that tanning is good for you? [LB132]

TRICIA HULTGREN: I think they probably reference Vitamin D as to say why it's healthy for you. That's what their claims have been. We have a Vitamin D testifier that will talk about that shortly. But I'm assuming that's probably where they got the "healthy for you" part. [LB132]

SENATOR HOWARD: Thank you. [LB132]

SENATOR CAMPBELL: Thanks, Senator Howard. Any other questions? Thank you once again. [LB132]

TRICIA HULTGREN: Thank you. [LB132]

SENATOR CAMPBELL: Our next proponent. Welcome. [LB132]

MARY FINNEGAN: Thank you. [LB132]

SENATOR CAMPBELL: Go ahead, state your name and spell it for us. [LB132]

MARY FINNEGAN: (Exhibit 6) Thank you, Madam Chair and distinguished members of the Health and Human Services Committee, for the opportunity to provide testimony in support of LB132. My name is Dr. Mary Finnegan, F-i-n-n-e-g-a-n, and I am a board-certified dermatologist from Omaha, Nebraska. I am here representing the Nebraska Dermatology Society, the American Academy of Dermatology Association, and the American Society for Dermatologic Surgery Association. The goal of my testimony is to refute the claims by the indoor tanning industry that have come up that LB132 is about competition in the treatment of disease and that dermatologists use medical phototherapy for cosmetic uses and that we intentionally sunburn our patients. Let me start by stating very simply: the phototherapy devices used by physicians to treat disease are not the same devices as those found in commercial indoor tanning beds. The U.S. Food and Drug Administration approves medical UV phototherapy devices for use in a clinical setting, which means that we as dermatologists using phototherapy devices are subject to stringent standards in the use and maintenance of such devices. Another crucial difference between medical phototherapy and indoor tanning is that

phototherapy is closely monitored and supervised by a dermatologist, a medical professional who has the appropriate level of training and expertise in this area. This type of medical care is not provided in an indoor tanning salon, where operators have minimal knowledge about the potential side effects of UV light. The use of phototherapy in the dermatologist's office may be prescribed as a treatment for very specific chronic skin diseases. Please see the photos. None of these would be considered cosmetic conditions. Medical phototherapy has been shown, like indoor tanning beds, to increase the risk of basal cell, squamous cell, carcinoma, and malignant melanoma. As with the indoor tanning beds, the risks of skin cancer increase with each treatment session, known as a dose-response effect. In my eight and a half years of practice, I have seen patients lose their noses, eyes, ears, fingers, toes, and lives, due to skin cancer. When a dermatologist prescribes phototherapy, the dermatologist and the patient weigh the risks of UV exposure against the potential benefit to the patient. The patients are informed of the known risks of skin cancer from phototherapy. We only use phototherapy to treat skin disease if the benefits outweigh the risks. To say that dermatologists would ever use phototherapy for cosmetic purposes, to sunburn our patients, or to suntan them, when we know the full risks of skin cancer, is false and offensive. In a survey conducted in 2011, 43 percent of indoor tanning bed users reported they had never been warned about the dangers of indoor tanning by tanning salon employees. By age group, younger tanning bed users, ages 14 to 17, were more likely to be unaware of any warning labels than older tanners. If we wish to have an impact on the future incidence of skin cancer, we have to reduce the amount of cumulative exposure our youth have to UV radiation, particularly with intentional exposure by way of commercial indoor tanning. This is a modifiable risk factor, meaning that, with regulation, thousands of skin cancers can be prevented. The International Journal of Cancer in May 2011 reported that 76 percent of melanomas diagnosed between 18 and 29 years of age were attributed to tanning bed use. To quote my sister-in-law, whose father died of melanoma, "Nebraska should pass this common-sense legislation." Together with a broad coalition of medical professionals, I urge you to pass LB132. Thank you. [LB132]

SENATOR CAMPBELL: Questions from the senators? Senator Gloor. [LB132]

SENATOR GLOOR: Thank you, Senator Campbell. And thank you, Doctor. And I'd go back to my question to Senator Nordquist. Again, this may be dated, but are there outpatient therapy clinics that use phototherapy in treating wound healing, ostomy clinics, and whatnot...where you may be dealing with a trained physical therapist or an ostomy nurse, people who are licensed and certified and trained to use phototherapy but not licensed physicians? [LB132]

MARY FINNEGAN: So I'll clarify. Phototherapy can consist of multiple different types of light; so "photo" would be "light." The light could be visible light, as in blue light therapy, which is non-ultraviolet light. Specifically the ultraviolet light that a physician would use

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to treat chronic inflammatory-based skin disease would be under the auspices of a dermatologist, not typically in a wound clinic. [LB132]

SENATOR GLOOR: Okay, so what you're saying is... [LB132]

MARY FINNEGAN: So we're very specific here; we're talking about ultraviolet. Ultraviolet light is the light form that causes the skin cancer, versus...visible light or blue light is not in the same wavelength of light. [LB132]

SENATOR GLOOR: So you could see a physician writing an order that would allow phototherapy to be done somewhere other than under the physician's direct control. [LB132]

MARY FINNEGAN: It would be under the physician's direct control. [LB132]

SENATOR GLOOR: Okay. You...so...we're not...I want to make sure I'm clear. There are not freestanding clinics that are operated or staffed by trained professionals, like physical therapists or ostomy nurses, who would, in fact, be trained to be able to use ultraviolet light in treating whatever illness that they're faced with in their clinic. [LB132]

MARY FINNEGAN: Not that I'm aware of. [LB132]

SENATOR GLOOR: Okay. Okay. Thank you. [LB132]

SENATOR CAMPBELL: Any other questions? Thank you, Doctor... [LB132]

MARY FINNEGAN: Thank you. [LB132]

SENATOR CAMPBELL: ...very much... [LB132]

MARY FINNEGAN: Um-hum. [LB132]

SENATOR CAMPBELL: ...for your testimony. Our next proponent. Good afternoon. [LB132]

DEB ESSER: (Exhibit 7) Hello. Madam Chair, members of the committee, my name is Dr. Deb Esser, and I am the vice president, medical affairs, for CoventryCares of Nebraska Medicaid. I'm a board-certified family practitioner, and I'm here today representing Coventry Health Care, CoventryCares of Nebraska Medicaid, and Live Well Omaha. And I want to thank you today for allowing me to testify in support of LB132. Coventry and Live Well Omaha welcome the opportunity to support a bill that is aimed at the prevention of a serious health condition in our community. We believe that through limiting the access to indoor tanning and the associated UV radiation, that we

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take an important step in reducing the risk of melanoma in Nebraska. Healthy People 2020 has a national goal of reducing the proportion of adolescents grade 9-12 using artificial UV sources for tanning to 14 percent. According to the 2011 Youth Risk Behavioral Surveillance System survey, which is given annually to high school kids, 29 percent of all white non-Hispanic high school girls reported indoor tanning. So we have a little ways to go to meet that 2020 goal. We have heard that we can reduce the exposure and reduce the risk of skin cancer. We believe we can do it with this legislation. We have heard of the tremendous costs associated with treating skin cancers and melanoma. Those costs will only continue to increase. We feel that by prevention we can help to reduce and hold those health costs in check. Thank you very much for allowing me to participate. And thank you for your work in tackling these issues which are before you. [LB132]

SENATOR CAMPBELL: Thank you, Dr. Esser. Questions from the senators? Senator Howard. [LB132]

SENATOR HOWARD: Thank you, Madam Chair. Thank you, Dr. Esser, for your testimony. A previous testifier had mentioned that melanoma is the fifth-highest...fifth-most expensive illness for Medicare. And as a managed care organization for Medicaid, are you seeing a lot of melanoma for Medicaid? [LB132]

DEB ESSER: We have a contract with the state of Nebraska, and we do not have the total Medicaid population within our contract. However, we do see melanoma in a fair percentage of our members with skin cancer. [LB132]

SENATOR HOWARD: Are they young women? Is it...is that the issue? [LB132]

DEB ESSER: I would have to...I don't know the answer to that, and I can find that out for you. [LB132]

SENATOR HOWARD: Thank you. [LB132]

DEB ESSER: I just know that melanoma is...we do see the melanoma, but I'm not aware of the age ranges. [LB132]

SENATOR HOWARD: All right. Thank you. [LB132]

DEB ESSER: Um-hum. [LB132]

SENATOR CAMPBELL: Other questions from the senators? Thank you, Dr. Esser... [LB132]

DEB ESSER: Thank you. [LB132]

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SENATOR CAMPBELL: ...very much. Our next proponent. Are there any other proponents for the bill? There's a couple of seats in the front, if you want to just take one of those. [LB132]

STACIE BLEICHER: Senator... [LB132]

SENATOR CAMPBELL: Good afternoon. [LB132]

STACIE BLEICHER: (Exhibits 8 and 9) Good afternoon. Senator Campbell, committee members, my name is Stacie Bleicher; it's B-l-e-i-c-h-e-r. I am a general pediatrician here in Lincoln, also a member of our Nebraska chapter of the American Academy of Pediatrics. And I'm speaking on behalf of our chapter and presenting two letters, one from our chapter president and one from Dr. Laura Jana, who is one of our members that's very active in parenting education and a spokesperson for the national AAP as well. And so those are being passed around. And I will not sit and read these to you but, I think, can summarize the high points and then would be happy to answer any questions you might have. As pediatricians, we do a great deal of preventive counseling to our parents and to our children that we care for, starting in infancy, about protection from outdoor sunlight and, obviously, more information now as we become aware of the exposure to carcinogens with indoor tanning. And I'm not sure for a while but that was a clear...it was not clearly known what a risk that was. Some people used to think, oh, well, if I tan and I don't get sunburned, then I'm not at risk. And that is not the case as current science tells us. So we certainly don't want our kids exposed to something that's classified as a carcinogen. Laura...Dr. Jana makes a very good point that pertains particularly to the work we do in pediatrics. That is that as we understand more and more about brain development and brain science, we know that teenagers are in the midst of their prefrontal brain development. That part of our brain is what controls executive thought; it's what allows us to think of consequences in the long run. And we're dealing with kids at an age that do not have those thought processes to understand. I sometimes frequently think their parents don't either. But, you know, I do think we need to offer them protection. There are a lot of sales tactics, a lot of social media that makes kids think that this is popular: you need to be tan, this and that. And the idea that our first testifier had about the fact that, oh, I'll protect myself from a sunburn, then I'm protecting myself. That is no longer current scientific knowledge. And all of those things will certainly cause us to do more counseling in our practices and to encourage you to seriously consider moving this bill to the General File. And just informationally, our chapter of the AAP does represent approximately 290 general and subspecialty pediatricians in the state. [LB132]

SENATOR CAMPBELL: Questions? Senator Gloor. [LB132]

SENATOR GLOOR: Thank you, Senator Campbell. And thank you, Dr. Bleicher. There

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have been comparisons to cigarette smoking in teens. And one of the things we know about cigarettes is that nicotine is addictive. So we're also dealing with an addictive disorder. Has there been any research into or any discussion about the fact that exposure to ultraviolet light in those doses also develops some sort of an addiction? [LB132]

STACIE BLEICHER: I'm not aware of whether there's data available along those lines. I think we certainly see, in a lot of teens, peer pressure, ideas of what's socially normative, you know, that if they're doing this because, well, gosh, all the other girls do it, that type of thing, that they may be the ones more likely to drink and smoke also. It has to do with willingness to do risk-taking, without always understanding the consequences, that we frequently see in teens. [LB132]

SENATOR GLOOR: Thank you. [LB132]

STACIE BLEICHER: You're welcome. [LB132]

SENATOR CAMPBELL: Other questions from the senators? Doctor, in your...oh, did you have a question? Oh, Senator Crawford, sorry. [LB132]

SENATOR CRAWFORD: I just wanted to ask your response to one of the concerns or questions that was raised to me on this issue. It was someone who was talking about a child that they knew who had eczema, I think, and talking about the parents finding out by word of mouth the value of UV radiation and responding to that and going to a tanning salon as a lower-cost alternative to address that issue. So I just wanted to hear your response to that constituent concern. [LB132]

STACIE BLEICHER: Um-hum. You know, I think, in this day and age, we have many medical interventions that don't have to be highly expensive to help our kids with chronic eczema and that it would be certainly only the very most extreme kids that, again, would want to be in a medically supervised phototherapy program through a dermatologist and not a tanning booth, most likely. And, again, I think there's a lot of unawareness in both the adult population and the pediatric population about these current concerns about the extreme intensity of the UV, carcinogenic photo ranges that happen with the tanning beds. And so again we're looking at risk/benefit, but I'm not sure the consumer always has the full educational piece about what are the potential risks besides the potential benefits. [LB132]

SENATOR CRAWFORD: You're saying there are other alternative treatments. [LB132]

STACIE BLEICHER: I think that our range of treatments for severe eczema have improved greatly, you know, be it topical, some oral medicine, some identification of allergy, that make it fairly rare to have a child that has totally refractory eczema. As a

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matter of fact, most of the kids I can manage in my office, within my own practice, and, you know, perhaps have a very small percentage, of one or two children a year, that I'll send to a dermatologist to get additional help with. [LB132]

SENATOR CRAWFORD: Thank you. [LB132]

SENATOR CAMPBELL: Any other questions, Senator? Doctor, in your practice, what's the youngest patient that you've had that has tanned and developed skin problems or skin cancer? [LB132]

STACIE BLEICHER: I am not aware of any patients within my practice that have developed a skin cancer at this point. I certainly am aware of kids using tanning booths, probably even as early as 12. I also work at our child advocacy center here, and I know, in reviewing some of our child abuse cases, I've been aware of mothers that take young infants in car seats into tanning booths with them. And although they're not lying in the booth, it is more and more frightening to me to think of what the potential of the scatter from those booths is to those young infants and their skin, who we would never have, under 6 months of age, exposed to sun, if we can help it. [LB132]

SENATOR CAMPBELL: So do young people who come into your practice, how aware do you think they are? I mean, do they get education in school or anything that would alert them to this? Or are you kind of the "alerter"? [LB132]

STACIE BLEICHER: I'm not sure they're getting education about this in a useful way except in the offices. And then, unfortunately, sometimes we see our athletes, but there's no mandate that kids have to be in every year or every two years for physicals. So we may see children at kindergarten and not see them again till seventh grade, depending on whether the family values having, you know, periodic checkups. [LB132]

SENATOR CAMPBELL: I have a red-haired daughter, and her pediatrician almost every single time she was in reminded her of how she needed to be such aware of the sun and UV. [LB132]

STACIE BLEICHER: Yeah. And I think we've been very good about giving, you know, the sunshine/protect-from-sun type of thing and maybe a little less tuned in to how many of the kids are using tanning booths, and that's another education piece we need to put in our repertoire. [LB132]

SENATOR CAMPBELL: Excellent point, Doctor, thank you. Thanks for coming today and for your testimony. [LB132]

STACIE BLEICHER: Thank you for allowing me to present. [LB132]

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SENATOR CAMPBELL: Our next proponent. [LB132]

DAVID HOLMQUIST: I'll go. [LB132]

SENATOR CAMPBELL: Good afternoon. [LB132]

DAVID HOLMQUIST: (Exhibit 10) Good afternoon. Senator Campbell and members of the Health and Human Services Committee, thank you for the opportunity to testify today. My name is David Holmquist, D-a-v-i-d H-o-l-m-q-u-i-s-t. I appear today as a lobbyist representing the American Cancer Society Cancer Action Network, which is the sister advocacy organization of the American Cancer Society. And I appear before you also as a skin cancer survivor. In both roles I am here to testify in support of LB132. As a child, I spent the better part of each summer day at the country club pool. Those days seem an eon ago now, and in many ways that's the case. It's a time we didn't have the same understanding of the possible harmful side effects of exposure to the sun and harmful rays that we have today. I imagine and hope that if we'd had more knowledge about those harmful effects of the ultraviolet rays, my parents would have limited both my time in the sun and also provided some sort of protection. Well, we skip forward 40 or more years, and one morning I noticed a small and seemingly insignificant growth on my left hand. Well, it had turned pink and purple. And even though the American Cancer Society's Relay for Life colors are pink and purple, I knew this wasn't a good sign. So I made an appointment with my primary care physician and went in. When I went in, I, actually saw the physician's assistant, who used what looked like a tiny melon-baller to excise the growth and was told that it probably wasn't anything to worry about and sent me home. About three weeks later I received a letter from the doctor telling me that the spot that had been removed had been biopsied and was a squamous cell carcinoma and suggesting that I needed to see a general surgeon immediately for follow-up. Now, that's the bad news, both the fact that I had cancer and the fact that I got a letter from the doctor telling me I had cancer. I'm still not over that one. Anyway, the good news is that the physician's assistant had gotten all the cancerous tissue and the margins were clear. In the intervening 14 years, I've had three more cancerous growths removed and continue to survive. But my story is just one example of the harmful effects of overexposure to UV rays. Unfortunately, many kids today want to emulate celebrities or other cool kids, or even their parents, and have wonderful-looking tanned skin. I at one point did the same thing, went to a tanning booth, not a good idea. That was before I knew any better. And today I'd just as soon look like Cary Grant did when he died; but it's not going to happen, because I'm not Cary Grant, let's face it. But for many of these kids, the easiest method is to go to a salon and use a tanning bed. And regardless of what you might be told by representatives of the tanning industry, this is just plain dangerous. It's like playing Russian roulette with your body. Skin cancer is the most common form of cancer in the United States. More than 2 million cases are diagnosed each year. And, most importantly, melanoma is the most deadly form of skin cancer and has had an increasing incidence for at least 30 years in the United States. This is due in

part to the increased use of indoor tanning beds. Exposure to UV radiation, either from sunlight or indoor beds, is the most important avoidable known risk for skin cancer. According to the World Health Organization, tanning beds pose a greater risk than previously believed. And the International Agency for Research on Cancer, a World Health Organization agency, has elevated tanning beds to its highest-risk category: carcinogenic to humans. This decision was based on a comprehensive review of current research which shows tanning bed use raises the risk of melanoma of the skin by 75 percent. The American Cancer Society and the American Cancer Society Cancer Action Network recommend that people avoid tanning beds all together. Much as we prohibit young people under the age of 18 from purchasing or using cigarettes, we should not hesitate to limit the use of tanning beds to persons 18 years of...limit the use to persons who are 18 years of age or older and can make an informed decision on their own. Not (sic) passing this bill to reduce the risk of tanning bed use to persons under 18 just seems to be the most viable option. The evidence is clear that tanning beds pose a great risk for the development of all skin cancers and particularly pose a huge risk that unsuspecting kids may develop melanoma sooner rather than later. I have a packet of materials that I'll bring up. I came forward quickly because it didn't look like anybody was coming. And I'll bring those back and give them to the clerk; that will give you some more information about this. I urge you to advance LB132 to the full Legislature for a full debate. I also would answer your question, Senator Campbell. We have had studies showing that even SPF 45 doesn't do a good enough job in blocking those harmful rays. And, in fact, we used to give SPF 45 away to people at our events, and we no longer do so because we're concerned that they think, with the SPF 45, they're safe; and that's just not true. So we no longer do our program called Slip-Slap-Slop: Slip on some clothes, slap on a hat, and slop on some sun protection; because it's just not enough protection. [LB132]

SENATOR CAMPBELL: Questions from the senators? Anyone? Thank you, Mr. Holmquist... [LB132]

DAVID HOLMQUIST: Thank you. [LB132]

SENATOR CAMPBELL: ...and, yes, do give us the packets. [LB132]

DAVID HOLMQUIST: I'll bring those forward. [LB132]

SENATOR CAMPBELL: Our next proponent. Anyone else? Good afternoon. [LB132]

JOAN LAPPE: Good afternoon, Senator Campbell and members of the committee. I am Dr. Joan Lappe; that's spelled L-a-p-p-e; a professor of nursing and a Vitamin D researcher at Creighton University's Osteoporosis Research Center. And I represent myself as well as our Osteoporosis Research Center today. I have professional expertise in the effects of Vitamin D in human beings. I am here today to testify in

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support of LB132 because as a nurse and researcher I believe the potential risk of indoor tanning far outweighs the benefits related to Vitamin D from such tanning. It is well established that Vitamin D is essential for optimal bone health and to prevent osteoporosis. In addition, receptors for the Vitamin D molecule are present in most of the cells of the body, indicating that these cells require Vitamin D for optimal functioning. Furthermore, evidence is accumulating to suggest that adequate levels of Vitamin D are needed for prevention of a wide array of disorders. For example, my research suggests that Vitamin D may play an important role in prevention of many types of cancer; although possibly the best evidence to date, it is still preliminary. Likewise, few of the health claims of Vitamin D, other than bone health, have been tested with rigorous, randomized trials. Currently many of these randomized trials are under way, and scientists will look to findings from these studies to determine health policy. Nonetheless, I am convinced that maintaining adequate levels of Vitamin D is essential for human health. And in fact, many persons in the United States, including young people, are deficient in Vitamin D. The usual sources of Vitamin D include a few foods, sunlight, and supplements. The ultraviolet B, or UVB, rays in sunlight trigger the synthesis of Vitamin D in the skin and convert it to active Vitamin D. Now we are interested, in our center, of how much sunlight you need to get Vitamin D. And so some of my colleagues did a study where they gave measured doses of UVB from a dermatologist's light box to volunteer subjects who agreed to do this. And what my colleagues were able to do is to determine that it only took one session of UVB exposure of three minutes over a period of three times a week for four weeks: so three times a week for four weeks, with three minutes, to get people who were low up to what we consider is minimal level of adequacy for Vitamin D. And we found also that the darker the skin, the higher doses of UVB that were needed to achieve similar increases in Vitamin D. So the conclusion from this study was that increases in Vitamin D status can be achieved by defined UVB doses small enough to produce only minimal tanning. Thus, moderate to dark tanning is not required to obtain and maintain Vitamin D at healthy levels. Furthermore, as the skin tans it gets darker, and higher doses of UVB are required to produce Vitamin D in the same individual. Tanning lamps, as you've heard, contain UVB and so trigger the synthesis of Vitamin D. However, it is disturbing to me that the tanning industry promotes tanning as a usual way to obtain Vitamin D. None of the advertisements that I have seen or heard indicates that it only takes minimal tanning for the Vitamin D effect. And I know that they advertise that Vitamin D is one of the benefits of tanning. This strikes me as at least inadequate advertising, if not deceptive. Vitamin D supplements are known to be safe and inexpensive. Researchers and clinicians in our center typically recommend supplementation as the best Vitamin D source. I cannot in good conscience condone exposure to tanning lamps to obtain Vitamin D; it's so much safer to get it from a supplement. Thank you. And I'll be happy to answer questions. [LB132]

SENATOR CAMPBELL: Thank you, Dr. Lappe. Questions? Doctor, if I stood out today...I think the sun is...I haven't been outside, so I don't know whether the sun is out.

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So if I stood out today just like this for three minutes, would I get enough? [LB132]

JOAN LAPPE: No. In this part of the country, at this latitude and even a little bit lower, the angle of the sun is such--it's far to the south--that we get no conversion of Vitamin D. So between the months of October and March...actually, studies have done where people laid outside without any clothes on and got no Vitamin D conversion. [LB132]

SENATOR CAMPBELL: We're not recommending that. (Laughter) I want to make sure that's clear. They had none, interesting. So that's why your emphasis on the supplements, then. [LB132]

JOAN LAPPE: Right. Right, because for people at our part of the country, are...people in Canada, the health policy there is very active because they're even further north, and further away from the equator. That really...sunlight is...you know, at least six months of the year here, and further north even more months of the year, you can't get any from sunlight. [LB132]

SENATOR CAMPBELL: And here's a question I do have to ask. The supplements that you might take, that you take a calcium supplement plus D, is that sufficient? How much D do you need? [LB132]

JOAN LAPPE: You know, that isn't completely determined yet. The Institute of Medicine recommends that adults need at least 800 international units a day. However, our work in our center, where we've done a lot of research, we feel at least 1,000 and possibly 2,000 international units a day. And there is a lot, a lot of research going on trying to answer that question. [LB132]

SENATOR CAMPBELL: Thank you for your helpful... [LB132]

JOAN LAPPE: Okay. [LB132]

SENATOR CAMPBELL: ...answers to my questions today. All right, our next proponent. We'll have one of the pages pick up your orange sheet there.... [LB132]

JESSICA GUERRERO: Oh. [LB132]

SENATOR CAMPBELL: ...before you start. That's okay. All right, you go right ahead. [LB132]

JESSICA GUERRERO: Thank you so much for agreeing to meet with us today. My name is Jessica Guerrero, G-u-e-r-r-e-r-o; I think I spelled it right, just got married, so...(laughter). Okay, still have to spell it out all the time. And I'm a melanoma survivor. When I was 24, I was in my prime. I had a great boyfriend, full-time job as a registered

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nurse, and great friends; I was invincible. I went to have a couple of moles removed because I knew, being a registered nurse, that they were kind of odd and--especially one right here on my arm--needed to come off. So I went in to see my dermatologist, had it taken off. And a few weeks later I got the call that it was melanoma. At first I thought, skin cancer; it could be good...or not good, but it could be something that isn't that bad. The dermatologist told me that I would have to go see an oncologist as well as a surgeon. Those were big words, but I still figured I was going to be okay. At those first appointments I discovered that I would have to go through a staging process to determine how far along the cancer was. This meant I would have to have a scan and a lymph node biopsy. At this point I still felt pretty good. I felt I would have probably a nasty scar, but then I would move on with my life. It wasn't until I got the call that it had spread to my lymph nodes that I allowed myself to be affected. I had gone back to work because I felt I was invincible: this isn't going to happen to me; I just knew that I would get the call and it would be fine. When Dr. Dietrich (phonetic), who was my surgeon, called, I stepped off the unit, and my world kind of fell apart. He told me that it had spread to my lymph nodes under my right arm and that I was going to need more-serious surgery and some type of chemotherapy, but that would be determined after the next surgery. Over the next few weeks, I underwent major surgery to have all the lymph nodes taken from under my right arm. I also had to wear a drain for four weeks, which is not pleasant, and I was unable to even take a shower myself or wash my own hair. After that, it was 4 weeks of intense interferon treatment, 4 hours a day for 5 days a week. And then after that, I transitioned to a low-dose interferon, which is 11 months long and 3 times a week, which was a shot that I had to give myself. I'm a registered nurse, and trying to give myself a shot for the first time was an extremely difficult task. Imagine at first somebody like Kasey, who was a 17-year-old girl, trying to poke herself; it's not something that I can imagine was an easy task. Another milestone during my year of treatment was when my hair was thinning so badly that my scalp was beet-red when you touched it. I would start crying. So I decided to shave my head. I worked with children; I'm a pediatric nurse. And I worked then at Immanuel Medical Center on the child/adolescent psych unit. And the responses were pretty interesting and very difficult at times. These scars are something that I'm going to have to live with every day of my life. Having this disease is something that I have to think about all the time, whether it's as simple as the vaccinations that I can't have because I'm immuno-compromised--such as flu season, I couldn't have a flu mist, I had to have a flu vaccination, because the flu mist is a live virus--or being told that I really have to think about if I want to have children. I just got married. I'm 26 years old now, and if I were to get pregnant, my chance of recurrence jumps quite a bit. The changes in my body can trigger a melanoma recurrence, and it's also one of the few cancers that can cross the placenta. So if I were to have a pregnancy and possibly a child, there's a great risk that I could pass that to that baby. So I have to think about if this is something that's even worth it for me. This bill is important, because at the age of 14 I started tanning. It made me feel beautiful because everyone was doing it and this is what society accepts. If there had been a bill like this in place, I would have known that this was dangerous and

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that I should not do it. Maybe that would have saved me from this experience. At the very least it would have provided me and my family with education that this is dangerous, and I would have taken the time to educate myself. What's stopping you from supporting this bill? And I just have to ask, how many more young people are we going to let this affect before we take a stand against it? Thank you for your time. [LB132]

SENATOR CAMPBELL: And thank you for telling your story. [LB132]

JESSICA GUERRERO: Thank you. [LB132]

SENATOR CAMPBELL: Questions, Senators? Seeing no questions, we wish you the best as you start married life. [LB132]

JESSICA GUERRERO: Thank you. [LB132]

SENATOR CAMPBELL: And it does become easier to say your last name. (Laughter) [LB132]

JESSICA GUERRERO: I hope so. I went from "Hunter" to "Guerrero." [LB132]

SENATOR CAMPBELL: It's okay. I've been married 44 years, and I'm finally used to it, so...Welcome. [LB132]

TERESA RODDY: Thank you. And good afternoon to Senator Campbell and the members of the Health and Human Services Committee. My name is Teresa Roddy, R-o-d-d-y. I am a registered nurse, a member of the Nebraska Nurses Association, a mother, and a former indoor tanner. I am not representing those roles today. I am here today as a survivor, a survivor of the deadliest form of skin cancer, melanoma. When I was in high school I was a diehard tanning fanatic. I would go every day for 30 to 45 minutes. My mom and I used to go together. In fact, we considered it our mother-daughter bonding time. I had never heard of skin cancer, let alone melanoma. I was more worried about getting wrinkles. After several years of tanning, the average tanning bed was not enough. I advanced to the high-pressure tanning beds, those beds that advertise you only need to go once a week to get that natural, healthy glow. After a few weeks of the high-pressure tanning bed, I noticed I had a mole develop almost overnight on my right shin. Concerned, I went to a dermatologist and had him remove that mole along with another one on my lower back. A few weeks later, I got the call that changed my life forever. It was on a Friday afternoon just about 5:00 p.m. when the phone rang. I was told over the phone by my dermatologist that the biopsy of both moles came back malignant. My mind was racing. I think the first hour I was in denial. Here I was, a single mom going to college to be a nurse; how could this happen to me? The next month I had tests to determine the extent of cancer, which included chunks of

skin removed, leaving an 8-inch scar on my lower back. At that time the doctors thought that I would be okay. I thought my battle was done. The doctors said that they caught it early enough and that I had a great prognosis. Well, fast-forward four and a half years. I found a lump in my left groin. Anxiety-ridden, I went to my family-practice doctor. He told me he didn't think it was anything but recommended that I do get it removed. Once again I got that phone call. The melanoma had come back, but this time it did spread to my lymph nodes. The next month was filled with doctor's appointments and consultations to decide what the best course of treatment would be. I had the lymph nodes in my left groin resected, or, in other words, surgically removed. Recovery did not go as expected, and I ended up with an infection at the surgical site and ultimately had a long recovery. This recovery was followed by a year of interferon-a therapy. Interferon, as you heard today, is kind of like chemotherapy; however, there's no breaks, and it's one year. Very intense. It's like having the flu every day for a year. During this time, I was unable to fulfill my nursing instructor duties and did not get my teaching contract renewed. Being a single mom with mounting hospital and medical bills, with no job, I ended up losing my house to foreclosure. Shortly after my therapy ended, a follow-up PET scan showed some possible lymph node involvement in my pelvic region. Back to surgery I went; more suspicious lymph nodes were removed. It will be five years next month since my last surgery, and I'm cautiously optimistic that this time I'll make the five-year mark. According to the statistics, I am beating the odds, but not everyone is so lucky. I have known several people that did not beat this. Sorry. [LB132]

SENATOR CAMPBELL: That's fine; take your time. [LB132]

TERESA RODDY: I do not want another person or family to go through what I went through. The thought that I might not be around to see my 18-year-old son graduate from high school was at times too much to bear. It saddens me to hear teenagers say that: At least I will be tan when I die. Hearing this tells me two things. First, teenagers do not have the capacity to understand the long-term effects and the harm that can come from the decisions they make at that age, in this case tanning, especially indoor tanning. Secondly, there is not enough education out there regarding the harm these tanning beds cause. The thought that some parents are willing to risk their children's life and well-being tells me that parental consent for allowing those under 18 to indoor-tan is ineffective. This will not work when you have parents that are uneducated about the risks and trust the tanning industry, especially when they are advertising to tan safely and to tan smart. I am offended that the tanning industry is telling my 18-year-old that indoor tanning reduces the risk of some cancers and that you can get more dates and boom-boom with an indoor tan. What does this say to our youth? I am offended as a survivor, and I'm offended as a parent. I sit here in front of the committee today as a mother, a daughter, a friend, and survivor. I am the face of melanoma. My wish for you all today is that you will never know firsthand or have a family member or friend deal with this deadly cancer. Thank you for letting me share my story with you today. And I

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ask that you advance LB132. [LB132]

SENATOR CAMPBELL: Thanks. You did a great job. [LB132]

TERESA RODDY: Thank you. [LB132]

SENATOR CAMPBELL: Questions? Thanks for coming in... [LB132]

TERESA RODDY: Thank you. [LB132]

SENATOR CAMPBELL: ...taking time to tell your story. Our next proponent. Any other proponents? Those who oppose the bill. Good afternoon. [LB132]

JOSEPH LEVY: (Exhibit 11) Good afternoon. Thank you, Madam Chairman and members of the committee. My name is Joseph Levy, L-e-v-y. I'm the scientific advisor to the American Suntanning Association and executive director of International Smart Tan Network, which is a training and education institute for tanning salons in North America. For 21 years I've been developing UV training materials and am our chief scientific liaison to the American Society for Photobiology. A lot of misinformation on this topic. Proponents of this bill have misled you about the nature of the word "carcinogen." We've heard UV light and sun beds compared to tobacco, alcohol, arsenic, plutonium in some press reports. The word "carcinogen"...that's not what it means. To be called a carcinogen in the United States government's report on carcinogens doesn't mean that a substance has to be carcinogenic to any individual in their daily lives, which is why birth control pills are a Class I carcinogen, in the same category as tobacco and alcohol. It's why sawdust is in that category; it's why salted fish is in that category. That's what Level I carcinogen means. Ultraviolet light is a carcinogen; it is the only substance in the list of carcinogens that humans do need in order to live. So that is an important caveat, that when you just call something "tobacco" or "alcohol" misses the point. And I think it cheapens the most sacred third rail of public health policy, is anti-tobacco legislation and anti-tobacco movements, which I personally have been involved in with the American Cancer Society for years. To put it in that category is to overwarn teens. That's important because proponents of this bill have failed to disclose a very important caveat about the research on sun beds. Most of it doesn't actually involve tanning salons; it involves sun beds. And there are three kinds of sun beds that are used today. There are home units that are used without supervision. There are medical sun beds, which, despite the testimony you heard earlier, are substantially similar in photobiologic output to indoor tanning units; they are almost identical, and that's why so many dermatologists do refer people to sun beds to treat cosmetic skin diseases. And there are tanning salon units. The World Health Organization report released in 2006--and I believe that this was in what I provided to you--says, and I quote: Epidemiologic studies to date give no consistent evidence that use of indoor tanning facilities, in general, is associated with the development of melanoma skin cancer. The reason that this is so

controversial is melanoma is more common in people who work indoors than it is in those who work outdoors. It's most common on parts of the body that don't get regular UV exposure. Whatever relationship it has with sunlight or with any UV is therefore not straightforward. And that's why Dr. Bernard Ackerman, who founded the field of dermatopathology--he's a master dermatologist, one of the most recognized dermatology leaders--has written two books on this topic, where he says that Smart Tan, my organization, is right in promoting sunburn prevention and not sun avoidance, but that the other public health organizations that are promoting sun abstinence are wrong. That is why this issue is controversial. Now, if you separated the World Health Organization data on this topic, where they alleged that there was an increase in risk of 75 percent for people who use sun beds before age of 30...remember, I said there are three categories. If you separate it by category, the indoor tanning sun beds in tanning salons didn't increase the risk by anything statistically significant. But dermatology sun beds doubled the risk. That is why dermatology sun beds used to treat psoriasis are a Level I carcinogen, according to the United States government. PUVA phototherapy is a Level I carcinogen. The American Academy of Dermatology Association and the National Psoriasis Foundation right now are lobbying to increase access to their own sun beds in their own offices. They've introduced legislation in the state of Illinois, where they've said dermatology phototherapy is a safe procedure. They use the word "safe" for their carcinogen procedure; but at the same, simultaneously, they're lobbying against ours. There are 1.5 million people who go to tanning salons to treat cosmetic skin conditions informally. Many are referred by dermatologists. And it's about one-twentieth the cost of using phototherapy in their office. That's why there are so many dermatologists who refer them to tanning salons. So they've introduced legislation to remove the copays so that those 1.5 million people, 18 percent of the 7.5 million Americans with psoriasis, would have access to their version of sun beds, which are virtually identical photobiologically, in their offices. This is not a straightforward issue; this is a competition issue. We've heard testimony from "Coke" saying that "Pepsi" is harmful and therefore you should ban access to "Pepsi." I know I provided stuff in writing to you on so many more topics here, and there are so many other things I would like to respond to, and I'd be happy to answer your questions. I wish I had more than five minutes; I think this discussion deserves much more than five minutes. And it deserves a higher-level discussion than just simply saying UV exposure is harmful and therefore you should avoid it. That's like saying water causes drowning and therefore we should avoid water. Thank you very much. Happy to answer your questions. [LB132]

SENATOR CAMPBELL: Mr. Levy, I'm sure I'm speaking for the other senators: we have no information. [LB132]

SENATOR COOK: Right. [LB132]

SENATOR CAMPBELL: Madam Clerk, do you? [LB132]

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JOSEPH LEVY: Okay. My apologies. I thought that that was provided to you, third party. But I will provide that... [LB132]

SENATOR CAMPBELL: Oh... [LB132]

JOSEPH LEVY: ...to all of you. My apologies. [LB132]

SENATOR CAMPBELL: I'm really sorry, Mr. Levy. We're all sitting here--I was watching Senator Crawford--we're all looking around trying to figure out... [LB132]

JOSEPH LEVY: My apologies. I'm very sorry about that. [LB132]

SENATOR CAMPBELL: So it will...somehow it'll get to us, do you think? [LB132]

JOSEPH LEVY: Yes... [LB132]

SENATOR CAMPBELL: Okay. [LB132]

JOSEPH LEVY: ...absolutely. [LB132]

SENATOR CAMPBELL: All right. We will take a look at it. Mr. Levy, I want to go back to a question I asked earlier. And that is, in tanning salons they sell a specific lotion that you're supposed to apply. And I'm assuming that...what will that lotion do? And why do tanning salons sell it? [LB132]

JOSEPH LEVY: A tanning salon session is designed to introduce three-quarters or less of what would induce a sunburn, so that the session is designed to be nonburning. The lotion is designed to moisturize the skin because a tanning session involves some heat. It moisturizes, and moist skin has the best ability to maximize an individual's ability to develop a tan. [LB132]

SENATOR CAMPBELL: Okay, so it's basically saying we have...there's no protection in it. [LB132]

JOSEPH LEVY: No. Sunscreen lotion is designed to prevent sunburn; that is its only stated intent. And that's a whole other topic. I use sunscreen to prevent sunburn outdoors. It's not designed to prevent every UV photon. But it's being marketed that way. And that's, in my opinion, mismarketing sunscreen, because sunscreen is a product that's only designed to prevent sunburn. [LB132]

SENATOR CAMPBELL: Okay. [LB132]

JOSEPH LEVY: So you don't need sunscreen in a tanning salon because the dosage

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you receive in a tanning salon is less than what would induce a sunburn. [LB132]

SENATOR CAMPBELL: Okay, so they're only selling that lotion in order to get moisture, not any protection. [LB132]

JOSEPH LEVY: It is a moisturizer, correct. [LB132]

SENATOR CAMPBELL: Okay. Questions? Senator Howard. [LB132]

SENATOR HOWARD: I'm just wondering, Mr. Levy, are you purporting that this is a conspiracy on behalf of dermatologists? [LB132]

JOSEPH LEVY: Absolutely not a conspiracy, hate that word. [LB132]

SENATOR HOWARD: Right. [LB132]

JOSEPH LEVY: What I'm saying is it is a conflict. It is a conflict, and they're lobbying both sides of the fence, because...and I'm sorry that you didn't have that in front of you. But it's very clear, they've lobbied... [LB132]

SENATOR CAMPBELL: Is this the information? [LB132]

JOSEPH LEVY: It might be within that packet. [LB132]

SENATOR CAMPBELL: Okay. [LB132]

JOSEPH LEVY: This folder, I think, came with that packet. And if you didn't get the whole folder, I'll make sure you do. They've lobbied that dermatology phototherapy is safe, in support of legislation to increase access to dermatology phototherapy, which, according to the federal government, dermatology phototherapy increases the risk of skin cancer by 5,000 percent, in the United States government's list of carcinogens, which is 66 times greater the relative risk that they're accusing us of creating. And as I've mentioned, the relative risk that they've accused us of creating includes...the data set includes their phototherapy units and home units. And their phototherapy units are the ones with the largest increase in risk in that data set. [LB132]

SENATOR CAMPBELL: Did you want to follow up, Senator Howard? [LB132]

SENATOR HOWARD: Thank you. [LB132]

SENATOR CAMPBELL: Any other questions? Senator Gloor. [LB132]

SENATOR GLOOR: Thank you, Senator Campbell. Mr. Levy, so if this is a competitive

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issue, would you be okay with the legislation if dermatologists themselves...I mean, we're only talking about limiting use to 18...adolescents younger than 18 years of age. So without a specific diagnosis...with a specific diagnosis, a dermatologist would be treating somebody 18 years and younger. You're saying that they're treating--in Illinois--they're treating these adolescents just to give them tans? They're falsifying their diagnosis? [LB132]

JOSEPH LEVY: No, no, no. Not at all. I'm saying they are using sun beds for a purely cosmetic disease, psoriasis, 7.5 million Americans that have some form of psoriasis that nobody dies from; and they are calling that "safe" in their offices. They lost...in the 1990s they used to do about a million procedures a year, and they lost 95 percent of that business because the copay for a \$150 phototherapy session is \$50. And it is a tanning bed; it is the same equipment; it is virtually identical, in most instances. There are some that emit slightly different parts of the light spectrum, but most of it is substantially equivalent. People went to tanning salons instead, at \$5 to \$10 a session, which was substantially less than the copay. So they lost that entire block of business. If this were a public health issue, they would discontinue phototherapy entirely, because it's used to treat a cosmetic skin disease, psoriasis. But they are instead lobbying that that is safe. My point in the whole issue is that this is broader than simply talking about indoor tanning. This is public policy about ultraviolet light. One of the things I provided to you was an article from Dr. Arthur Rhodes, a melanoma researcher at Rush University Medical Center in Chicago, who wrote this essay, "Melanoma's Public Message." Dr. Rhodes is a melanoma researcher, a dermatologist, who has a colleague who's a doctor whose wife is a doctor. And the colleague had a lesion on his back and decided that since he never took his shirt off outdoors and his wife said, "you never tanned outdoors, so that lesion is not harmful"...it was a melanoma, and the colleague died of the melanoma. He's saying if a doctor, whose wife is a doctor, can't identify what a melanoma is and thinks that just because he wasn't in the sun he's not getting melanoma...and melanoma occurs, in some types, occur on the bottom of the sole of the foot. And it occurs in African-Americans; that's the most common location, on the bottom of the foot. Its relationship with UV is not straightforward. And I believe that this legislation is being put forward in a nonconstructive fashion to just vilify any UV exposure, instead of acknowledging... [LB132]

SENATOR GLOOR: Bear with me... [LB132]

JOSEPH LEVY: ...that this isn't settled science. [LB132]

SENATOR GLOOR: ...you're kind of drifting away from my line of questioning here. So here's what I hear you saying, that the line of business we're talking about...and I'm talking about...I'm responding the way you've place this, and that is in the realm of business competition. The line of business is big enough for this segment of the population that it's turned into a competitive battle, in Illinois anyway. And that kind of

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raises my concern about there must be an awful lot of younger people who are seeking this treatment, for psoriasis or whatever, for this to become a market issue. I mean, that raises my concern about the adolescents themselves, the way you've positioned this. [LB132]

JOSEPH LEVY: I wouldn't speculate what the motivation of dermatology is... [LB132]

SENATOR GLOOR: But the numbers... [LB132]

JOSEPH LEVY: ...other than the fact that they're saying that what they do is safe and it is the same as what they're calling us "dangerous" for. And the government's own data say they are many times more dangerous than what we do. [LB132]

SENATOR GLOOR: But the numbers must be pretty... [LB132]

JOSEPH LEVY: If this were a public health issue, they would suspend that. [LB132]

SENATOR GLOOR: The numbers must be pretty significant, for this... [LB132]

JOSEPH LEVY: And I will provide that to you. It's the, you know, it's the government's own report on carcinogens that reports that they increase risk of skin cancer by up to fiftyfold... [LB132]

SENATOR GLOOR: Okay. [LB132]

JOSEPH LEVY: ...in that data. [LB132]

SENATOR GLOOR: Thank you. [LB132]

SENATOR CAMPBELL: Senator Howard. [LB132]

SENATOR HOWARD: I apologize. Thank you, Madam Chair. [LB132]

SENATOR CAMPBELL: No, that's fine. [LB132]

SENATOR HOWARD: I was just taking a minute to review some of your handouts, and I noticed your most recent research is from 2008. And it was indicated to us from the proponents that this was a very recent phenomenon. Do you have any research that is more up to date? [LB132]

JOSEPH LEVY: Which report from 2008 are you...? [LB132]

SENATOR HOWARD: Pretty much... [LB132]

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JOSEPH LEVY: Oh, yes. [LB132]

SENATOR HOWARD: ...the melanoma incidence. And then most of your research...on the second page, your most recent is from 2005. [LB132]

JOSEPH LEVY: In fact, there are no...if you're looking at the melanoma incidence rates, according to the National Cancer Institute, the largest cancer...melanoma database in the nation shows that in 1975 old men over the age of 65 and young women had about the same melanoma rate. And it has more than quadrupled in older men. And that is the group most likely to get it, most likely to die from it, and the least likely to get any marketing message about this disease; where it has not increased in a commensurate fashion in young women. And, in fact, what you're referring to is the National Cancer Institute's data on melanoma rates for women under 20...have not increased. They've been...they are around 0.5 per 100,000, about 5 in 1 million, and have not increased in the last ten years and have not increased in any fashion beyond that. If you, actually, if you search beyond that, it hasn't increased. That's not being reported correctly. It's being reported that it is the largest cancer amongst young people. Well, cancer of any kind is very uncommon in young people. And, you know, I think we owe it--we've all been affected by cancer in our families--I think we owe it to everyone to explore that with some dispassionate objectivity before we make the blanket statement, which isn't supported, that any UV exposure is harmful for a certain age group. [LB132]

SENATOR HOWARD: But you mentioned...is there no up-to-date research on this issue? [LB132]

JOSEPH LEVY: Yeah, actually, there is up-to-date research. And, in fact, the most recent single study on sun bed usage and melanoma, conducted by Elliot in England, was a large trial, showed no association whatsoever. And most of the studies do not show an association. And, like I said, most of the studies don't differentiate what kind of sun bed is being used, whether it's a tanning salon sun bed in a controlled environment. Many of the studies are done in Europe; they do not have the controls we have in the United States. This is a regulated procedure in the United States; we have the best regulations in the world to control the level of exposure that people receive. Again, those caveats aren't being mentioned, and they need to be mentioned, you know, before we, generally, get to a hearing like this. [LB132]

SENATOR CAMPBELL: Mr. Levy, you said this is the best-regulated. I certainly do admit, at one point in my life I went to a tanning salon. But I didn't see any regulations in terms of how much time or how many...you know, when you hear somebody say, "Well, I went every single day," I don't think any dermatologist is having someone come into the office at every single day. I mean, do we regulate this? [LB132]

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JOSEPH LEVY: Yes. The... [LB132]

SENATOR CAMPBELL: Time and number of sessions per week? [LB132]

JOSEPH LEVY: The exposure schedules on a piece of tanning equipment in the United States are based on a system that starts by what would be three-quarters of what would induce a sunburn in the fairest-skin individual, for the initial session. Then it works up, gradually acclimates to a maximum exposure time that delivers no more than 624 joules of energy. A day at the beach, in comparison, is more than 4,000 joules of energy. [LB132]

SENATOR CAMPBELL: So the tanning salon knows that because they keep track of how many times I walk in the door and how long I did? [LB132]

JOSEPH LEVY: Yes. [LB132]

SENATOR CAMPBELL: Sir, I must have gone to the wrong place, because they never kept track of any time that I went. They just wanted to check off to make sure if I paid for three times; that's all I got. [LB132]

JOSEPH LEVY: I'm sure you're speaking of an experience that would be years ago? [LB132]

SENATOR CAMPBELL: I don't know that it was that long ago. (Laughter) Let's say it was in the last... [LB132]

JOSEPH LEVY: My apologies... [LB132]

SENATOR CAMPBELL: ...seven... [LB132]

JOSEPH LEVY: ...any insinuation. [LB132]

SENATOR CAMPBELL: No, no, no. Oh. No reflection on my age taken, certainly. No, it was in the last, what, 5-7 years, maybe. [LB132]

JOSEPH LEVY: It's been my pleasure to produce training materials for 21 years for this market. And I will tell you that the market has evolved and has grown in its sophistication and ability to teach and train that message...and training that message. What has made it difficult to train people...and the number one thing a consumer looks for in a salon is education and cleanliness, okay? Excuse me, cleanliness and then education; cleanliness, number one thing. The consumer is looking for a competent operator, number one, and that has been what has driven competition in this market in my 21 years. So the operators that are doing it right and that are following that

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procedure are the ones that are succeeding and thriving today. And to see that increase in professionalism as we've gone on has been difficult in an environment where the dermatology community has been saying: There is no such thing as a good salon. How can I train people what a good salon is if the other side is saying there's no such thing? So... [LB132]

SENATOR CAMPBELL: I guess if they were truly controlling all of this...but then I controlled those dials. I mean, I dialed up I wanted two minutes or whatever it was. I shouldn't have been able to control those dials then, should I? [LB132]

JOSEPH LEVY: I'm assuming you probably went to a smaller sun bed in some sort of operation, because the dials are generally controlled at the counter. They aren't "dials," excuse me; it's computerized times that are controlled at the counter that follow that schedule in a professional salon. And there are...actually, there are speakers that will follow me that will answer that better than I can. [LB132]

SENATOR CAMPBELL: And I'll be glad to do that, but this was a fairly large salon in Lincoln, Nebraska. So, I don't know, maybe I wasn't taking the instruction correctly; but I don't remember any instruction, and maybe I missed that. Any other questions... [LB132]

SENATOR COOK: I just had... [LB132]

SENATOR CAMPBELL: ...for Mr. Levy? Senator Cook, did you have a question? [LB132]

SENATOR COOK: Thank you, Madam Chair. And this is following up on your question to clarify, not having been and not planning to ever go to a tanning salon. Perhaps someone may prescribe it; I do not know, can't tell the future. So what I heard you say is that the amount of time and the level of exposure is regulated and monitored by the people operating the tanning salon or each individual bed in the United States, in Nebraska, in...that that happens every time you go, instead of as the example...because I'm imagining it's like a nail salon: I buy a punch card of 20, and then the person ensures that I've redeemed 1 manicure, and then she or he hands it back. What you're telling me is that when I go to use the sun bed at a tanning salon, that the person who's operating that...is working is checking me in, taking my money or my credit card or punching my card, also regulates the amount of time and the amount of exposure in that bed each time and keeps track and says, "Tanya, I'm not plugging you in this time because you are up to the state of Nebraska's or the United States' amount of megahertz tanning units." Is that what you're saying? [LB132]

JOSEPH LEVY: I'll let the other speakers behind me... [LB132]

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SENATOR COOK: Okay. [LB132]

JOSEPH LEVY: ...testify exactly to that. But... [LB132]

SENATOR COOK: All right. [LB132]

JOSEPH LEVY: ...the federal government creates a schedule that we are trained to follow, and the units will not exceed the maximum time on the schedule. [LB132]

SENATOR COOK: Okay. [LB132]

JOSEPH LEVY: They technically can't do that. [LB132]

SENATOR COOK: Per visit. [LB132]

JOSEPH LEVY: Per visit, correct. [LB132]

SENATOR COOK: Okay. Thank you. [LB132]

JOSEPH LEVY: Yep. [LB132]

SENATOR CAMPBELL: Thank you, Senator Cook. Any other questions? Thank you, Mr. Levy. And we will look for the packet. [LB132]

JOSEPH LEVY: Yep. And... [LB132]

SENATOR CAMPBELL: Or someone will deliver it. [LB132]

JOSEPH LEVY: If I could say one thing in less than ten seconds? It is our desire to be a constructive player in this discussion. I presented a lot of material here; there's a lot more I could present. Happy to work with any of you on...with that. And I'll make sure that you receive this kit. [LB132]

SENATOR CAMPBELL: Thank you very much. [LB132]

JOSEPH LEVY: Okay. Thank you. [LB132]

SENATOR CAMPBELL: Okay, our next opponent. Good afternoon. [LB132]

DANA MORINELLI: (Exhibit 12) Good afternoon. I am Dana Morinelli; it's M-o-r-i-n-e-l-l-i. I started working in a tanning salon when I was in college, in a sense made my career working in the tanning industry. I am against any tanning bans. I've seen the industry grow and become more sophisticated and educated over time. When I

started working in tanning salons 14 years ago, you'd often hear clients say, "I have to get a burn before I can get a tan." The indoor tanning industry has worked really hard to get people to understand that you never want to burn. It took years, but we've been diligent, and now you don't hear that comment. People have become a lot more educated about UV light because of responsible tanning salons like the one where I work. We are very responsible, and we have our own industry standards in place that the salons in Nebraska already use. First, we determine all the clients' skin type before we allow anyone to tan. The skin type questionnaire, which you've all been given a copy of, scores a person based both on their heredity and their experience with UV light. Based on the client's score, we determine their skin type. We then set up a specific tanning schedule for each client. Each piece of equipment has an exposure sticker, which you've also been provided with, that shows the guidelines set by the FDA for exposure on each visit. We use these recommendations when setting up a client's exposure schedule. Additionally, as a responsible tanning salon, there is a group of people, who are Skin Type I, that we don't tan, as they are especially susceptible to burn and likely do not tan. This practice is typical in salons in the United States. The actual time to the tanning units is controlled through a computer system that sends the time to the unit. This allows for a controlled environment where the client cannot set their own time or try to extend the recommended session time. It is important to keep control over the client's exposure time as to not overexpose. This practice does not happen with in-home units or anyplace where units are unattended, which allows for easy overexposure. In addition to skin-typing our clients, we also check for photosensitivity by asking about any prescription drug use. Certain drugs may make people more susceptible or sensitive to UV light, and we take the time to discuss this with our clients. In addition to the skin-typing and photosensitivity check, we also check with the client about any possible side effects of UV light, and we have them sign a release form stating that they've understood these risks. We currently ask for parental consent on all clients under the age of 16. We ask that the parent or guardian be in the salon with the client to give permission for their child to use our facilities. We are already asking that parents be involved in the decision for their child's tanning, and we have been doing that for a long time. So, as you can see, we are being very responsible with each one of our clients. We are already doing most of what is asked by this bill, and we are doing so voluntarily statewide. So we feel no further legislation is necessary. [LB132]

SENATOR CAMPBELL: Okay, questions? I really apologize, you said your last name so quickly... [LB132]

DANA MORINELLI: Oh, sorry. [LB132]

SENATOR CAMPBELL: ...and I apologize... [LB132]

DANA MORINELLI: Morinelli. [LB132]

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SENATOR CAMPBELL: Morinelli. [LB132]

DANA MORINELLI: Yes. [LB132]

SENATOR CAMPBELL: Okay. I wanted to make sure I got it right. And I just didn't write fast enough. Questions from the senators? Senator Howard. [LB132]

SENATOR HOWARD: Thank you for your testimony. I was just wondering, if somebody went to one Ashley Lynn's... [LB132]

DANA MORINELLI: Um-hum. [LB132]

SENATOR HOWARD: ...is this entered into a computer and then... [LB132]

DANA MORINELLI: Yep, it's all computerized, and we have... [LB132]

SENATOR HOWARD: ...and then if they go to another one... [LB132]

DANA MORINELLI: Exactly. It's... [LB132]

SENATOR HOWARD: ...it sort of follows them? [LB132]

DANA MORINELLI: Exactly. [LB132]

SENATOR HOWARD: Okay. [LB132]

DANA MORINELLI: Yep. The same with if they tan in one facility, it's going to be immediately in all of our facilities. [LB132]

SENATOR HOWARD: And then I notice there's not sort of a check box for medication that they're on; they're just supposed to tell you... [LB132]

DANA MORINELLI: Yeah, and it's... [LB132]

SENATOR HOWARD: ...when they come? [LB132]

DANA MORINELLI: Right. And it is something that we would have a conversation about, that...not explicitly written on there, but we do have a list as well, that's available, of all the known photosensitizing medications. [LB132]

SENATOR HOWARD: Sure. And, just anecdotally, what's the youngest person you've ever seen tan in your tanning salon? [LB132]

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DANA MORINELLI: The minimum that we do allow, with parental consent, is 14. [LB132]

SENATOR HOWARD: Okay. Thank you. [LB132]

DANA MORINELLI: Um-hum. [LB132]

SENATOR CAMPBELL: Senator Gloor. [LB132]

SENATOR GLOOR: Thank you, Senator Campbell. Thank you, Ms. Morinelli. What would you guess is the percentage of clients that you provide this service to that are under age 18? [LB132]

DANA MORINELLI: I don't have that information. I guess I don't know; I wouldn't be able to have a good guess for you. I could get that for you, though. [LB132]

SENATOR GLOOR: I'd like to know. [LB132]

DANA MORINELLI: Or someone behind me may have that information as well. [LB132]

SENATOR GLOOR: Okay. Thank you. [LB132]

DANA MORINELLI: Um-hum. [LB132]

SENATOR GLOOR: Trying to figure out how big an issue this is. [LB132]

DANA MORINELLI: Um-hum. [LB132]

SENATOR CAMPBELL: Okay, any other questions from the senators? Ms. Morinelli, I just want to be sure I'm very clear about this. So you go through all this and you enter it in. And I'm assuming that you have some suggested time, so I couldn't come in Monday, Tuesday, Wednesday, Thursday, Friday? Could I come in every day? [LB132]

DANA MORINELLI: The current guidelines state that you could come in every day. What we do pass out to all of our clients following their filling out of the skin-typing form is a schedule. And it would give them a schedule within their first 14 days the number of visits. And we do not recommend that anyone comes every day; but, you know, there will be people who do that. [LB132]

SENATOR CAMPBELL: Okay. So I could come in every day even though there would be some points here at which I would be more at risk... [LB132]

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DANA MORINELLI: Correct. But we... [LB132]

SENATOR CAMPBELL: ...of burning or whatever, you know, having rednesses... [LB132]

DANA MORINELLI: The exposure time would be looked at extremely carefully in that situation, and it wouldn't be increased. [LB132]

SENATOR CAMPBELL: Okay. That helps. Thank you. [LB132]

DANA MORINELLI: Um-hum. [LB132]

SENATOR CAMPBELL: Any other questions? Thank you very much for bringing...oh, sorry, Senator Crawford; did you have a question? [LB132]

SENATOR CRAWFORD: Yes. So if someone comes in and is in that "doesn't tan" category... [LB132]

DANA MORINELLI: Uh-huh. [LB132]

SENATOR CRAWFORD: ...then what happens? [LB132]

DANA MORINELLI: We just inform them at that time that, you know, due to our policies and they're in that category of clients who is probably not going to develop a tan, that we, as our procedures, do not tan them. But we do, alternatively, have, you know, the spray tan, which is UV-free, that we would offer to them. If that's something they chose to do or not, that would be up to them. But, you know, basically, really they're just turned away. [LB132]

SENATOR CAMPBELL: Okay. Any other questions? Thank you very much. [LB132]

DANA MORINELLI: Thank you. [LB132]

SENATOR CAMPBELL: Our next opponent. [LB132]

BARTON D. BONN: Good afternoon, Chairwoman Campbell. My name is Barton D. Bonn; that's B-o-n-n. I live in Omaha, Nebraska. It's also where my company is headquartered; it's called Ashley Lynn's Tanning. We employ around 100 people in the state of Nebraska, and they're spread through many of the communities throughout the state. In fact, as I've listened to where each of the senators are from, I have a salon, basically, in or near every one of your districts. In fact, my company started in your district, Senator Crawford. Let's see. I am here to speak against this specific legislation the way it is written. If it becomes law, it would become the harshest standards within

the country. And I think that we can do better than that. If we're going to write some legislation, I want to be able to participate in it. And I'll have to say that the way that this came together is a kind of attack, whereas I'd like to participate. I think all the stakeholders need to be involved in it, and I'm certainly one of the biggest. I'm not trying to say, dermatologists or medical community do something; but they're certainly trying to tell me what I need to do in my industry. So I think I have a lot to offer in what would be making the best piece of legislation. Right now I think it's the worst piece of legislation, for a few reasons. But I just want to be able to participate. And I also think if we're going to do this, I really do appeal to you. They have very strong feelings. They work in their areas; they have their own life experiences that you've heard from. But really I'm counting on this senate committee to exercise in fairness, common sense, based on historical data and scientific evidence. But that takes time. You heard Joe Levy up here, and there's a mountain of information on this; it's a fascinating subject. And what we really need to do is, I think, find a balance in what's going on. There's an awful lot of research on the positive effects of sunlight. And...but those research studies seem to go on for decades. But there is a trend, and the evidence keeps moving in that direction. And I hate to see our industry cut off, when, in fact, we could play a much bigger role in the future as more of this research is conducted. But I'm going to bring it down to kind of a more practical experience. You know, my brother was born on August 4, 1962, the same day as President Obama. And as it turns out we happened to be in Hawaii growing up, playing on the same beaches; we went almost every day. The President spoke fondly of that. He took his family there for the last two weeks, and clearly he went there to enjoy the sunshine. And I lived in it. I played water polo in southern California; I lived...spent four hours of the day in the water. Everything we did for social activities seemed to be around a swimming pool or the beach. And when you come here to Omaha, it's...or to Nebraska, it's very much the same case. When you go to the city pools, it's an all-day experience when you go there. If you go to Mahoney State Park and you go to that swimming complex, you'll see families there with toddlers on up to grandparents. And they're there for hours. But in that experience that day they're going to get far more UV exposure in that day, as a family in that experience, than they will in one of my moderate tanning sessions. They'll get as much UV exposure, measured in joules, you heard Joe talking about that, than one of my regular tanners, a regular tanner, will get in more than a month. So we teach moderate tanning, avoid sunburn. And we think that we helped educate the general community on that. Really, 20 years ago everybody thought they needed a sunburn to kick things off. We believe that the evidence is that most of the harm that was being referred to comes from sunburning, not sun exposure. That sun exposure does quite a bit. You listened to a nurse from Creighton talking about the Vitamin D. Well, UV light is your primary source of Vitamin D; sunlight is. All we are is a simulation of that. So I also want to point out to you, and I'm almost out of time here, though, but the object of this bill isn't about regulating use outdoors. You know, they're not talking about putting all these warnings up banning people from going to a swimming pool under the age of 18. It's all about the equipment. Well, the equipment is regulated by the Food and Drug Administration. And

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really, they did write the best regulation in the world. They studied it for years and wrote the regulations 20 years ago. And immediately the American Academy of Dermatology, 20 years ago, called for the FDA to ban the equipment entirely. Well, the FDA said no. The scientists at the FDA said, you don't have a compelling argument. And every year they go there to talk to these scientists, but they cannot convince them to change what the government scientists wrote as the regulations. We didn't write the regulations; we didn't set the exposure schedules. There's been a lot said about the intensity also...oops, I see my red light too. [LB132]

SENATOR CAMPBELL: I think we will go to the questions, Mr. Bonn. [LB132]

BARTON D. BONN: Okay. [LB132]

SENATOR CAMPBELL: Questions from the senators? We'll start with Senator Gloor. [LB132]

SENATOR GLOOR: Thank you, Senator Campbell. Mr. Bonn, you've testified in front of this committee on a similar bill, haven't you... [LB132]

BARTON D. BONN: Yes. [LB132]

SENATOR GLOOR: ...in the past couple of years? [LB132]

BARTON D. BONN: Yes. [LB132]

SENATOR GLOOR: Well, pardon me, but I can't be real sympathetic for your plea that, gee, I'd like to be part of the conversation, when you've already been here once for a bill that was aimed towards regulating your industry in some way, shape, or form. That should have been a wake-up call for you that this is an issue and one that's likely to come back and back and back depending upon what happens with this particular bill, I think. So take the initiative if you've got some ideas about mandatory training for people who work in tanning salons and use these beds. But to sit in front of the committee and say, gee, how come I haven't been part of this dialogue? You were part of the dialogue a couple years ago when we talked about legislation. And I think you have a responsibility, rather than complain to the committee that you're caught off guard, to take the initiative yourself rather than sit here and complain to us. [LB132]

BARTON D. BONN: Well, I would like to answer that. Two years ago, Senator, I was the one that asked to introduce the legislation. And at that time I called for a higher standard of training to get a certification level at the state, and this committee didn't pass it out of committee. I was the person behind that. [LB132]

SENATOR GLOOR: But have you done anything with that since that period of time,

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take the feedback from that initiative, work with... [LB132]

BARTON D. BONN: Well, I... [LB132]

SENATOR GLOOR: ...the senator that introduced it for you? I mean, this can't be a surprise to you, that there are a level of... [LB132]

BARTON D. BONN: Well, I don't think it is a surprise to me. Like I said, two years ago I initiated the legislation, trying to increase the level of training standards in my industry. That was my piece of legislation that I asked Senator Smith to present; it didn't get out of here. In the meantime, though, I have had other legislative challenges on my industry. As part of the health care bill, there's a 10 percent excise tax that was added to the bill. And that's been devastating to my industry. That flipped over in the last five days of that piece of legislation. Initially it was going to be a 5 percent cosmetic surgery tax, in other words, Botox, which is going to be on the dermatologists largely...many others, I don't mean to, really, single them out. But that coalition got together three years ago and flipped that tax over in the last five days of that vote, and it wound up being a 10 percent tax on my industry. In the last three years in the state of Nebraska, 48 percent of the tanning salons have closed. That's where I have been putting my legislative efforts, in trying to get tax relief from that. I'm not trying to dodge what should be regulated, because, honestly, we work to a very high level, and I'd like to see a high level of performance. And I'd like to do it in a cooperative way with all the parties that are concerned. But I do not believe in sun abstinence. I think that that's a real health problem. You know, sun abstinence...melanoma has been increasing since the 1930s; it's been on a steady rise. And there's a hypothesis...because I think when they say "settled science," I don't quite go that far. I think it's a hypothesis. So here's the hypothesis that I see. And that is that our changing society has taken us further and further away from outdoor work. You know, 50 years ago half the people worked in agriculture. Today it's, like, 1 or 2 percent work in agriculture, and they're in the sun. And with that has been a steady rise of melanoma. Most melanoma cases occur in people that work in indoors, not outdoor type of jobs. [LB132]

SENATOR GLOOR: Let me... [LB132]

BARTON D. BONN: I'm rambling. [LB132]

SENATOR GLOOR: Well, and what I appreciate is your comment about cooperation. Senator Smith is a good senator... [LB132]

BARTON D. BONN: Um-hum. [LB132]

SENATOR GLOOR: ...represents you well. And I have a lot of faith in some of the work that he does that I've worked with him on. So here's an opportunity perhaps during the

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interim: if you have legislation that you think would be helpful to the industry, Senator Smith and I could certainly sit down and meet with you. And I'd be happy to sit down and talk about some of the ideas you have and some of the things that we can do that you think would be an improvement on your industry. And, by the way, I'm sorry about the excise tax. We don't have anything to do with it, but I do think it's a problem for large segments of the healthcare industry. [LB132]

SENATOR CAMPBELL: Other questions? Senator Howard. [LB132]

SENATOR HOWARD: Thank you for your testimony. And thank you, Madam Chair. Do you feel that Ashley Lynn's is sort of the gold standard for checking on, you know, eye color, hair color, how long you usually tan, what your skin type is, and getting parental consent? [LB132]

BARTON D. BONN: I think we do a very good job, but I think my primary competitors also do a very good job; I think that they reach an industry standard. And I suspect, Senator Campbell, that place that you tanned at may not be in business anymore. I don't know; I'm just kind of guessing. Those that are in business now, I think that, yes, they generally do achieve that standard. [LB132]

SENATOR HOWARD: Do they ask for parental consent, do you know? [LB132]

BARTON D. BONN: Yes, you know, it is an unregulated state in that regard; however, we've adopted that practice from the very beginning, 20 years. And I can't think of a salon that doesn't do it. But we definitely do do it. We've asked for parental consent for 14- and 15-year-olds. Some may go 16- and 17- as well. I find that they're pretty headstrong by the time they get to be 16 and 17, don't even want to ask for that, let alone the keys to the car. But if that changes, that's a simple change to say parental consent, you know, 14 through 17. And what's interesting, too, is the age 14, it came from our insurance company 20 years ago. Never even seen those people, you know, but they're the ones that said 14, and that's been our industry standard since. There have been a few exceptions to...when someone younger than 14 has tanned. I've always been the person that's authorized the exemption. It's always included a medical doctor that's made a request. In fact, recently one from Creighton came over that has a severe case of psoriasis, couldn't afford the copays. And the dermatological clinic contacted us to ask for our assistance, so we helped. Anyway, there's a few. [LB132]

SENATOR HOWARD: Thank you. [LB132]

SENATOR CAMPBELL: Any other questions? Thank you, Mr. Bonn. [LB132]

BARTON D. BONN: Yeah, I would just encourage you to also come in and see how we do our procedures. They're close. I think that we would impress you enough, I hope.

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Thank you. [LB132]

SENATOR CAMPBELL: Thanks, Mr. Bonn. Our next opponent. Good afternoon.
[LB132]

MONICA PARRIS: (Exhibit 13) Well, hello. Good afternoon, Senator Campbell and everyone on the Health Committee. My name is Monica Parris, P-a-r-r-i-s; I am born and raised in Lincoln, Nebraska. I've been in the tanning industry since 1985. I opened up my first salon in 1992 with the help of my grandmother. I am here today in regard, obviously, to LB132 on behalf of myself, my family, but my staff. As I said, I've been in this industry since '85. And I'm not going to get the specific day of when I found this out, but tanning units were classified as a Class I medical device when I began. It wasn't up until recently, when we did have the additional 10 percent excise tax, that they changed the classification. But we were considered a medical device. I think that that's important to remember. We don't chase after something that's harmful. That's not how I got started in this business, and that's not what I represent. I've made each of you a packet of information down in my little office upstairs at my home. In it you will see that voluntarily I have been doing parental consent forms. On there you will see that not everyone is able to tan. I have the right to refuse business, do not overexpose. There's a medication list. And the parent must come in to tan if the child is okayed to tan. I did that...we've done that on our own. I want to address something. I will say, when I first started in '85, they didn't have computer systems; '85, you know, through '89-90, our industry didn't have the computer systems to monitor. We have that now, to take initiative, to address...I'll take initiative right now and say, the apartment complexes with a tanning bed, the health facilities that you just have to go in and swipe a card, no one is in there monitoring; there is no computer system. I do monitor every session, what room, who put them in, how long, every single day, and I've been doing that since Day 1. To initiate some law, make everyone that has a tanning bed have that ability. So that if a mom wants to call me up and say, "How long did little Joe Smith go last week?" I can tell her. If the mom would like to tell me, "I wish for her only go two times, six minutes." Okay; that's fine. I think that we need to be realistic. There is no good from cigarette smoking, we know this. In that packet you will see, I went to a Web site, it is a dermatology Web site. On that Web site you will see a printout of a tanning unit that you can purchase for your home for phototherapy, as well as there is questions about the comparison of UVA, UVB...but the UVB that I can get from my equipment, which is a broadband, versus what is in a dermatologist's office, which is a narrow-band UVB. All lamps are made up of UVA tanning/UVB burning. The reason that they do have shorter dosages is because it does have a higher amount of UVB. We don't get those lamps for our units. We don't purchase those types. It would not behoove our business to purchase that type of a lamp and put it in my equipment, but I could. You also see in that printout that...light source. That is a company I buy my lamps from. There is only four lamp manufacturers in the world. We all purchase from the same buying pool. So there is a choice to be made. If we can stay within guidelines, that would be my

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initiative. I would like to add, on the Class I carcinogen: so is my hormone pill that my doctor prescribed to me for my hysterectomy. So I guess when we're looking at carcinogen and what they are, there is a broad band of what we're really looking at. And to be somewhat honest, and I think we all know 7-year-olds and 17-year-olds go to the pool for different reasons: one plays in the baby pool, and one is lying outside. I would think that it would be cohesive for--I don't care if you're 17, 37, 67--to all be educated about exposure: when you're on vacation; when you're out at a friend's pool; when you're at Star City Shores; when you're indoors at a home tanning unit, which in here you will see. I printed off a copy, on Craig's List, of the home tanning units. I think that's going to go up. Therein lies a problem: who's monitoring that? It would be cohesive if we did merge together and educate everybody, I don't care the age. Is there any questions I can answer? [LB132]

SENATOR CAMPBELL: Thank you, Ms. Parris. [LB132]

MONICA PARRIS: Sure. [LB132]

SENATOR CAMPBELL: Questions from the senators, on the handouts? Senator Gloor. [LB132]

SENATOR GLOOR: Thank you, Senator Campbell. Thank you, Ms. Parris. [LB132]

MONICA PARRIS: Yes. [LB132]

SENATOR GLOOR: Can you tell me what percentage of your clientele...? [LB132]

MONICA PARRIS: It's very small. It is very small. [LB132]

SENATOR GLOOR: Less than 10 percent? Less than 15 percent? [LB132]

MONICA PARRIS: I'm going to say, comfortably, less than 15 percent, probably under 12 percent. We do make a parental consent, always have. And we did this by the FDA and our insurance guidelines. [LB132]

SENATOR GLOOR: Okay. Thank you. [LB132]

MONICA PARRIS: I wouldn't be in business for 21 years if all I did was burn people; that doesn't make a successful business. But I will agree, an unmonitored, uneducated...you have a bed sitting in an apartment complex, a bed at a health club that...there's no one in there; you've just got to know the code to get in the front door. That is irresponsible, and it is unprofessional. But that's not me, and that's not the salons that I'm with or that I work with. We don't operate like that. [LB132]

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SENATOR GLOOR: Okay. Thank you. [LB132]

MONICA PARRIS: You're welcome. [LB132]

SENATOR CAMPBELL: Any other questions? Okay, thank you very much. [LB132]

MONICA PARRIS: You're welcome. [LB132]

SENATOR CAMPBELL: Our next opponent. Good afternoon. [LB132]

MICHELLE GRUBBS: (Exhibits 14 and 15) Hello there. Get my...now I can see you. Good afternoon, members of the Health Committee. Thank you for allowing me the opportunity to testify today. My name is Michelle Grubbs, and I own Max Tan...or Grubbs, G-r-u-b-b-s. I own Max Tan tanning salons here in Lincoln. We've operated a responsible, professional business for over 20 years. I'm here today to express my opposition to LB132, the Skin Cancer Prevention Act, both as a business owner and as a parent. I believe this bill is unnecessary. As you've heard from my colleagues, the Nebraska professional salons already self-regulate, and there's no reason to think that we have been irresponsible at all. In fact, we were here a few years ago and presented to the committee our operational procedures, and they were satisfied. I guess I just don't understand why we're at this juncture again. The difference in this bill is it not only implies that we as professional salons are acting irresponsibly, but that Nebraska parents are unable to parent responsibly. Senator Nordquist and others have stated that if we regulate other behaviors such as alcohol, tobacco, tattoos, body piercing to protect young adults from long-term consequences, then we have a responsibility to protect our vulnerable youth from preventable skin cancers. And while this sounds noble, is that really what this bill is? We all know there are no health benefits to tobacco use. We also know that any infant, with parental consent, can get their ears pierced. I don't want to focus on these issues; I would rather make a more linear connection. I have copies from the American Cancer Society, Stanford Medicine, that state that most skin cancer is caused by too much exposure to ultraviolet rays, and most of this exposure comes from the sun. The American Academy of Dermatology encourages everyone to protect their skin from overexposure by applying sunscreen, seeking shade, and wearing protective clothing. So if we're really interested in protecting our vulnerable youth from preventable skin cancer, wouldn't it make sense to start with what is the most blatant? And that would be banning youths from our swimming pools, where they can get unlimited UV exposure with much greater chance of overexposure. Why would we begin with a business that goes to great measures...again, as my colleagues have also testified to, we go to great measures to educate the importance of gradual exposure, both indoors and outdoors; and we're the only business that actually monitors and limits the amount of UV exposure one can receive. As this bill is written, this appears to be an issue of controlling not how much exposure to UV, but rather controlling who and where, more importantly, where they get it. The majority of parents do not support this. I do not, as a

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parent. This bill will accomplish, I believe, the exact opposite of what I believe the sponsors intended. Independent studies have established that teens will simply tan more aggressively outdoors, or they will turn to unregulated home tanning units. Our present procedures work; our operational procedures work. We already voluntarily involve parents in the decision with their children by getting written consent. I'm not asking you to like my business or to use it, but I am asking you to not dismiss these facts. And I thank you for your consideration. [LB132]

SENATOR CAMPBELL: Thank you, Ms. Grubbs. Questions from the senators? I do have one question. [LB132]

MICHELLE GRUBBS: Um-hum. [LB132]

SENATOR CAMPBELL: You brought forward the letter. Did you want to mention that? [LB132]

MICHELLE GRUBBS: I'm sorry. Enclosed in that, as well, there is a letter from another tanning salon owner in Valentine... [LB132]

SENATOR CAMPBELL: Okay. We'll... [LB132]

MICHELLE GRUBBS: ...for your... [LB132]

SENATOR CAMPBELL: (Exhibit 15) We'll note for the record that we received a letter from Becky J. Pettigrew, owner of Nails by Becky in Valentine, Nebraska, opposing the bill. [LB132]

MICHELLE GRUBBS: Thank you. [LB132]

SENATOR CAMPBELL: Um-hum. Anything else? Thank you for coming. [LB132]

MICHELLE GRUBBS: Thank you. [LB132]

SENATOR CAMPBELL: Good afternoon. [LB132]

STEVE GRASZ: (Exhibit 16) Good afternoon, Senator Campbell and members of the committee. My name is Steve Grasz, G-r-a-s-z. I'm an attorney with Husch Blackwell, and I'm appearing today on behalf of the Nebraska Indoor Tanning Association. This bill is an unwarranted and heavy-handed intrusion by government into small business in Nebraska. According to an analysis by the National Conference of State Legislatures, only two states, Vermont and California, have enacted a ban on tanning for persons under 18. I have reviewed the NCSL report on indoor tanning restrictions, and I've also examined the actual statutes from Vermont and California. If enacted, LB132 would be

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the most extreme tanning regulation in the United States. LB132 makes it a criminal offense to allow a person under 18 to be exposed to UV light in a tanning facility, the same type of light that comes naturally from the sun. Even Vermont does not go that far. Vermont makes violation of its law subject to a civil penalty rather than making it a crime. Vermont's warning requirement is also less extreme in its language. California's law is in some respects just as onerous as LB132. However, California does not make a first violation a crime. California's warning requirement is similar to LB132, but does contain slightly less inflammatory language than LB132 about the need to consult a physician before tanning. It should not go without mention here that the state of California, which has probably the most restrictive bill in the United States, simultaneously spends multiple millions of dollars each year maintaining and promoting public sunbathing areas where minors go to receive exposure to UV light without any regulation and in a setting far more likely to produce the sunburns associated with severe skin damage. As drafted, the purpose of this bill appears to be to destroy small businesses that sell the same thing people get by lying on the beach or sitting at an outdoor event. The bill requires prominent posting of government-mandated language designed to scare away uneducated customers by referring to UV light as "dangerous radiation." All light, of course, is electromagnetic radiation. The bill requires tanning businesses to implement strict photo ID provisions for all customers of all ages. Even the very name of the bill, apparently unique to Nebraska, appears designed to push emotion ahead of rational debate and sound science. The committee needs to understand that this type of legislation is part of an agenda driven by the lobbying arm of a very powerful industry. Cosmetics companies and dermatology clinics stand to make literally billions of dollars in new business if the tanning industry is shut down or diminished. That is how much money the dermatology clinics have lost due to lower-priced competition from tanning salons. According to the National Psoriasis Foundation, only one out of eight Illinois dermatologists still offers phototherapy treatments for psoriasis, due in large part to their high copayments. If UV light is so dangerous that it needs to be made a crime to expose someone under 18 to it and to require dire warnings be posted to the public, why does this bill contain a blanket exemption for dermatologists who use similar equipment? Likewise, why does this bill make it a crime for a Nebraska dermatologist to refer a minor patient needing psoriasis treatment to a tanning facility? Referrals are not uncommon, due to the huge savings a patient can achieve. Why does this bill make it a crime for a doctor to refer a minor patient to a tanning facility for treatment of seasonal affective disorder? Conveniently, all of these patients will now have to be referred to the industry that is pushing this legislation. Finally, if UV light is so dangerous, why does this bill completely exempt the purchase and use of sunlamps and tanning equipment by persons other than tanning facilities? The fact is, this bill will push teens to tan in friends' basements, outdoors, or at home with their own sunlamps, all unmonitored and far more likely to result in skin burns. All of these things point to the extreme nature of this bill. If it sounds like I take this issue seriously, it is because I do. Three of my family members have had melanoma. None of them ever saw a tanning bed. I lost my father to melanoma when I

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was in my 20s. My kids think that I'm a sunscreen fanatic. However, I resent the use of tragedy and fear to push a political or economic agenda based on misrepresentations of research and the twisting of sound science. I protect my children from sunburns not sunlight. The anti-sunlight extremists literally want all of us to wear sunscreen and hats every time we go outdoors regardless of whether it's sunny. If you don't believe me, look at the recommendations on the Web site of the American Cancer Society. The avoidance of UV light will lead to increases in Vitamin D deficiency, disease, and depression. This bill is hopelessly flawed. If the committee has evidence that the indoor tanning industry is not following FDA exposure guidelines or acting irresponsibly, there are plenty of other states that have sensible legislation that we can emulate. LB132, however, should be sent back to the drawing board. [LB132]

SENATOR CAMPBELL: Thank you...is..."GRAH-say"...am I..."GRAHS"? [LB132]

STEVE GRASZ: Grasz. [LB132]

SENATOR CAMPBELL: Thank you. Questions from the senators, on the testimony? I guess I'm still kind of back on the question that we asked earlier, in terms of this being a market competition between the salons and the dermatologists, which I think you point to. Do you have any or know of a study by physicians who refer patients to the tanning salons; not dermatologists, but family physicians or so forth? [LB132]

STEVE GRASZ: I don't have that information. [LB132]

SENATOR CAMPBELL: Do you know of anything, sir? [LB132]

STEVE GRASZ: I know that it happens, because of the price difference in the...mostly because of the copayment. But I don't have a study that shows the number of patients. [LB132]

SENATOR CAMPBELL: All right. Any other questions? Thank you for your testimony today. Our next opponent. Anyone else in opposition to the bill? Good afternoon. [LB132]

HEATHER ALMOND: (Exhibit 17) Good afternoon. My name is Heather Almond, H-e-a-t-h-e-r Almond, A-l-m-o-n-d. I have made a career from the tanning industry, and I am the primary source of income for my family of five. The tanning industry is unique in its make-up. Most tanning salons are owned by women. Additionally, most of the tanning salon employees are women. Of these young women, some are married with families, others are single moms, and yet others are on their way to a bright career or in college. But what we all have in common is that we use this job to put food on our table, pay for our housing, and to be productive members of society. Our opposition's mission is to close all tanning salons, and this bill is yet another tactic they are using to

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accomplish their mission. In the past three years, 48 percent of Nebraska tanning salons have closed. My company could be next if more legislation assaults us this way. My company employs around 100 women like me in the state of Nebraska. To me, the thought of all of us losing our jobs is very scary. Our employees are held to high standards, and we ensure that each and every one of them are following the proper policies and procedures that we have in place to tan people. We do our best to never allow a client to be overexposed to UV light, whether the client is looking for a great tan, extra Vitamin D, or they are tanning for a medical condition. We strive to do it in a nonburning fashion. One concern I have is what will happen with the minors who do tan for medical purposes. We have several clients who cannot afford treatment in their doctor's office, so they are referred to us for phototherapy treatment. Are these children just out of luck because they don't have health insurance or they don't have enough money for the copay? I have actually included a handout for you to see an actual prescription that was written by a dermatology office to refer one of our clients, so that you can see that this does, in fact, happen. And in the actual note it does say: For phototherapy treatment. To me, the scariest part about the teen tan ban is the fact that professional salons will not be there to teach young people how to achieve the results that they're looking for without burning. I remember being a teenager and desiring that golden glow, and I spent hours in the sun whenever possible. I also used a sunlamp at my friend's house when I could do that, as well. In both scenarios I was always burning because there wasn't anybody to teach me about exposure times and the fact that I could actually get a tan without burning. If teenagers want something bad enough, they will find a way to get it. As a country, we have outlawed alcohol for anyone under the age of 21; yet on the American Medical Association's Web site, they estimate that 11 million American youth under the age of 21 drink alcohol. That is my fear with tanning. Alcohol is hard to get your hands on as a teen, yet 11 million are still able to obtain it. With UV light, it's everywhere; we can't keep it out of their hands. Teens are going to lie out for hours in the sun without proper protection; they are going to use their neighbor's tanning bed for an unlimited amount of time. And we will start to see teens with severe burns because nobody is there to regulate it. I'm coming to you as a tanning manager, but I'm also speaking as a mother of three children. If my child wants to tan or needs Vitamin D, I would rather have them in a tanning bed for a controlled amount of time than lying out in the sun for hours. Thank you. [LB132]

SENATOR CAMPBELL: Thank you, Ms. Almond. Questions from the senators? Ms. Almond, I have one question that's here. This obviously was a scrip written by a physician from Creighton University Medicine Clinic. How many physician scrips like this would you estimate you get in a year? [LB132]

HEATHER ALMOND: Actual prescriptions, we don't, because we don't require them. For this matter, that is an 8-year-old child, and I required it in order to give the child the treatment. But we do estimate there's between 15 to 20 percent of our clients are actually there for medical purposes. And...oh, sorry. [LB132]

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SENATOR CAMPBELL: No, go ahead. [LB132]

HEATHER ALMOND: And just so I could answer Senator Gloor's question: 5 percent of our clients are... [LB132]

SENATOR GLOOR: Thank you. [LB132]

HEATHER ALMOND: ...under age 18. [LB132]

SENATOR CAMPBELL: So this is really...this is an unusual situation for you to receive a medical scrip from a physician. [LB132]

HEATHER ALMOND: Yes, because they can refer without having a prescription if they're over the age of 14. So that would be the only reason why we don't get them. But if we were to have that regulation that required it, then I'm sure we would get many more. [LB132]

SENATOR CAMPBELL: And so in that year's time, in 1912...or, 1912 (laughter), 2012--I don't think you had any from then--this would have been the only example... [LB132]

HEATHER ALMOND: Yes. [LB132]

SENATOR CAMPBELL: ...because it was such a unique...and you required it. [LB132]

HEATHER ALMOND: Yes. [LB132]

SENATOR CAMPBELL: Okay. Thank you. [LB132]

HEATHER ALMOND: Um-hum. [LB132]

SENATOR CAMPBELL: Senator Krist. [LB132]

SENATOR KRIST: Was that your judgment, or is that the policy or procedure of the business that you work for? [LB132]

HEATHER ALMOND: That was our judgment. [LB132]

SENATOR KRIST: Your judgment, collective. [LB132]

HEATHER ALMOND: Yes. [LB132]

SENATOR KRIST: Okay. Thank you very much. [LB132]

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HEATHER ALMOND: Um-hum. [LB132]

SENATOR CAMPBELL: Okay. Any other questions? Thank you, Ms. Almond. [LB132]

HEATHER ALMOND: Okay. [LB132]

SENATOR CAMPBELL: Our next opponent. [LB132]

DEB DAVIS: Hi there. [LB132]

SENATOR CAMPBELL: Good afternoon. [LB132]

DEB DAVIS: My name is Deb Davis, and I am here as a parent whose children do suffer from a skin disorder, of eczema. [LB132]

SENATOR CAMPBELL: Ms. Davis, could you spell your name so the transcriber... [LB132]

DEB DAVIS: Oh, I'm sorry. D-a-v-i-s. [LB132]

SENATOR CAMPBELL: Thank you. [LB132]

DEB DAVIS: I'm here today as a parent whose children suffer from the skin disorder of eczema to express my feelings on the LB132 which is the Skin Cancer Prevention Act. Not only do I suffer from eczema, but both my children do as well. They were both first diagnosed, actually, as babies. We have had this eczema under control for a long time with moderate sun exposure, and topical creams the rest of the year. As they have gotten older, my son's condition has stabilized while my daughter's has not; it's actually worsened. She experiences painful flareups during the winter, scratching herself nearly to where she bleeds, which is not fun for a parent, when she's in pain. Two years ago, when Mattie (phonetic) was 14, our family physician finally referred us to a dermatologist, who did recommend photo-light therapy. My husband and I both work, and we both have...we have insurance. Our insurance premiums have not only risen from \$834 per month but to \$1,014 per month. In addition to a \$1,500 deductible and at 20 percent thereafter, the cost of photo-light therapy is 90 times the expense out of our pocket compared to tanning, with the same effect. I'd always known that tanning has helped my eczema, and I contacted one of our local professional salons and asked to speak to the owner to see if she would help Mattie. After much conversation, she did consent with the stipulation that Mattie and I would understand that it began at two minutes and would increase very, very slowly; and that we would advise them if Mattie experienced any sunburns, which she has not. Thankfully, twice a week now Mattie goes for six minutes each session and keeps her eczema manageable. This bill would

eliminate my daughter's treatments that is cost effective for me. I think that us Nebraska parents are responsible enough to parent. And for the financial cost, I don't know what else we would do; you know, having a high deductible, it is 90 percent less. So I ask you to please reconsider this bill and let my husband and I continue to parent. [LB132]

SENATOR CAMPBELL: Are there questions? Thank you very much for your testimony today. [LB132]

DEB DAVIS: Okay. [LB132]

SENATOR CAMPBELL: Our next opponent? Those who wish to provide neutral testimony? Senator Nordquist, I think we are back to you. [LB132]

SENATOR NORDQUIST: All right. Thank you, Madam Chair and members of the committee, for your patience today on what certainly is a very lengthy hearing. You know, I tend not to get too sensitive in this line of work, but I do take some offense to comments that I'm here to attack small businesses or I'm here to give some industry or profession a leg up over another profession. Those of you that have served with me I would think would think that is not what I'm here to do in bringing this bill today. As I said in my opening, this is a public health issue. We have teens, some of whom you've heard from today, who are battling skin cancer, fighting for their lives, because of a decision they made at a young age without the information that they should've. And even if they had the information, would they at that young age, with peer pressure, have made the right decision? Senator Howard asked a few times about recent research. Well, let me just reiterate a couple findings. Two thousand eleven: This is out of the International Journal on Cancer; the finding says an estimated 75 percent of melanomas in patients under 30 are attributable to the use of indoor tanning devices. Two thousand twelve: From the British Medical Journal, one of the premier medical journals in the entire world; it says the use of indoor tanning devices before the age of 35 increase the risk of malignant melanoma. Two thousand twelve: The Mayo Clinic cites that the cases of malignant melanoma have risen eight times as fast in young women since 1970. Senator Gloor talked about the ozone layer. I'm not certainly a proponent of global warming, of at least believing in global warming; but I question whether or not the sun and sun exposure among our population, amongst this young population, has increased eight times as fast. What has increased substantially since the late '90s has been utilization among young people of indoor tanning devices. So we had someone say, well, these are all scientific hypotheses. You're going to...all of you are going to be dealing with a number of bills this year that deal with controversial issues where there will be data on both sides of it. And we all have to be good analysts of that data that comes before us, and at some point we have to decide what data is accurate and what data is not. And coming from institutions, from publications like I read, the Mayo Clinic, organizations like that, the British Journal of Medicine, that is probably pretty sound medical evidence. Some of the other data presented today, again, is coming from an

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industry that just as recently as 2010 was fined by the FTC for deceptive practices. And I know you've also...regarding this as a battle with the dermatologists; you can see, from the testimony today and the letters given to you, that this goes beyond just dermatologists that are here supporting this bill. The National Safety Council, Nebraska, submitted a letter. The American Congress of Ob-Gyns, the American College of Physicians, the Nebraska Academy of Family Physicians, the Nebraska Academy of Eye Physicians and Surgeons, the Metro Omaha Medical Society, the American Academy of Pediatrics, the National Council on Skin Cancer Prevention, and the Melanoma Foundation, and an organization called Melanoma Research have all provided letters of support for you today. I would just leave you with a question. You've heard a few of the salons talk about their procedures today. I guess I'll go ahead and admit that about a year ago I was about ready to head to a Caribbean vacation. I planned a month ahead, thinking--before I had seen all this research--thinking that it might be good to get a little underlying tan. I went to one of the large facilities in Omaha, one of the large companies; my first walk in, my question was, how do you tan? I go: What does that mean? Do you burn easily? I said, yes, I'm a fairly pale person; I do burn easily. They said, I believe, Type II skin is what they recommended me. And they said, we'll start you at, it was, five or six minutes a time. I did that twice that week. I went back the next week. And never since that first visit had I been asked about how much time...or questioned on how much time. The next week I went and bumped it up a couple minutes. I left. A day later I had a burn all over me. And then towards the end of the month--I was...I had done it a couple times a week getting ready for my vacation--toward the end of the month I was moving up the minutes. And I got out one day and looked at the warning label. And I was over what was prescribed for Type II skin, on the warning label. I didn't think about it at the time. Certainly now, looking back at it with this research in mind, it is concerning. They don't...there isn't...well, there may be some good operators, I don't want to incriminate everyone; certainly my experience is not that. And I would just pose the question: If it is safe, why are insurance companies requiring certain regulations? And why have some of the better operators stepped forward with parental consent? Thank you. [LB132]

SENATOR CAMPBELL: Thank you, Senator Nordquist. Any follow-up questions from the senators? Seeing none... [LB132]

SENATOR NORDQUIST: Thank you. [LB132]

SENATOR CAMPBELL: ...we will close the public hearing on LB132. (See also Exhibits 18-23) And we will take a five-minute break. And I would ask, if you are leaving and not staying, would you exit very quietly... [LB132]

BREAK

SENATOR CAMPBELL: Oh, are you ready, Madam Clerk?

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DIANE JOHNSON: I just turned it on.

SENATOR CAMPBELL: Okay. We will reconvene and open the public hearing for LB54, Senator Wightman's bill to change the display of credential and advertisement provisions under the Uniform Credentialing Act. Senator Wightman, thank you for your patience, because you sat through most of the last hearing. So we much appreciate having you, and you go right ahead and start. [LB54]

SENATOR WIGHTMAN: (Exhibit 24) Thank you, Senator Campbell and members of the Health and Human Services Committee. For the record, I am John Wightman; I represent District Number 36. LB54 was introduced at the request of the Nebraska Medical Association to ensure that patients have accurate information regarding the credentials of healthcare providers who are providing medical care to them. The bill amends the current section of the Uniform Credentialing Act, Nebraska Revised Statutes Section 38-105, to encourage accurate advertisements and to identify the credentials of those healthcare providers who have direct patient-care interactions. The bill would do a couple things. First, LB54 prevents an advertisement from including any deceptive or misleading information which mistakes, falsely describes, or falsely represents the healthcare provider's skills, training, expertise, education, board certification, or what we sum up as the term "credentials." The general prohibition on deceptive advertisements in current law is strengthened to provide clear statutory authority for disciplinary action in the event there is deception about one's credentials. Second, LB54 requires healthcare providers who have direct patient-care interactions, those who see patients, to wear nametags which clearly identify the type of credentials they hold. The nametag would not apply if it is precluded by applicable sterilization or isolation protocols. It also would not apply if the interaction is not in a healthcare facility, practice facility, or if it happened to be an indirect relationship rather than a direct relationship with a patient. LB54 further requires students or residents in medical training to identify themselves as a student or resident as authorized by their respective practice acts. Unlike last year when a similar bill, LB1032, was proposed to cover athletic trainers, we believe this bill is narrower and excludes them. The interested parties have come forward with concerns that can be addressed through amendments. The emergency medical technician should be expressly excluded from the nametag requirement at the facility's door. That issue will be clarified by AM33 that I will propose for your consideration. The Nebraska Chiropractic Physicians Association have a good point that during some of their chiropractic adjustments a nametag would interfere with the treatment and even the safety of the patient. The pages have passed out a copy of AM33 that I offer for the committee's consideration as an amendment. It addresses both the EMT treatment and safety issues. In addition, the providers of mental health services may have valid concerns, but the language of an amendment is still a work in progress. Based on my own experience, patients need accurate information about the training and education of healthcare providers who are providing medical care to them.

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Long gone are the days when dress attire could distinguish physicians and others in a hospital, and the only credentials we had to track were RN for registered nurse and MD for a physician. In today's world, with so many credentials out there, this bill will stem the confusion and is good public policy. Thank you. [LB54]

SENATOR CAMPBELL: Thank you, Senator Wightman. Any questions from the senators? For the new senators to the committee, Senator Wightman had this bill before and has... [LB54]

SENATOR WIGHTMAN: A few changes, but pretty typical. [LB54]

SENATOR CAMPBELL: ...a few changes to it. And the amendment brings further changes. So...just so that you know we have heard this bill previously, and Senator Wightman added some changes. So we appreciate that, Senator. [LB54]

SENATOR WIGHTMAN: Thank you, Senator Campbell. [LB54]

SENATOR CAMPBELL: Will you be staying to close? [LB54]

SENATOR WIGHTMAN: Probably. I'll see how long it (laughter)... [LB54]

SENATOR CAMPBELL: Okay. Oh, I'm sorry. Senator Crawford. [LB54]

SENATOR CRAWFORD: Thank you. Thank you. I was wondering if you could respond to the concern raised in some of the letters saying that this would be better handled by the respective medical boards, professional associations. [LB54]

SENATOR WIGHTMAN: Well, you know, I think if we're going to have the credentialing, we probably need something broader than just voluntary action. And I just think it would be better handled by a statute on the situation. [LB54]

SENATOR CAMPBELL: Okay. Did you have a follow-up, Senator? [LB54]

SENATOR CRAWFORD: No, that's fine. [LB54]

SENATOR CAMPBELL: Okay. Thank you, Senator Wightman. [LB54]

SENATOR WIGHTMAN: Thank you. [LB54]

SENATOR CAMPBELL: With that, we will start the testimony for the proponents of the bill. The first proponent. Good afternoon. [LB54]

ANN FROHMAN: Good afternoon, Madam Chair, members of the committee. My name

is Ann Frohman; that's spelled A-n-n F-r-o-h-m-a-n. I'm the registered lobbyist here for the Nebraska Medical Association. I thank you for giving me the opportunity to testify in support of LB54. While we may not have quite the excitement we have here on this bill that we had on the earlier bill, it is nonetheless an important public policy, we believe. The question that has arisen that we've tried to narrow down from the last time this was introduced is to stem the confusion on: one, who is your doctor, your physician, who is treating you; and two, what can be advertised and promoted out there in the public in the Internet age, where information, you know, runs rampant and the ability to have kind of a baseline understanding of what's right and what isn't. And we worked on putting together a narrower bill this year, due to catching maybe a few too many in the mousetrap, so to speak. But what we want to do here is make sure that, in our own profession of the medical association members, that they're very willing to recognize that the transparency issue is very important. And the American Medical Association has put together a campaign nationally that works to promote this endeavor. And we didn't want to go as far as, like, Pennsylvania that is requiring photo IDs, but we wanted to go far enough so that folks can engage when they're in a patient setting, see the credentials, and maybe start a discussion, what is, you know, the credentials behind your name, and so folks understand whether the individual that's taking their blood pressure has a different set of credentials than the one giving the injection or another one entering the patient setting. We are continuing to work; it's still baking in the oven, so to speak. We have one more item we are working out, as Senator Wightman said, and that is with regard to the mental health providers. So we hope to get that one worked out here pretty quickly. [LB54]

SENATOR CAMPBELL: Questions for Ms. Frohman? Senator Krist. [LB54]

SENATOR KRIST: Beyond a doubt, every hospital setting that I've been in in the last couple years is an extremely intense security environment, usually security officers roaming around the hallways. Creighton University hospital, Alegant: I'm seeing Alegant nametags with pictures on them. That's individually mandated and controlled by your profession and those hospitals. And to a person, I don't believe that I have not seen identification on the individuals. I'm still not sold, as I wasn't when...as I was not when we saw this before, that we need to tell you how to badge and ID your community. So I'm still a little vague on why you want us to tell you or put it in some kind of credentialing format. I think you do a pretty good job of taking care of your folks and making sure that those hospitals and the organizations that are out there are indeed properly...they are qualified and they're properly credentialed. So you can respond to that if you'd like to. [LB54]

ANN FROHMAN: And I appreciate that. And we as the members of the Nebraska Medical Association are asking for it. There are some distinctions between, you know, the clinical setting of a physician's office and a hospital setting, as Senator Gloor would know. Administration is different; you have top-down management like any larger

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business. But when you're dealing with physician practices, you have many different opinions on what should be done. And that makes it more difficult to get a uniform consensus. You have a lot of mid-level challenges as well that we think need to be resolved. You know, as Senator Wightman said, it's not simply the MD and the RN; we have a lot of white coats we don't regulate in that manner. So this, I think, benefits the patient, very much so, in being able to know, you know, who they're dealing with. I personally have my own story to tell on this. So when this bill came up I thought it was rather interesting, because I had received an allergy injection that involved a medical error in a physician's office. These things happen. When it came to light and we figured it out the following day, they were very puzzled because it took them five days to figure out who had given me the injection within their own office. And they were embarrassed about that. I wasn't alarmed. I survived. I went to work, had a normal day. But they were quite puzzled about that. So from my own perspective, I think it is a good public policy to move in this direction. And I think, overall, a majority of the physicians are very supportive of this. [LB54]

SENATOR KRIST: How would you propose that we enforce this? I mean, if I walk into a doctor's office, having been in part of this august group that passed this piece of legislation, and I see a doctor who I know very well or a nurse I know very well that don't display their credentials, do I turn them in? Do I write them up? Are they sanctioned? Are they penalized for forgetting their ID in the morning? [LB54]

ANN FROHMAN: Well, I can tell you that the board isn't going to pay attention to it unless there is some sort of harm involved. And so when laws like this go on the books, there is a sense of reason that you have to put on enforcement and priority of what the issues are. Now if you have a patient that is injured, and they're trying to figure out, because of some confusion in who did what and maybe they didn't have the correct credentials to be performing what they were doing, and the patient, had they known through a nametag and identified, they could have asked certain questions where they may have made a decision differently, those are the sorts of issues that I think bubble up to enforcement, not the others. And I can't see anybody spending any time on, you know, well, where's your nametag? And we also have in the amendment even a recognition of that. You know, there's...it's incumbent upon these professionals to know when it interferes with their patient relationship. So it's...I think it's quite workable. [LB54]

SENATOR KRIST: Thank you. [LB54]

SENATOR CAMPBELL: Other questions? Senator Gloor. [LB54]

SENATOR GLOOR: Thank you, Senator Campbell. I think, Ann, when we talked about this before, my concern is that we end up with nametags that have alphabet soups. You know, you've got MDs, DOs, DCMs, DVI or DVMs. You know, you could put down the descriptive acronym that describes you within the industry, but it doesn't mean anything

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to the patient. And so I wonder about whether we set ourselves up for legislation that people can comply with, but it's still uninterpretable to the patients... [LB54]

ANN FROHMAN: See, I think... [LB54]

SENATOR GLOOR: ...themselves. [LB54]

ANN FROHMAN: Senator, I think it starts a conversation. It allows the patient to say: Oh, I didn't know you had a DVM...well, wrong one, but (laughter), you know, an MP; what...you know, what is that? So it allows the...this is why we want the bill. The transparency allows the conversation to start, where they can have the discussion of, well, what's the difference between you and an MD? And these discussions, you know, people...the flurry of activity in and out of the room. Yeah, you're correct; nobody is going to know. But we do have these list of credentials we spent a lot of time putting together in a uniform fashion, and I think it's a...it's well served to let folks know that they mean something. [LB54]

SENATOR GLOOR: Okay. [LB54]

SENATOR CAMPBELL: Other questions from the senators? Ms. Frohman, I have to admit to you that the most helpful thing when my husband was in the hospital a year ago wasn't that somebody had a nametag on, it's that they said their name and they said what they did, because there were numerous times when he didn't have his glasses on; he couldn't read it. I mean, he wouldn't have been able to read their name. And when they came in and said, I'm David So-and-so, this is my credential, I mean, and this is what I do, and this is how long I've been at the hospital; that was really reassuring... [LB54]

ANN FROHMAN: Um-hum. [LB54]

SENATOR CAMPBELL: ...because he couldn't read it; you know, he was flat... [LB54]

ANN FROHMAN: I had a...I have a... [LB54]

SENATOR CAMPBELL: ...and he didn't have... [LB54]

ANN FROHMAN: Yeah. [LB54]

SENATOR CAMPBELL: ...he wasn't wearing his glasses all the time. [LB54]

ANN FROHMAN: Yeah. [LB54]

SENATOR CAMPBELL: And I worry about the fact that we put so much emphasis on

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what's here, when the emphasis really ought to be the introduction of that professional... [LB54]

ANN FROHMAN: Um-hum. [LB54]

SENATOR CAMPBELL: ...to the patient. [LB54]

ANN FROHMAN: Interesting point. I have a father with hearing loss, and we have struggled...I've been in the rooms because he can't hear. And there are many folks, you know, we're all aging and have our issues. But it's the opposite issue: well, if they had a nametag, I could (inaudible) have saw...I may not have been able to hear what he said... [LB54]

SENATOR CAMPBELL: Yeah. [LB54]

ANN FROHMAN: ...but...so it's... [LB54]

SENATOR CAMPBELL: But you'd be able to see it. [LB54]

ANN FROHMAN: ...I see your point. [LB54]

SENATOR CAMPBELL: Senator Krist. [LB54]

SENATOR KRIST: I don't want to belabor this, but the next thing I see is for the blind to come in here and demand that we put Braille on and then that you get close enough so I can read your nametag with Braille. I just...I don't see it. I'm like Senator Campbell. If I'm in a medical environment and it's a big hospital, I don't worry about it, because they're badged, they're credentialed, I know that they need to be there. But I like a doctor who says, or a nurse or anyone who says: I'm here to help you, this is my name, and let's go. So I'm struggling with why you want us to tell you how to regulate your group, your professional environment. So...that's all. [LB54]

SENATOR CAMPBELL: Any other questions? Ms. Frohman, did you want to make any other comments? Senator Crawford, you have a question... [LB54]

SENATOR CRAWFORD: Yes. [LB54]

SENATOR CAMPBELL: ...I can tell. [LB54]

SENATOR CRAWFORD: Thank you. Thank you, Senator Campbell. Could you speak to the advertising portion of the law, is that of concern to you, or is that a reason that you would support the bill? [LB54]

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ANN FROHMAN: We think that it makes sense. Again, as I said earlier, you know, advertising, the fact that we have these credentials, there has been some, you know, opportunities out there for misuse and confusion in the public in terms of what folks are certified and authorized to do. And we haven't had any opposition on that piece of it. [LB54]

SENATOR CAMPBELL: Senator Crawford, I think some of this comes from your conversation with me very early on when you came and said...I noted that you had a Ph.D., and I said, "Dr. Crawford," and you responded and said, "But I can't..." what? What was the...? [LB54]

SENATOR CRAWFORD: Not the kind that can do you any good. (Laughter) [LB54]

SENATOR CAMPBELL: And so, you know, I think...I know, from talking to Senator Wightman, at times there has been a concern that an advertisement or someone is using the term "Doctor" and the patient may not understand what that credential may mean. So... [LB54]

ANN FROHMAN: Yeah, we think this will help. [LB54]

SENATOR CAMPBELL: ...I didn't mean to embarrass Senator Crawford... [LB54]

SENATOR CRAWFORD: No, that's fine. [LB54]

SENATOR CAMPBELL: ...but that is part of the reason... [LB54]

SENATOR CRAWFORD: Right. Right. [LB54]

SENATOR CAMPBELL: ...for the advertising portion. I think I'm right. If I'm wrong, Senator Wightman will tell me at the end, I'm sure. But I think that's why that's in this bill. Okay? Any other questions? Thank you, Ms. Frohman. [LB54]

ANN FROHMAN: Thank you. [LB54]

SENATOR CAMPBELL: Our next proponent. [LB54]

RON SEDLACEK: Good afternoon, Madam Chair and members of the Health and Human Services Committee. For the record, my name is Ron Sedlacek, and that's spelled R-o-n S-e-d-l-a-c-e-k. And I'm here today on behalf of the Nebraska Chiropractic Physicians Association in support of the legislation. One of the reasons, certainly, we are supportive are the advertising provisions, where there can be confusion, where there can be a generalized type of advertising, billboards and so forth, and you show up at the office and find out they're not really the practitioner you thought you were going to

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see, perhaps. And we are supportive of AM33 that Senator Wightman had mentioned. That takes care of those concerns when you have direct physical contact with a patient, which a chiropractor often does in delivering their services. So with that I'll be very brief. You've had a long day at hearing, but I'll be happy to answer any questions. [LB54]

SENATOR CAMPBELL: Appreciate that. Any questions from the senators? [LB54]

RON SEDLACEK: Thank you so much. [LB54]

SENATOR CAMPBELL: Thank you very much, Mr. Sedlacek. Our next proponent for the bill? We have a number of letters which we'll note for the record. Those who oppose the bill, in opposition. Good afternoon. [LB54]

DAVE McBRIDE: (Exhibit 25) Good afternoon. Senator Campbell and members of the committee, my name is Dave McBride, D-a-v-e M-c-B-r-i-d-e. I'm the executive director of the Nebraska Optometric Association and appearing on behalf of our members. And I want to give you, first, some perspective on this bill from the standpoint of a non-MD profession and how this impacts us. We support the broad objective of truth in advertising by healthcare professionals so as not to mislead the public, certainly, and appreciate Senator Wightman's efforts in that respect. In fact, it's such a good idea that it's already being done and already being addressed in regulations. We believe that existing state policy and requirements are appropriate, adequate, and effective already. We have no indication of public need or demand for additional statutes or protections regarding confusion and believe that this is simply unnecessary and redundant. The Legislature and Health Department have already put in place strong protections prohibiting deceptive and misleading advertising by healthcare professions. In our case, with the practice of optometry, there are no less than ten specific provisions defining and prohibiting advertising and other claims or practices that are false, deceptive, or misleading. And I could cite some of those for you if you'd like; but they parallel and, in fact, really exceed the requirements that are proposed in this bill, and they're already in our regulations. There are 11 specific advertising practices identified in the current optometric regulations that are considered deceptive. And any of these existing regulations are grounds for a license revocation, denial, discipline, etcetera. We're aware of no complaints to the Board of Optometry, for example, or the Department of Health involving deceptive practices or confusion or consumers/patients that have been harmed, having to do with our profession. Are there consumers and patients who don't understand the differences between or the distinctions between health professions and the limits of licenses and the scope of practice and all that? Probably so. Is that the result of being misled by deceptive advertising? Probably not. Will this bill change the public's understanding of the differences between professions? We don't think so. Other than in a hospital setting, we would contend that most patients already understand what type of licensed healthcare professional they're seeing. Patients in optometric clinics, in our case, where our members practice, clearly know that they're seeing an optometrist.

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And the requirements are already in place that...for display of credentials, signage on the door, etcetera. Anybody who is seeing a doctor of optometry in one of their clinics isn't going to be helped any more than they are now by having a nametag on display with the credentials, OD. So if there's confusion out there, we don't think this bill is, frankly, going to do anything to address that. We would suggest that it's simply unnecessary and redundant; although, again, the intent is fine to avoid misleading or deceiving the public. But from our perspective we don't think that's a widespread problem and, since regulations are already in place to address that, would suggest that this is not necessary and ask that you not advance this bill. I'd be glad to address questions. [LB54]

SENATOR CAMPBELL: Questions for Mr. McBride? [LB54]

SENATOR COOK: I have a question about... [LB54]

SENATOR CAMPBELL: Senator Cook. [LB54]

SENATOR COOK: Thank you. Thank you for coming. I have a question here in the third paragraph on the letter. It says, "This proposed legislation mirrors a long-range state legislative objective of the American Medical Association that involves creating a problem that doesn't exist." Could you expound upon that? [LB54]

DAVID McBRIDE: In visiting with the people at our national office, their comment was that this type of legislation has been proposed a number of places around the country. And in some cases, I mean, the legislation in different states obviously takes a little bit different form, and it's not this exact language in LB54 that's been around the country. But it's part of an effort that the Medical Association has had in other states to really force other professions to basically identify that they're not an MD. [LB54]

SENATOR COOK: All right. [LB54]

DAVID McBRIDE: And I'm not suggesting that that's necessarily an intent of this... [LB54]

SENATOR COOK: I see. [LB54]

DAVID McBRIDE: ...bill, again, but that's what this has referenced. [LB54]

SENATOR COOK: All right. Thank you. [LB54]

SENATOR CAMPBELL: Mr. McBride...and I...you may say, "I don't know that," but the kinds of regulations that are in place, would they ripple across all of the professions? [LB54]

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DAVID McBRIDE: I can't say that. I really am only familiar with ours. [LB54]

SENATOR CAMPBELL: Okay. [LB54]

DAVID McBRIDE: My assumption is that many, at least, of the licensed health professions have some kind of regulations, because there are provisions in the uniform licensing law having to do with unprofessional conduct. And so the regulations for the different health professions, in defining "unprofessional conduct," I think fairly commonly address things like advertising. But I'm only familiar with the specifics... [LB54]

SENATOR CAMPBELL: Okay. [LB54]

DAVID McBRIDE: ...of what's in our practice act. [LB54]

SENATOR CAMPBELL: I'll remind my colleagues to remind me next...we always meet with the Board of Health once a year, the State Board of Health, and that's slated, I think, is it next Monday? It's one Monday coming up. And perhaps we ought to discuss with the Board of Health the question on their regulation, because I don't know the answer either. [LB54]

DAVID McBRIDE: Yeah. [LB54]

SENATOR CAMPBELL: Okay? Thank you very much for your testimony today. [LB54]

DAVID McBRIDE: You're welcome. [LB54]

SENATOR CAMPBELL: Additional opponents in the room? Those who wish to testify in a neutral position. [LB54]

JERRY STILMOCK: (Exhibit 26) Good afternoon, Senator... [LB54]

SENATOR CAMPBELL: Good afternoon. [LB54]

JERRY STILMOCK: ...members of the committee. My name is Jerry Stilmock, J-e-r-r-y Stilmock, S-t-i-l-m-o-c-k, testifying on behalf of my two clients, the Nebraska State Volunteer Firefighters Association and the Nebraska Fire Chiefs Association, in a neutral capacity. We initially, on the green copy of the bill, were opposed to the legislation for the reasons I stated last year: firefighters. But many of the firefighters--and you can picture that with the bunker gear on, the full gamut--serve a dual role and also serve as EMTs or paramedics or emergency responders. And I'm thankful that we were able to catch the ear of Senator Wightman and appreciate his cooperation and that of his staff and the Medical Association in bringing about AM33

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that Senator Wightman first spoke of. So we're fine; we just wanted to make sure that the volunteer firefighters...the volunteer EMTs that serve dual roles as firefighters and EMTs were understood to be excluded from this. The only reason I passed out the amendment...my amendment becomes superfluous because Senator Wightman has taken care of it in AM33. My two clients are fine with AM33. The only reason I passed it out to you this afternoon...because I did have the attachment to have that language back in front of you for emergency...out-of-hospital emergency care providers, so it has that classification, because in AM33 it does make reference to the term "out-of-hospital emergency care provider" as found in section of the statute. I merely wanted to attach it so you'd have it. Senators, thank you. I don't have any other comments. [LB54]

SENATOR CAMPBELL: Any questions for Mr. Stilmock? Thank you very much. [LB54]

JERRY STILMOCK: Thank you, all of you. [LB54]

SENATOR CAMPBELL: Anyone else in a neutral position? All right. Senator Wightman, did you want to close? [LB54]

SENATOR WIGHTMAN: Thank you again, Senator Campbell. I think the reason I'm here is that I've probably seen more experts of different categories in the medical profession in the last six years that I've been here than anyone else. So they probably thought that it would be good for me to bring it. (Laughter) At any rate, I know that I go to doctors' offices, more general practitioners than anything else. I see assistants there...physician's assistants, and as of right now they don't have to state what they are. I do think it is helpful if a patient knows exactly what category that particular person that is waiting on them has. It seems to me that it does have a lot of good that can go to the patient, if he can learn more about who he is seeing, than we have at the present time. So I still think that the bill is a good idea. [LB54]

SENATOR CAMPBELL: (Exhibits 27-30) Any other follow-up questions from the senators on the bill? Okay, I just wanted to note for the record that we received two letters in opposition, one from the Nebraska Psychological Association and one from the chapter of the National Association of Social Workers. And I know you indicated you're probably talking to them. A neutral letter from the Nebraska Pharmacists Association. And a letter of support from the Nebraska Hospital Association. So we'll note those for the record. And with that, we will close the hearing today on LB54. [LB54]

SENATOR WIGHTMAN: Thank you. [LB54]

SENATOR CAMPBELL: Thank you, Senator Wightman. And we will let Senator Cook make her way to the table. Again, if you are leaving, we'd ask you to leave quietly and take all conversations to the hall. All right. Okay, I think we're ready. [LB54]

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SENATOR COOK: All right. [LB42]

SENATOR CAMPBELL: We will open the public hearing this afternoon on LB42, Senator Cook's bill to change credentialing requirements for administrators of facilities for persons with head injuries. And even though Senator Cook has to be here, I still appreciate her patience very much. I know what it's like waiting to introduce a bill, so... [LB42]

SENATOR COOK: Thank you. That has been one of the great blessings of this opportunity, is to hone skills of patience. [LB42]

SENATOR CAMPBELL: That's true. Very good. Thank you. I'll feel better now. [LB42]

SENATOR COOK: (Exhibit 31) Thank you, Madam Chair... [LB42]

SENATOR CAMPBELL: Go right ahead, Senator Cook. [LB42]

SENATOR COOK: ...and honorable members of the Health and Human Services Committee. I am Tanya Cook; that's spelled C-o-o-k. I'm the state senator representing Legislative District 13; I appear before you today as the introducer of LB42. I introduced LB42 on behalf of Quality Living, Inc., or QLI. QLI is a very important pillar in my district along with being an important pillar in our state and across the nation. They have a campus in my district that specializes in providing complete care and rehabilitation for traumatic brain injury. Their campus is equipped to provide total care and rehabilitation for these life-changing injuries, injuries that can affect people of any age and any background. QLI is uniquely qualified to provide the individualized care for people with traumatic brain injury, care that can and does return patients to happy, healthy, and productive lives. LB42 amends the statute related to qualifications for administering a facility that is operated primarily for caring for persons with head injuries and associated disorders. LB42 seeks to provide a greater level of adaptability to this important institution while preserving and strengthening qualifications for this administrator's position. Here is what the legislation will accomplish. It will broaden the list of credentialed professionals that can qualify as administrators of a facility that is operated primarily for caring for persons with head injuries and associated disorders. Currently, psychologists, physicians, educators, and social workers with the requisite experience and credentials are qualified as administrators of head injury facilities. Under this bill proposal, the list of qualified professionals would be expanded to include physical therapists, occupational therapists, and speech pathologists. In addition, other professionals with at least eight years of experience working with persons with head and severe physical disabilities would be eligible under this legislation. These proposed changes will allow QLI the flexibility to choose the best person to lead the facility. QLI has a unique culture, and they provide a unique type of care. After consulting with the Nebraska Department of Public Health, I have prepared an amendment to the bill that

addresses two minor ambiguities in the bill's current form. Would you help me, Kaitlyn. Thank you. The proposed amendment, which is AM22, would, first, clarify the term "primarily caring for persons with head injuries and associated disorders" as a facility that serves all or a majority of persons served by the facility have head injuries and associated disorders; and, secondly, would clarify that the administrator's license defined under LB42 is not transferable to any facility licensed under another statute. It is my belief that QLI should be offered the flexibility to choose the most qualified and credentialed candidate to fill the administrator position. My hope is that the committee agrees. The testifiers to follow will further outline the need for the advancement of LB42. QLI is with us today to testify about their focus and culture. Additionally, they will outline how the greater flexibility allowed under the bill proposal will assist them in their long-term goal of continuing to provide world class care for traumatic brain injury. I appreciate your consideration of LB42. And I thank you. [LB42]

SENATOR CAMPBELL: Thanks, Senator Cook. Any questions from the senators? Seeing none, we will go right to the proponent for the bill. [LB42]

DON TERRY: Thank you, Madam Chair. [LB42]

SENATOR CAMPBELL: Good afternoon. [LB42]

DON TERRY: Members of the committee, in the interest of brevity, my name is Don Terry, D-o-n T-e-r-r-y, and I work at QLI. Just like to reiterate, the changes that we have proposed in LB42 only affect QLI, as we are the only facility of our kind in Nebraska that serves folks primarily with brain injuries and associated disorders. The only changes that Senator Cook mentioned beforehand are the only changes that we have requested. And we propose these changes for exactly that, the flexibility to have an administrator that is the best possible candidate to continue to provide the best possible services that we do at QLI. And with that, any other questions? [LB42]

SENATOR CAMPBELL: Senator Gloor. [LB42]

DON TERRY: Senator Gloor. [LB42]

SENATOR GLOOR: Thank you, Senator Campbell. I...you're probably teed up for this question because I visited with Senator Cook a little bit about it. I'm trying to decide why this is so self-limiting. [LB42]

DON TERRY: I didn't catch that. [LB42]

SENATOR GLOOR: I'm trying to decide--I'm sorry--I'm trying to decide why this is so specific and self-limiting. And I'll use my, I mean, I'll use me specifically as an example. I have graduate degrees in both management and healthcare administration, so I carry

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dual masters. But, if I read this correctly, I wouldn't be eligible to apply to run this facility. If I had a master's degree as a psychologist, if I was an educator with a master's degree, a certified social worker...and I'm thinking, well, I'm not taking it personally. But on the other hand, might not my degree be better tuned than a psychologist or a social worker with master's degree or at least no worse than them? Yet I don't fit onto these criteria. [LB42]

DON TERRY: Addressing the...part of that question...and our current CEO, who's been at QLI for over 12 years, is a physical therapist by training and credentialed, is not eligible to be our administrator currently. To address the other part of that question is a little bit above my pay grade. I'm in the marketing department, serving in our CEO's position; she was unable to come today. But I will say we are more of a teaching model than we are of a medical model in the rehab process that we provide. So with that, teaching, psychology, and then physician...this language was written 22 years ago, I believe, and we are trying to update it... [LB42]

SENATOR GLOOR: Yeah. [LB42]

DON TERRY: ...to continue to be as successful as we have been. [LB42]

SENATOR GLOOR: Well, and then you make a good point, that is, this is an update to legislation that's been out there. It's just, looking at it...and this would be the second go-round for us to look at it. [LB42]

DON TERRY: Correct. [LB42]

SENATOR GLOOR: I'm still confused by it. And I can't find my notes from the previous year's discussion, and so I apologize that I can't answer my own question, because I'm sure I asked it last year, or the year before. [LB42]

DON TERRY: I don't believe you did. I'm sorry. [LB42]

SENATOR GLOOR: Okay. [LB42]

DON TERRY: I don't believe that came up last year. [LB42]

SENATOR CAMPBELL: Senator Gloor, what section are you specifically looking at? [LB42]

SENATOR GLOOR: On the last page. Let's see, it would be lines...it starts with line 16 on page 7 and then carries through to the middle of page 8. No, it starts on page 11, or, excuse me, line 11: Section 5. And Senator Cook and I talked a little bit about this. [LB42]

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SENATOR COOK: We did. [LB42]

SENATOR GLOOR: And I've tried to look at it and read through this a little more since then. I still haven't come up with the ideal answer. But, you know, we can continue talking about it and see if I can be better educated. [LB42]

DON TERRY: Maybe a further clarification: the licensure that we fall under is a... [LB42]

SENATOR GLOOR: Long-term care. [LB42]

DON TERRY: ...specialized needs, which is even more defined than the geriatric setting in a traditional skilled nursing setting, so... [LB42]

SENATOR GLOOR: But it does fall under a long-term care statute. [LB42]

DON TERRY: Correct. [LB42]

SENATOR GLOOR: Yeah. Okay. And again, nothing personal. (Laugh) I'm just trying to understand it. [LB42]

SENATOR CAMPBELL: The reason... [LB42]

DON TERRY: I'd be happy to invite you out for a tour to learn more. [LB42]

SENATOR GLOOR: Thank you. [LB42]

SENATOR CAMPBELL: The reason that I asked Senator Gloor for the specific is in line 4 on page 8, "An educator with at least a master's degree in education from an accredited college or university." And I believe Senator Gloor drew attention to that person. I have a master's degree in education from an accredited university. I don't feel I'm...I don't feel I'm near as qualified as Senator Gloor would be. And so we may want to look at that with Senator Cook, because while I have that master's degree, I don't know that it would qualify me... [LB42]

DON TERRY: Okay. [LB42]

SENATOR CAMPBELL: ...to be in your...to lead your facility. It isn't just to be in the facility; it's to hold the license of that facility. And holding the license is, I mean, in state statute that's a very significant position to hold... [LB42]

DON TERRY: Correct. [LB42]

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SENATOR CAMPBELL: ...so... [LB42]

DON TERRY: And we'd be open to discussion on that. I...these are the ones that we... [LB42]

SENATOR CAMPBELL: Yeah, you may want... [LB42]

DON TERRY: Go ahead. [LB42]

SENATOR CAMPBELL: It might be helpful if you checked, you know, as you said, with some of the other professionals in the facility and check that one out, because I think that's a worthy question. [LB42]

DON TERRY: Okay. [LB42]

SENATOR CAMPBELL: Any other questions from the senators on this? Thank you very much for coming today... [LB42]

DON TERRY: Yep. [LB42]

SENATOR CAMPBELL: ...and for the work you do in your facility. [LB42]

DON TERRY: Thank you for the time. [LB42]

SENATOR CAMPBELL: Other proponents for the bill? Anyone in opposition to the bill? Anyone in a neutral position? Senator Cook, I think we're back to you. Boy, you really know how to snap an afternoon to a close. [LB42]

SENATOR COOK: I know. Isn't it something how I get activated when somebody says, "close on a bill"? Thank you, Madam Chair. And thank you, fellow members of the Health and Human Services Committee, for your consideration of the bill and for your thoughtfulness in offering us some additional direction to clarify credentials and how they might be, certainly, a match for the important culture of QLI, to keep that moving forward, and to be mindful of our responsibility as a state to offer appropriate licensure. I would also point out that, in addition to the credentials that we might hold as educators or administrators, there is also a reference in the green copy of the proposal to eight years of direct experience in that type of facility. But we are absolutely hearing your input, and we will be following through on the questions from the committee. [LB42]

SENATOR CAMPBELL: That would take me out of contention, Senator Cook. [LB42]

SENATOR COOK: Well, no, we're going to write it so that everybody in this room is in contention, so...with eight years of direct experience. [LB42]

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SENATOR CAMPBELL: Thanks for bringing that out; that was an important point.
[LB42]

SENATOR COOK: Yes. [LB42]

SENATOR CAMPBELL: (Exhibit 32) Any other follow-up questions from the senators?
Seeing none, we should note for the record that we received a letter in support from the
Nebraska Health Care Association. So with that, we'll close the public hearing. And
everyone have a good weekend. [LB42]

SENATOR COOK: Thank you. [LB42]

SENATOR CAMPBELL: Thank you. [LB42]