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Health and Human Services Committee  
February 26, 2015

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[LB81 LB370 LB547]

The Committee on Health and Human Services met at 1:30 p.m. on Thursday, February 26, 2015, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB81, LB370, and LB547. Senators present: Kathy Campbell, Chairperson; Sara Howard, Vice Chairperson; Roy Baker; Tanya Cook; Sue Crawford; Mark Kolterman; and Merv Riepe. Senators absent: None.

SENATOR CAMPBELL: Okay. Good afternoon once again. And for the people who showed up and went, where did all this roomful of people...am I late or what? I saw that on your faces. I'm Kathy Campbell and I'd like to welcome you to the regular hearings of the Health and Human Services Committee. I represent District 25 in Lincoln. We're going to redo introductions-- sorry--so that everyone in the room knows who's up here. And, Senator, would you start us off as you always do?

SENATOR KOLTERMAN: I'm Senator Kolterman from the 24th District, Seward, York, and Polk Counties.

SENATOR CRAWFORD: Senator Sue Crawford, District 45, eastern Sarpy County, Bellevue, and Offutt.

SENATOR HOWARD: Senator Sara Howard. I represent District 9 in midtown Omaha.

JOSELYN LUEDTKE: Joselyn Luedtke, committee counsel.

SENATOR RIEPE: I'm Merv Riepe. I'm the legislative representative, state senator, from District 12 which is the wonderful people of Millard and Ralston.

BRENNEN MILLER: I'm Brennen Miller. I'm committee clerk.

SENATOR CAMPBELL: And we have two pages with us today. Brook...and Brook was...where is she?

JOSELYN LUEDTKE: She's in your office.

SENATOR CAMPBELL: She's in the office. She'll be back. And Brook is at UNL from Omaha majoring in advertising, marketing, and political science. And Jay is with us. Jay is from Dalton,

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Nebraska, also attends UNL, and is majoring in ag economics. I'm going to go through some of the procedures today that we will use for all three of the hearings. If you are planning to testify today and you have a handout, we would like...how many copies? Ten copies.

BRENNEN MILLER: Fifteen.

SENATOR CAMPBELL: Fifteen, sorry. My mind is on another hearing. We'd like 15 copies. And if you need additional help with that, you can visit with one of the pages or with the clerk. If you are testifying, you need to complete one of the bright orange sheets on either side of the room. Write as legibly as you can. As you are sitting and listening, everyone in the room, please turn off your cell phones or silence them. It's very disconcerting to hear them ringing in the background. As you come forward with your orange sheet...and if you have handouts you can hand them to the clerk over there and he will have the pages distribute any handouts that you have for the senators. We do use the light system here and that means that you'll have a green light. There's a little light panel up here in front. And you have five minutes. And it will stay on green for four and you'll think, oh, this is a long time. And it will go to yellow and you'll have one minute. And then it will go to red and I will be trying to get your attention. We do this so that the first person who testifies on the first bill has the same fairness of hearing before the senators as the last testifier on the last bill. Okay? So as you sit down, we now have--sort of like Vanna, here--as you sit down in the chair, we will ask you to state your name and spell it. And that's so that the people who transcribe, who are going to listen to this, can clearly hear you say your name and spell it correctly. I think we have all of them in place. So before we start today, do we have any letters for the record?

BRENNEN MILLER: (Exhibits 1, 2, 3) We do, Senator, letters of support from Children and Family Coalition of Nebraska; National Association of Social Workers, Nebraska chapter; and Bobbie Peterson. Thank you. [LB81]

SENATOR CAMPBELL: Excellent. Our first hearing today is on LB81, Senator Cook's bill to change provisions relating to eligibility for childcare assistance. Senator Cook, start us off. [LB81]

SENATOR COOK: (Exhibit 4) Thank you, Madam Chair. I am Tanya Cook. I'm the senator from District 13. Good afternoon, Senator Campbell and members of the Health and Human Services Committee. My name is Tanya Cook. That is spelled T-a-n-y-a C-o-o-k. I appear before you today as the state senator representing (Legislative District) 13 and the introducer of LB81. The purpose and intent of LB81 is to first, align ongoing eligibility for the federal Child Care Subsidy Program with the Aid to Dependent Children program; and second, provide the recipients of the federal Child Care Subsidy Program that they be required to contribute a

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percentage of their gross income as a cost share for participation in the program. LB81 enjoys broad-based support and there are many testifiers excited to share their support for this bill. Their reason: LB81 addresses the pressing need in Nebraska for quality, affordable childcare for working families and offers an economical solution to a public policy shortfall, the cliff effect that inhibits the upward mobility of hardworking Nebraskans. Nebraska's Child Care Subsidy Program supplies critical support to low-income, working families so that they can afford quality childcare and continue to build their careers as a pathway out of generational poverty. Without the support that this subsidy provides, many parents would be unable to work or to find work or to improve themselves by gaining the education and skill sets they need to find a job. In Nebraska, initial eligibility for our Child Care Subsidy Program is just 130 percent of the federal poverty level. This level is one of the lowest in the country. For a mother of two...a mother and two children, 130 percent of the federal poverty level equals just more than \$400 per week in gross income. Per household member, that's just \$21 per day for housing, food, utilities, transportation, and childcare. However, the average cost of full-time care at a licensed childcare facility in the state of Nebraska is \$7,693 per year. For the average Nebraska family, the cost of childcare amounts to 36 percent of the family's budget. The legislation before you does not amend the initial eligibility for the program. Rather, it is a targeted reform to specifically ease the transition from public assistance for Nebraskans who are earning raises. Working Nebraskans who qualify for the Child Care Subsidy program are earning raises because of their hard work. The problem is that they are having to turn down raises because that additional income would make them ineligible for the Child Care Subsidy Program. A raise, while well earned and certainly important to career progress, is not enough to cover the cost of childcare. LB81 is a solution to this cliff effect. And I'll take this break to ask one of our stellar pages to circulate this article that is in today's Lincoln Journal Star newspaper. It is an opinion and it helps define, for those who might be new to the committee and new to the issue of the cliff effect, what the cliff effect is. Thank you. LB81 is a solution to this cliff effect. This policy proposal will help create and encourage the transition for families working their way to their own economic stability. LB81 allows for families to accept raises or promotions while maintaining childcare assistance for up to two years or until their income reaches 185 percent of the federal poverty level. That, for people like me who don't do arithmetic by what the federal poverty level is 185 percent of the federal poverty level is approximately \$2,400 for a single parent with a single child. That's per month. Importantly, passage of LB81 will align the existing childcare transition program for families working their way off of Aid to Dependent Children cash assistance. While there is a fiscal note attached to this proposal, I want the committee to consider how this investment can help the lives of working families, their children, and ultimately, our state's economy. The fiscal note put forward by the Department of Health and Human Services estimates that passage of LB81 would assist upwards of 1,944 Nebraskans per year. Almost 2,000 families per year is an enormous impact when you consider the importance of childcare in the lives of Nebraskans. The Legislature should put into place policies that encourage and do not discourage career advancement and success. The Legislature should put policies in place that help ensure stable

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access to childcare so that these children are safe and supported. I thank each of you in advance for your attention and thoughtful consideration of LB81. [LB81]

SENATOR CAMPBELL: Thank you, Senator Cook. Questions for the senator? Senator Kolterman. [LB81]

SENATOR KOLTERMAN: Senator Cook, thank you very much. I like the concept of this bill. And I just have a couple of questions about...I understand the cliff effect. Believe me, there's...I've had a lot of people tell me that they've turned down jobs simply because they couldn't afford to take them or turned down the raises simply because they couldn't afford what was there. So this is really a good way to get people in better paying jobs. My question is...it deals with how it works. So when somebody is getting to the point where they're no longer eligible for certain benefits, is there an easy accessed...as to how to apply for this? Or is that a challenge like we've heard with a lot of other issues? [LB81]

SENATOR COOK: My short answer would be, it is a challenge. And the primary reason that it is a challenge is that, while these programs are available to struggling families, the entry points differ among the different programs. So when you say...if you're asking a question about whether or not it is easy to access this particular program, there's an income eligibility level and that is vetted. The law last year changed the point at which people are vetted to see if they're still at that income level. But when you say "easy" it's hard for me to say, yes, it's easy, to any...to access any program of public assistance within the state of Nebraska when it comes to human services and health unfortunately. [LB81]

SENATOR KOLTERMAN: Okay. Well...and the reason for my question is I was looking through some of the information that we'd had that was provided that indicated there are quite a few people that would have been eligible. And you've addressed that: almost 2,000 families. At the same time, if they're eligible, I don't want to see the roadblocks there. In other words, if we can get people better paying jobs and advance them in society and take them out of the Medicaid and Medicare system, we need to be able to do that. And so on several issues we've talked about, there is the no-wrong-door approach. And I'd hope that maybe we could figure out a way to help that as well. [LB81]

SENATOR COOK: I agree. And what LB81 would provide in its current form is an alignment with ongoing eligibility...of eligibility with the Child Care Subsidy Program with the Aid to Dependent Children Program. So I hope...I feel that's a step in the right direction. [LB81]

SENATOR KOLTERMAN: Okay. All right. Thank you very much. [LB81]

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SENATOR CAMPBELL: Senator Crawford. [LB81]

SENATOR CRAWFORD: Thank you, Senator Campbell. And thank you, Senator Cook. So just to clarify, though, I think once someone is already receiving the childcare benefits, this would not necessarily require them to apply for something else. [LB81]

SENATOR COOK: Oh, no. [LB81]

SENATOR CRAWFORD: This is just changing the rules. So it isn't an additional step of qualification. It's actually...this just changes the rules. Once you're in, this changes the rules of staying in. Is that correct? [LB81]

SENATOR COOK: Absolutely. Thank you. And thank you for that clarification. I didn't understand, maybe, the question. [LB81]

SENATOR CAMPBELL: Senator, do you want to follow up? [LB81]

SENATOR KOLTERMAN: Yeah, I appreciate that. That's what I was getting at. [LB81]

SENATOR COOK: Yes. [LB81]

SENATOR KOLTERMAN: I didn't want to have them...but to have to have somebody reapply and go through the process again and then... [LB81]

SENATOR COOK: Oh, no, Senator, I don't want that either, because I... [LB81]

SENATOR KOLTERMAN: All right. Thank you. That helps clarify it. [LB81]

SENATOR COOK: ...my sense is that this audience has enough to contend with. [LB81]

SENATOR CAMPBELL: Thank you. Those were great clarifications from the two senators. [LB81]

SENATOR CRAWFORD: Thank you. [LB81]

SENATOR COOK: Yes. [LB81]

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SENATOR KOLTERMAN: Thank you, Senator. [LB81]

SENATOR CAMPBELL: Any other...Senator Riepe. [LB81]

SENATOR RIEPE: Thank you, Senator Campbell. My question is, does the eligibility here correlate with the ADC eligibility so that they're running at the same time? Is that correct? [LB81]

SENATOR COOK: That's what this bill proposes. [LB81]

SENATOR RIEPE: Okay. [LB81]

SENATOR COOK: Currently it does not. [LB81]

SENATOR RIEPE: And help me on this. Others may know this. But is there an eligibility time period? It says for two or three years and then you have to reapply or a year or... [LB81]

SENATOR COOK: For this program it is two years. [LB81]

SENATOR RIEPE: Two years. Okay. [LB81]

SENATOR COOK: Not...and two years and not...your eligibility is up at the end of that two years. [LB81]

SENATOR RIEPE: But you could then reapply and... [LB81]

SENATOR COOK: Well, yes and no. [LB81]

SENATOR RIEPE: Okay. [LB81]

SENATOR COOK: If...ordinarily, you...that's how long you have to work your way up in a job and then ideally be able to pay for your own childcare. That is what the law says right now. Certainly, people...things happen in people's lives and they might find themselves starting over within that time period, at which point there would be another process. [LB81]

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SENATOR RIEPE: Um-hum. I guess the other question I had, on these childcare centers, I assume they have to be licensed by the state? There's no relatives that can...you can't do it with grandma and get...pay her something or him or grandpa or... [LB81]

SENATOR COOK: Senator, that is something we've been working on as a committee for several years... [LB81]

SENATOR RIEPE: Okay. [LB81]

SENATOR COOK: ...to ensure and incentivize that people, particularly people who are working their way...struggling families, that they access licensed, high-quality, early learning environments. Sometimes grandmas happen to run a licensed, high-quality, early learning environment. But it would be...we used to call her Mrs. Smith down the street. She would not be eligible for this particular incentive. [LB81]

SENATOR RIEPE: She made high-quality cookies though. (Laughter) [LB81]

SENATOR COOK: Sure. [LB81]

SENATOR RIEPE: Thank you very much. [LB81]

SENATOR CAMPBELL: Any other questions? Senator Kolterman. [LB81]

SENATOR KOLTERMAN: I just have one other question. It stops at 185 percent of the poverty level. And I just want...I think that's terrific, because if you get to that point, you're eligible for the Affordable Care Act and some nice subsidies there. So this could also help transition off the Medicaid roles as well. So it's kind of a win-win situation if we can get this accomplished. [LB81]

SENATOR COOK: Yes, I agree, Senator Kolterman. Ideally, our families, from my experience, do not plan on a life supported through public assistance. So if there is a way that we can interweave opportunities to remove themselves from the public assistance and all the strings attached, I think this is a good way to start as well. Thank you. [LB81]

SENATOR KOLTERMAN: Thank you. [LB81]

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SENATOR CAMPBELL: Senator Riepe, we were just commenting over here, in ADC you have a total of five years in your lifetime to be on it. So when Senator...as Senator Cook says, well, yes, you could, and then circumstances may change in it. But you have five years total, okay? [LB81]

SENATOR RIEPE: Okay. And those need to be consecutive years? [LB81]

SENATOR CAMPBELL: No. [LB81]

SENATOR RIEPE: Or it's just a total? You could be on for one and off for two and back on? [LB81]

SENATOR CAMPBELL: Yeah. [LB81]

SENATOR RIEPE: Okay. [LB81]

SENATOR CAMPBELL: But you can't just keep going on and on and on. [LB81]

SENATOR RIEPE: It's not a career in and of itself. [LB81]

SENATOR CAMPBELL: Yes. And the other comment is, and Senator Cook alluded to this, and that was, we spent a lot of time last year talking of...about quality childcare. And we had a bill that talked about Step Up to Quality and how you build quality. And we mandated--yes, we did mandate--that anyone who receives child subsidy funds as a center has to then participate at--I think it was any center that got \$250,000 a year and above, because we had one center that gets \$1 million worth of subsidy--that they had to be in the Step Up to Quality program. So we start building that quality essence in there. Great questions. Thank you, Senators. [LB81]

SENATOR RIEPE: I had a question, if I may. [LB81]

SENATOR CAMPBELL: Sure. [LB81]

SENATOR RIEPE: My other question was, and the concern is, and this may not have a quick answer to it, is I'm concerned about--I'll maybe frame it that way--I'm concerned about that if it takes the pressure off fathers of paying child support, I...you know, they need to man up and pay up and...is my philosophy. And I... [LB81]

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SENATOR COOK: Well... [LB81]

SENATOR RIEPE: I don't know that there's a clear answer. [LB81]

SENATOR COOK: I...amen. (Laughter) The child support enforcement within the last 15 or so years, that has been amped up legally and within our court system. And that's over in Judiciary. I absolutely...fathers should support their children. [LB81]

SENATOR RIEPE: And we can't hold the children hostage in between, so... [LB81]

SENATOR COOK: Well, I think that's over in Judiciary as well. (Laughter) [LB81]

SENATOR CAMPBELL: Thank you, Senator Cook. I know you're going to be here, so... [LB81]

SENATOR COOK: Yes, I am. Thank you. [LB81]

SENATOR CAMPBELL: Our first proponent for the bill? [LB81]

JAMES GODDARD: (Exhibit 5) Good afternoon. [LB81]

SENATOR CAMPBELL: Good afternoon. [LB81]

JAMES GODDARD: My name is James Goddard. That's J-a-m-e-s G-o-d-d-a-r-d and I'm the director of the Economic Justice and Health Care Access Programs at Nebraska Appleseed here today to support LB81. As Senator Cook said, affordable childcare is critical to allow families to work and to keep children safe. In Nebraska, we have the Child Care Subsidy Program to help low-income families who are working towards independence by subsidizing the cost of childcare. Just for a little background, to be eligible for the program, a parent has to be working, going to school, or looking for a job and must have an income lower than the income threshold. Families on the lower end of the income level may not pay a portion of the cost of childcare initially but as their income increases, they do pay a share of cost for the childcare. It's also of note that the subsidy is paid directly to the childcare provider. It does not pass through the hands of the recipient. In 2002, eligibility for the program used to be at 185 percent of the poverty level. In that year, it was cut to 120 percent. The initial threshold currently is at 130 (percent) with benefit redetermination at 140 percent of poverty. So that's about \$2,375 for a family of three when your eligibility is redetermined for the program. At this level, many families experience what's known as the cliff effect. This is a term for the situation where a small increase

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in income can result in losing a support like childcare. So if you have someone who is earning \$2,300 per month, they take a small hourly increase, that could push them beyond the eligibility limit for the care, causing them to lose the childcare support. Now, what that means is, that individual may then not be able to go to their job because they no longer have child support just for taking a small increase in wages. So it's one step forward, two steps back for some people in this position. This bill would address the cliff effect and encourage work by allowing families to earn more income and retain childcare support. So as we've been discussing, the bill allows families to qualify for the subsidy. It stays at current levels. It doesn't increase initial eligibility. But once a family is through the door, they can then earn up to 185 percent of the poverty level--for a family of three, that's about \$3,100 per month--and retain childcare for up to 24 consecutive months. Again, as their income increases, so does their share of cost for the Child Care Subsidy. And this would align the policies in childcare with that in ADC. Currently, if you're on ADC and you go over the income threshold, you can maintain childcare assistance if you're working up to 185 percent of poverty. So this actually aligns those two policies which makes a lot of sense to me. So in simple terms, LB81 would allow participants to take a raise or a new job and maintain childcare assistance. LB81 would help ensure more Nebraska children are in safe environments and more families are able to access...to increase their income and move ahead. Just to walk through, very briefly, how this works, as Senator Howard said, it's for people who are already on the program. Everybody on the program has to have their eligibility redetermined at a set period of time. The department has changed it several times in the last few years and I'm not actually sure if we're at...I believe we were 12 and then at 6 and I know we have to go back to 12 because of a federal change. So when it's time to redetermine someone's eligibility, you have to provide income information again. You have to verify your eligibility for the program. And at that point, if you've gone over the 140 percent and you're working, you can keep the benefit up to 185 (percent) but you'll have to have a share of cost. So with that, I'll urge the committee to advance the bill and be happy to answer any questions if I can. [LB81]

SENATOR CAMPBELL: Any questions, Senators? Senator Riepe. [LB81]

SENATOR RIEPE: I have a curiosity question. If one goes over and then...so then you're reduced in your benefits, but then you fall back for some reason, so it's...it happens to be just a oddity that you go over, is that...do they average this out over three months, six months, or a year, or...you know, it's like taxes, kind of? [LB81]

JAMES GODDARD: I don't think they look at it with an average. I think if you go over at the time...if you're over at the time, your eligibility is redetermined. They're looking at your income in that month. I...and someone can correct me behind me if I'm wrong on that. But I thought it was at the time that you are reapplying. [LB81]

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SENATOR RIEPE: So they don't give you a little bit of a cushion there to be over and then be under and average out? It's either you are or you aren't? [LB81]

JAMES GODDARD: Which is why people refer to this as the cliff effect, because you go over and you just fall off. [LB81]

SENATOR RIEPE: Sure. Okay. [LB81]

SENATOR CAMPBELL: Good questions. Thank you. Thank you, Mr. Goddard. [LB81]

JAMES GODDARD: Thank you. [LB81]

SENATOR CAMPBELL: Our next proponent. Good afternoon. [LB81]

LESLIE ANDERSEN: Good afternoon. [LB81]

SENATOR CAMPBELL: Go right ahead. [LB81]

LESLIE ANDERSEN: Chairwoman Campbell and members of the committee, I'm Leslie Andersen, L-e-s-l-i-e A-n-d-e-r-s-e-n. I'm president and CEO of the Bank of Bennington and I'm here today in support of LB81 representing the Greater Omaha Chamber of Commerce as a member of its board of directors and chairman of the public policy council. We'd like to thank Senator Cook for bringing this to the committee. Over the last few years, as we have seen rebounding economic growth, employers in Nebraska have had an increasing number of positions to fill and that has led to more and more businesses becoming aware of the conundrum of the cliffs. Employees are offered promotions, pay increases, additional hours, and some employees are faced with very difficult decisions. Take that promotion or pay increase, move from part time to full time, and lose the assistance that's been helping them get by. For some, there is really no choice at all. As much as they want to do this, the earnings increase does not come close to covering the cost of expenses such as childcare. We do hear the most about childcare expenses. As you know, it's often a family's highest single monthly outlay. And that's why we're considering this a priority in finding a solution. As we've explored this, one concept we looked at is moving from cliffs to a more gradual step down in assistance. That could be extending the initial income eligibility limit and then instituting a staircase lowering of the subsidy as income rises. Perhaps that starts at 140 percent of poverty guidelines and reaches to 200 percent. The exact parameters might depend on finding an appropriate level of pay that approaches meeting average childcare costs. Maybe this is done through the current copay system, again by extending the initial eligibility limit and then gradually increasing copays until

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the family is able to cover the costs. As you consider this, we'd ask that you also look at the overall economic effect that it would have. Low-income families do pay taxes. Higher earnings for those families mean that they would be paying more in income and sales taxes. This should be part of estimating what a program like this might cost. In the bigger picture, though, there's immeasurable value in getting people on career paths that lead to economic stability. This involves everything from state revenues to the general quality of life in Nebraska that comes with getting families out of the poverty cycle even if it's one family at a time. In that vein, I'll mention that beyond businesses needing employees, another reason we support LB81 is that we care about people. Just listen to a person explain to you why he or she has to turn down a promotion and you'll understand exactly what I mean. Let me talk from personal experience for a moment. At the Bank of Bennington, we're very involved in helping individuals in our community. Through our credit builder loan program, for example, we've helped 26 families buy homes. This program focuses on providing financial education and home loans to refugees from Burma who have settled in Omaha. These loans would not meet standard secondary market mortgage requirements because these refugees have not been here for two years and don't have two years of tax returns or they have no credit scores. We're able to make these loans and help families build a credit history and realize the American dream. Financial education is so important to our bank that one-third of our staff is involved in the American Bankers Association "Teach Children To Save Day" in our local schools. My point in telling you all this is that fixing one of the assistance cliffs is not going to solve everything. It is one of the pieces to the puzzle. But together, the efforts of the Legislature and the business community can go a long way. Addressing the childcare cliff is one--and one very important and effective--way that we can extend a hand up to those who need. It would be a hand up to those who want to succeed, to progress, to get ahead in life, and to contribute more in their professional pursuits and to their communities. It's a pretty straightforward approach that would have a very major impact. There's often a reference to the working poor. This is something we could do to help to make that term obsolete. And we would like to help you and the people this would help do just that. Thank you very much for your time and your consideration. [LB81]

SENATOR CAMPBELL: Thank you, Ms. Andersen. Questions from the senators? Senator Howard. [LB81]

SENATOR HOWARD: Thank you, Senator Campbell. Thank you for your testimony today. As a banker, can you speak to how...if a family is living in poverty and they do have additional assistance, how that might impact their ability to save, because I think that's a big factor in their overall success? [LB81]

LESLIE ANDERSEN: Absolutely. And if you can get people past the point where they are forced to live paycheck to paycheck just to meet very basic needs, you know, the people that are filling prescriptions or not, the people that are eating nutritious meals or not, aren't going to have

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any ability to save. Something like this that could help with those very expensive childcare costs long term could really help them start saving even if it's just in little tiny bit increments. And we spend a lot of time talking to people about that. Even if it's just one dollar a day, over time that can really help. [LB81]

SENATOR HOWARD: Thank you. [LB81]

SENATOR CAMPBELL: Senator Riepe. [LB81]

SENATOR RIEPE: Thank you, Senator Campbell. I want to kind of lead into this a little bit because...you know, I happen to be on the board of directors for Outlook Nebraska which is an employer of the blind. And what they tell me...I'm trying to sort out whether this is strictly a state or a federal problem, but they tell us that one of the reasons that they can't take increases is because maybe they're...they don't want to go through the reapplication process. It was very cumbersome. And so...and I think that's like, you know, being on disability at the federal level probably through Social Security. So, you know, I don't want to get too far afield from this, but I think these things all come together in the sense of saying, how do we say that you could make a dollar more and you get to keep some of it at least or it just doesn't totally kick you out? I don't know whether I'd come up with a question in that or just am puzzled myself. But... [LB81]

LESLIE ANDERSEN: Well, one of the things that we talked about was using a stairstep method. [LB81]

SENATOR RIEPE: Yes. [LB81]

LESLIE ANDERSEN: And, you know, I don't know exactly what the dollars would need to be to make that work. But, you know, for example, if somebody gets \$1 an hour increase, you know, they ought to be able to keep some percentage of that dollar an hour in subsidies so that they are continuing to go up. [LB81]

SENATOR RIEPE: So reverse taxation. [LB81]

LESLIE ANDERSEN: Um-hum. [LB81]

SENATOR RIEPE: But is that federal or state program...or problem or both? [LB81]

LESLIE ANDERSEN: I think it's a state problem. [LB81]

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SENATOR RIEPE: Is it? Okay. I don't know. [LB81]

LESLIE ANDERSEN: I don't know for sure, but I think it's a state problem because the program is a state run program. Am I correct there? Yeah. I don't think they're... [LB81]

SENATOR RIEPE: This program would be. [LB81]

LESLIE ANDERSEN: Right. [LB81]

SENATOR RIEPE: I was just looking more on some Social Security and some other programs that they might be involved in. I'm thinking some of... [LB81]

LESLIE ANDERSEN: I'd rather talk to you guys way more than those guys about something like this. (Laughter) [LB81]

SENATOR RIEPE: Thank you. Thank you for being here. [LB81]

SENATOR CAMPBELL: Any other questions or comments? Ms. Andersen, I hope you will convey to the Omaha Chamber how much we appreciate...I have to tell you, in six years that I've served on this committee, the Omaha Chamber has never testified. And it's commendable the interest in the Omaha Chamber in this particular issue. I also had some of the staff from the Omaha Chamber stop in and talk to me, and how committed they were to seeing that the cliff effect be taken care of, so thank you very much. [LB81]

LESLIE ANDERSEN: Thank you. [LB81]

SENATOR CAMPBELL: It's great to have business at the table. [LB81]

LESLIE ANDERSEN: Thank you. [LB81]

SENATOR CAMPBELL: Our next proponent? How many others wish to testify in favor of this bill? Okay. Could you kind...oh, we don't have any extra chairs down front. Okay. I'm just trying to work the time, so we'll kind of watch that. Good afternoon. [LB81]

SHAINA SIMS: (Exhibit 6) Good afternoon, Chairwoman Campbell and members of the committee. My name is Shaina Sims, S-h-a-i-n-a S-i-m-s. I thank you for your time today and letting me speak to you about supporting LB81 on behalf of the Center of People in Need and

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myself. I am an administrative assistant at the center which provides services and opportunities to low-income, high-need families. And today I am here to relate to you my own story and experience. After your rent has been paid, your child's tuition has been paid, your electricity hasn't been threatened to be turned off, how far do you think \$14 will go to get groceries for you and your child for the whole month? This is the main question I've been battling from May of 2013 to October 2014. I had been supporting myself and my son with minimal assistance with SNAP benefits during the winter months because I needed the extra help when my job went from full time to part time. This resulted in me getting a second job just to make sure I could pay rent. I discontinued SNAP because I didn't think I needed the assistance anymore, but come to find out I was too prideful to ask for help so long that I thought I could do everything on my own. I lost my job in October 2014. I didn't panic, knowing things can always work out, until I couldn't find another job. I then lost my apartment and moved in with my friend and her family. This is when I immediately filled out paperwork again, this time to receive Title XX childcare assistance and then reapplied for SNAP. My son has had the same care provider for almost two years. And then for the past four months I have been on Title XX. I was allowed to keep the same provider because needing assistance isn't a bad thing. So she filled out the necessary paperwork to make this happen. The Title XX support allowed me to keep my son in his normal surroundings as well as maintain my current employment. When I was a child, I was living out of a van for three months alongside my mother, my sister, and our dog. My mother was a single mother of five kids working three jobs to support us. Our father still owes back child support. I'm the youngest. I'm at 29 years of age. That's obviously not happening. And yet my mother made too much to qualify for assistance. I never...I didn't come from a wealthy family, but I do come from a family of hard workers. I don't know how many of you have been faced with a question of where your next meal will come from. But then you put a child alongside of you and it's hard to not feel like a failure as a parent. You should be able to be there for them, be able to provide for them. And when things get hard, there should be a way to ask for assistance. My case manager at DHHS knows of my goals for myself and for my life. She is there to listen, to help where she can, redirects me elsewhere when she doesn't know the answer, and wants the best for me and my child. I call my case manager at least once a month to discuss how things are going, what my new goals are, or if I was lucky to receive a raise. But even if I receive a 25 cent raise at 40 hours a week, it is equivalent to \$10 a week before taxes. How is an additional \$40 a month now able to pay a \$600 childcare bill? What bills do I not pay? Do we not eat? Since I have spoken to my case manager this last week, I will now receive benefits for one more month and begin to pay a copay to my provider. This means I am responsible for partial payment starting April 1 because they want me to succeed properly. I never intended to be on this program for long, just like SNAP, but I am thankful for every penny that is put towards me and my child that I know I can't afford. I know he'll be taken care of and I don't have to worry while getting completely back on our feet. Getting off assistance should be everybody's goal in the long term. LB81 would make it easier by allowing all of us on childcare assistance to earn a little bit more without immediately being kicked off, eliminating the cliff effect. That means additional flexibility to be able to take

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responsibility for our own future without immediately being penalized for it. For me, that means that any future raises that I receive will not immediately result in being dropped from assistance. This will help the economy of our state grow even as it prevents future cases of child neglect and mistreatment as a result of not having enough money to pay for basic expenses. So, please, advance LB81 and make the necessary adjustments to better accommodate those who earn a little bit more, receive a raise, and take responsibility for their future. Thank you. [LB81]

SENATOR CAMPBELL: Thank you, Ms. Sims. It's very difficult to tell your own story and we really appreciate that very much. [LB81]

SHAINA SIMS: Thank you. [LB81]

SENATOR CAMPBELL: Questions from the senators? How old is your son? [LB81]

SHAINA SIMS: He's four and a half. [LB81]

SENATOR CAMPBELL: That's a very interesting age, isn't it? (Laughter) [LB81]

SHAINA SIMS: Yes. [LB81]

SENATOR CAMPBELL: I have a grandson that's four and a half, so I can identify a little bit, just a little bit. Okay, thank you so much for coming today... [LB81]

SHAINA SIMS: Thank you, everybody. [LB81]

SENATOR CAMPBELL: ...and your testimony. [LB81]

SHAINA SIMS: Thank you. [LB81]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB81]

AUBREY MANCUSO: (Exhibit 7) Good afternoon. Senator Campbell, members of the committee, my name is Aubrey Mancuso, A-u-b-r-e-y M-a-n-c-u-s-o. And I'm here on behalf of Voices for Children in Nebraska. We'd like to express our support for LB81 and thank Senator Cook for bringing this bill forward. The Child Care Subsidy Program is a critical work support for parents and helps ensure the safety and well-being of our state's kids. Nebraskans are hardworking and have a strong work ethic. Nebraska currently ranks fifth in the nation for the

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highest number of mothers in the work force, and 70 percent of kids under six have all available parents in the work force. The Child Care Subsidy Program helps make childcare affordable for lower-income working families who may otherwise be unable to work or afford formal childcare. James mentioned the cuts that were made to the subsidy program back in 2002 and I think it's important to note that the decision at that time was made based on budget considerations and not on the significant evidence that we have about the importance of access to affordable and quality childcare. In the decade since the cut, we've nudged that eligibility slightly, but our eligibility level still remains the 42nd lowest in the entire country. Childcare continues to consume a significant portion of family budgets with the cost of infant care in Nebraska exceeding the cost of in-state public college tuition. And the cost of care for two kids is equal to average annual mortgage payments. What Nebraska's low-income eligibility has meant for many lower-income working families, and especially working mothers, is that they are forced to make the choice that you just heard in the powerful story that was just shared between increasing their earning potential or maintaining an income low enough for childcare assistance. Although we have heard this story anecdotally for years, last year we set out to better understand the challenges and barriers that lower-income women in Nebraska are facing by conducting over 300 surveys across the state as well as four different focus groups. And so attached to my testimony is the report that compiles those results. Not surprisingly, the cliff effect emerged as a significant challenge for lower-income families. A total of 46 percent of the respondents who had participated in public assistance programs had faced the cliff effect in some form. And the rates were even higher in the Child Care Subsidy Program at 55 percent. In addition, 52 percent of those who had faced the cliff had used some sort of coping strategy in order to continue to meet monthly expenses. The most common coping strategy was cutting hours at work followed by not getting married, not taking a raise, and not accepting a job offer. The cliff effect serves as a disincentive for these positive economic behaviors by cutting families off immediately rather than allowing for a more realistic transition. Finally, I want to end with the words of Sandra (phonetic), one of our focus group participants, speaking about the challenges she faced as a low-income mother. She said: If I were sitting in front of voters now, the people making the decisions, I would tell them, from a personal standpoint, I'm not lazy. I do whatever I have to do for my family to survive. If that means working two or three jobs, I will do that. But stop knocking me down every time I think I have my foot through the door. Stop kicking me before I even have a chance to stand up. We'd urge the committee to advance this bill. And I thank you for your time today. [LB81]

SENATOR CAMPBELL: Thank you, Ms. Mancuso. Questions or comments from the senators? Senator Riepe. [LB81]

SENATOR RIEPE: Thank you, Senator Campbell. I just wanted to go to one you commented on; it's in your letter. It says, "allowing for a more gradual and realistic transition off of assistance." Can you help us in understanding what...is that this five years we talked about or is it...what...or

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is there any...I don't know. Averages are not always healthy. But I want to hear your thoughts.  
[LB81]

AUBREY MANCUSO: So, you know, actually, the current average length of time that families are on the program is actually pretty short. I believe when the department was using the six-month eligibility period, which is the last time I looked at the data, the average length of receipt was actually around seven months. And I think some of it does have to do with this cliff effect, is they get in that position where their income is reevaluated at that monthly level and they have to transition off. But I do think this bill sets up something more realistic. We have a report we released last year called "The Family Bottom Line" that looks at what families need to make ends meet without assistance. And for most families, it's closer to 200 percent of the federal poverty line. So this gets us to 185 (percent) and it also allows that two-year transition where a family is gradually paying more and more in copay and assuming more and more of that cost. And there's an existing schedule for that for people transitioning off of the ADC program where families can get used to slowly paying a higher amount and then assume the full cost rather than the current situation where you make that big jump from about \$180 to usually around \$600.  
[LB81]

SENATOR CAMPBELL: Other questions? Senator Baker. [LB81]

SENATOR BAKER: Ms. Mancuso, isn't there always going to be a cliff? [LB81]

AUBREY MANCUSO: You know, I think there's always going to be a cliff at some level, but we do have a lot of economic data that suggests where we can set that cliff. And where we set it right now is so low that it's really become a significant problem. [LB81]

SENATOR BAKER: I understand that. [LB81]

AUBREY MANCUSO: Yeah. [LB81]

SENATOR BAKER: There's got to be a point where someone is almost up to that threshold that you (inaudible) and look like it's disadvantageous. [LB81]

AUBREY MANCUSO: Well, and I think the idea with the copay system is that they're gradually assuming more and more of that cost. So when they get a small raise, it's the hope that then the raise will be at least close to enough because it's closer to what we know a family needs to make ends meet without assistance. At 140 percent of the poverty level, where they transition off now, it's just not...it's not a realistic assumption. [LB81]

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SENATOR BAKER: I understand. [LB81]

SENATOR CAMPBELL: Senator Kolterman. [LB81]

SENATOR KOLTERMAN: I appreciate your coming. Thank you, Senator Campbell. Would there be any possibility that we could get a copy of that bottom line report that you're talking about? [LB81]

AUBREY MANCUSO: Yes, absolutely. I'd be happy to get you one, Senator. [LB81]

SENATOR KOLTERMAN: Thank you. [LB81]

SENATOR CAMPBELL: Okay. Any other...Senator Crawford. [LB81]

SENATOR CRAWFORD: Thank you. Thank you, Senator Campbell, and thank you. But just...so just to clarify, there's always some point at which someone kicks off. That's true. [LB81]

AUBREY MANCUSO: Right, as it should be. [LB81]

SENATOR CRAWFORD: But I think, if I understand it correctly, one of the ways this deals with the cliff effect is, instead of it being a drop off the cliff, instead this is an incline down a hill in which case you are paying more yourself. So at some point, you are no longer eligible either timewise or moneywise. But instead of a drop-off like that, it's a case of your contributions keep increasing while that is decreasing. [LB81]

AUBREY MANCUSO: Right. [LB81]

SENATOR CRAWFORD: So the cliff is not just changing eligibility but changing the structure of how you go off. Is that correct? [LB81]

AUBREY MANCUSO: Right. Yeah, and it's modeled after the existing structure that's in place for transitional assistance under ADC. So we have...we already have that structure. [LB81]

SENATOR CRAWFORD: We already have it? Okay. [LB81]

AUBREY MANCUSO: It's just allowing a new population to enter that structure. [LB81]

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SENATOR CAMPBELL: Okay. Any other questions? Thank you very much for your testimony. [LB81]

AUBREY MANCUSO: Thank you. [LB81]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB81]

SARAH ANN KOTCHIAN: (Exhibit 8) Good afternoon. Chairwoman Campbell and members of the Health and Human Services Committee, my name is Sarah Ann Kotchian, S-a-r-a-h A-n-n K-o-t-c-h-i-a-n. And I appear today in support of LB81 on behalf of the Holland Children's Movement, a nonpartisan, not-for-profit organization founded by Richard Holland, committed to improving public policies essential to providing opportunities for success for children and families living in poverty. We would like to thank Senator Cook for the introduction of this legislation and her continued attention and commitment to increasing eligibility and addressing the cliff effect in the Child Care Subsidy Program. As we have heard through some very moving testimony today, the high cost of childcare is a tough economic reality for hardworking families in Nebraska. It can leave many families to choose between work and staying home. However, for single parents and low-wage earners, staying home and losing an income is not a viable option. Nebraskans value hard work, and although 70 percent of all children under the age of six had all available parents in the work force, nearly one in five children in Nebraska lives in poverty. Poverty for a family of three in 2015 is an annual income below \$19,790. Initial eligibility for childcare assistance that we have talked about today is 130 percent of federal poverty or for a family of three at or below an annual income of \$26,117. When this annual income is compared with the average annual cost of care for an infant in center-based care in Nebraska at \$9,100 and for a four-year-old at \$6,800, for a total annual average cost of care for two young children at nearly \$17,000, it is easy to see how the high cost of childcare impacts a family's budget. Without childcare assistance, many families face untenable decisions of not working and relying on more costly public assistance or leaving their young children in unsafe or poor quality childcare arrangements. This program is a lifeline to parents' ability to work and their children's ability to learn. Learning begins at birth. The earliest years of a child's life represent a critical window of opportunity to develop a child's full potential and shape key academic, social, and cognitive skills that determine a child's success in school and in life. The science and the research is clear that young children who attend quality early learning programs are more likely to do well in school, find good jobs, have fewer interactions with the justice system, and have greater earnings as adults. The issues of increasing affordable access by increasing ongoing eligibility to the Child Care Subsidy Program and improving quality are equally important and interrelated goals we must consider as part of our early childhood system of care. According to the 2014 Nebraska Kids Count Report, the average annual payment by the state through the Child Care Subsidy Program per child in 2013 was \$2,609. However, as mentioned, the annual average private pay cost for an infant in center-based care is \$9,100. This is nearly a \$6,500

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difference between the average annual subsidy payment by the state and the average annual private cost for a parent who does not receive childcare assistance. This financial gap amounts to lower quality care and the emergence of the opportunity gap for the youngest children facing the greatest economic barriers to academic and life success. Under LB81, parents would be able to earn more and still receive assistance while paying an increasing portion of the cost of childcare as they earn more income to help offset this gap. As we continue to address issues in the Child Care Subsidy Program, we must be mindful about the system as a whole and how we can best address access to affordable, high-quality care for young children. The bottom line here is that when parents do better, children do better. LB81 is smart policy that supports and values work as a way out of poverty. And we would respectfully ask you to advance LB81 to General File. I thank you for your time and consideration of this issue to support working families and their children. [LB81]

SENATOR CAMPBELL: Thank you very much. Questions? Senator Riepe. [LB81]

SENATOR RIEPE: Thank you, Senator Campbell. I know that Mr. Holland has been very generous to the state and particularly to Omaha. My question is, does the Holland's Children's Movement--I assume that's a foundation, 501(c)(3) type--do they ever do matching grants or are you aware of any other charitable organizations that provide matching grants so that the state can at least spread its dollars further over more recipients? [LB81]

SARAH ANN KOTCHIAN: That is a great question. The Holland Children's Movement, just to go back to the organization for a moment, is a 501(c)(4). There are opportunities in the state for private contributions to increase access to quality care. The Sixpence Learning Program, which I think we're going to be talking about a lot more this afternoon, is one particular opportunity. It's a wonderful private...public/private partnership that really focuses quality and has proven results for infants and toddlers. As far as the Child Care Subsidy Program itself, that's a trickier question that we've been wrestling with. How do you provide scholarships inside Child Care Subsidy Programs and at the same time impact quality, because first, the programs that accept subsidy have to get to quality levels? So they need probably not only the support of philanthropists but also the state to come together to really impact quality. One major step the state has taken recently is the development of the Step Up to Quality program. There are opportunities within this, I think, for private contributions but we haven't reached that point yet. [LB81]

SENATOR RIEPE: Thank you. [LB81]

SENATOR CAMPBELL: Other questions? Thank you very much. [LB81]

SARAH ANN KOTCHIAN: Thank you. [LB81]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB81]

MICHELLE ZYCH: (Exhibit 9) Good afternoon. Chairwoman Campbell and members of the Health and Human Services Committee, my name is Michelle Zych, M-i-c-h-e-l-l-e Z-y-c-h. And I'm the executive director of the Women's Fund of Omaha. We are an organization dedicated to improving the lives of women and girls in the Omaha community. To do this, we identify critical issues through research. We fund innovative solutions through grants and we influence dynamic change through advocacy to ensure that every woman and girl has the opportunity and ability to reach her full potential. I'm here today to testify in support of LB81, a bill that will help improve the economic security of women and their families by providing time-limited transitional childcare assistance that allows them to accept small increases in income either through a raise or an increase in hours without dropping off the childcare cliff. As an organization that's driven by research, we conduct a survey to take the pulse of our community. When we ask which issues are the most pressing for women, our community consistently points to poverty and the ability of women to become self sufficient and economically secure to support their families. While our organization has invested more than \$700,000 into programs that aim to provide women with financial literacy, employment training, and leadership development, we believe that a combination of public and private investments will be required to build economic security for women and their families. In our research, we have found the following: Women account for 67.8 percent of the labor force in Nebraska and continue to earn just 72 cents for each dollar that a man earns. The wage gap between genders is consistent across race and ethnicity. However, there are also substantial differences between racial and ethnic groups regardless of gender. Out of all households, just under half, or 49 percent, are married couple families. And 15.6 are single parent families, 72 percent of which are headed by a single female. Families headed by a single female are important to consider, as their median income is just \$24,609. In contrast, the median household income for all families with children is \$64,763 per year. The average annual cost of childcare for an infant in center-based care in Nebraska is \$7,911, or \$659 a month. For most families, childcare is the largest component of their family budget and can represent a significant financial burden even for middle income families. This budget item is especially difficult for female-headed households with an average income of about \$25,000. Having the ability to accept additional hours and increases in income without losing crucial childcare assistance makes it possible for women to advance in their jobs and work toward a path of economic self sufficiency with the ultimate goal of not needing support. When we think about the average single mother making around \$2,000 a month, trying to make ends meet, and working to support her family, we realize she has really difficult decisions about where to send her children when she is at work. Her childcare accounts for more than 30 percent of her annual income while the average family with the median income of nearly \$65,000 is spending closer to 12 percent. We know that these statistics and numbers tell the story of women in our community, women who want to be able to support their families and who are working to become economically self sufficient, women who have turned down advancement opportunities

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and increased hours to ensure that assistance was not lost. We believe that LB81 is one of many policy solutions that will invest in long-term economic stability for women and their families. Guided by research, the Women's Fund of Omaha supports LB81 and its intent to provide time-limited transitional childcare assistance for low-income working women and families. We feel that by making childcare more affordable for working families, we will be able to help them on the path of achieving economic self sufficiency and security. This investment will be one that will make it possible for women to support their families and their communities. Thank you for your time. I'd be happy to answer any questions. [LB81]

SENATOR CAMPBELL: Any questions for Ms. Zych? Thank you. I don't see any. Our next proponent? Good afternoon. [LB81]

SIERRA VALENTINE: Good afternoon. My name is Sierra Valentine, S-i-e-r-r-a V-a-l-e-n-t-i-n-e. I'm here today to speak to you as a single working mother. This bill would be extremely helpful as I don't have friends and family I can rely on to help watch my daughter, Dallas (phonetic). I had to rely on the state for help with childcare, food stamps, and health insurance because my daughter's dad is not in the picture. It has been helpful to have help from the state in so many ways. I can focus on paying bills and paying off debt and not have to worry about paying for health insurance, food, and day care at this point in my life. I don't want to rely on the state forever, but whenever I get a good-paying job I enjoy, I have...and I report it, I lose everything. And I can't afford to be cut off right away causing me to start all over from step one. It gets frustrating as well as stressful after a while. Earlier this year, I had a job I loved with decent pay. I was slowly getting caught up on bills and paying off some debt and getting things back on track. Things were going great for myself and my daughter. I was so happy and not as stressed because I was able to finally be caught up on most of my bills. I was able to put some money away for my daughter and put some credits in some of my accounts for my bills. I called the state to report my new income and ask if I'd have a copay for childcare, to ask what it would be so I can budget for it for the following month. And she...when she told me that I'd be making...when I told her what I'd be making an hour and how many hours a week I'd be working, she said I would lose my childcare because I made just \$17 over the monthly requirements. An example is that their requirements are \$1,000 a month. I make \$1,017. By me making the extra \$17 a month meant I now had to pay \$700 a month for childcare. When I got the letter saying I would be losing my childcare, I had no choice but to quit my job because as a single mother, I could not afford to pay...excuse me. [LB81]

SENATOR CAMPBELL: You're fine. Take your time. [LB81]

SIERRA VALENTINE: I could not afford to pay \$700 a month on top of bills, rent, diapers, formula, utilities, plus many more. I had to...and I didn't have anyone I trusted to watch her that

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would watch her for a decent rate or let alone free. So I had to reapply for everything because I couldn't afford to get cut off right away. I felt like no matter how hard I tried to make a better life for Dallas and myself, I was not getting anywhere. I felt like I was getting punished for trying to make a better life and things easier on myself and my daughter. I support this bill for numerous reasons. A couple of them: It would help others...myself as well as others to not have to worry so much about childcare. It would give myself and others a chance to make a better life for ourselves and not be punished for it. This bill would become...would create a steppingstone that would have allowed me to gradually move off of assistance instead of suddenly losing everything because I just made \$17 over the monthly income. I ask that you remember my story and those of others like me when you vote. And thank you again for the opportunity to share my experience. I can answer any questions. [LB81]

SENATOR CAMPBELL: Thank you, Ms. Valentine. Any questions from the senators? Okay. How old is Dallas? [LB81]

SIERRA VALENTINE: She just turned six months yesterday. [LB81]

SENATOR CAMPBELL: And she's doing well? [LB81]

SIERRA VALENTINE: Yes. [LB81]

SENATOR CAMPBELL: Good. I know how hard it is to tell your personal story and we're always glad to hear them, however difficult. [LB81]

SIERRA VALENTINE: Thank you. [LB81]

SENATOR CAMPBELL: Thank you. Our next proponent? [LB81]

JEN GOETTEMOELLER: (Exhibit 10) Good afternoon. Madam Chair, members of the Health and Human Services Committee, my name is Jen Goettemoeller, J-e-n G-o-e-t-t-e-m-o-e-l-l-e-r. I'm here representing First Five Nebraska. Thank you for the opportunity to express our support for LB81 this afternoon and also to Senator Cook, thank you for bringing this legislation. We support LB81 because the leading factor that places the child at risk of failing in school is living at or below 185 percent of the poverty line. In Nebraska, the number of children at risk from zero to five is just over 64,000. And that is 42 percent of the state's population in that age range. The eligibility limit for the Child Care Subsidy is not high enough to cover all of these children at risk which is troubling in and of itself. But just as troubling is the fact that the families who do receive assistance find it difficult to move up in the workplace, which you've heard about

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already, receiving pay increases and promotions. They don't really have the opportunity to work their way out of poverty because they may lose their ability to afford quality childcare or any childcare, for that matter. LB81 provides a smart solution. I urge you to support this bill and advance it out of committee. [LB81]

SENATOR CAMPBELL: Questions? Thank you very much for your testimony. [LB81]

JEN GOETTEMOELLER: Thank you. [LB81]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB81]

GWENDOLEN HINES: Good afternoon, Senators. My name is Gwendolen Hines. My first name is G-w-e-n-d-o-l-e-n. My last name is Hines, H-i-n-e-s. And I'm testifying on behalf of the social justice committee of the Unitarian Church of Lincoln. We support this bill but we feel that the eligibility limit should be even higher than it is. One hundred thirty percent of the poverty line is...for a family of three is about \$26,000. I went grocery shopping. Usually my husband does the grocery shopping at our house. And I went with him the other...last week. And I was shocked to discover that we spend \$120 on food per week for the two of us. We eat very healthfully. We eat fresh vegetables and fresh fruit, whole grains, real cheese, we don't buy the generic sliced American cheese. So if we had...we would...our son is already in college, so he doesn't live with us anymore. But if we were paying for a family of three for a year, that would work out to \$9,360 a year in groceries. If you add that to the amount it would cost to...for one child in childcare, that would be about \$17,000 for childcare and groceries leaving about \$9,000 left. And that's only if you have one child in childcare. So if you have two children in childcare that leaves almost nothing left for rent, gas, and clothes. So I just can't imagine how people living at 130 percent of the poverty level can make things...can make ends meet. And I think that the eligibility limit for childcare subsidies should be higher than that. That's all I have to say. Thank you. [LB81]

SENATOR CAMPBELL: Okay. Any questions, Senator? Thank you, Ms. Hines, very much. Our next proponent. Anyone else? Those who are opposed to the bill? Any opponents? Okay. Anyone in a neutral position. Probably not going to be neutral on this one. Senator Cook, would you like to conclude? [LB81]

SENATOR COOK: Yes, just very briefly I want to thank you, Madam Chair and the committee for considering the proposal. The testimonies are always the best examples. It's fine to have rubrics and spreadsheets and 130 percent of this and 185 percent of that. But when you hear...when I am reminded of the true impact of the policies that we have in place and how I am certain that that is not the intent of that policy, to be a barrier to working, which Nebraskans like

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to do, and also almost more importantly, showing...being that example to your children of getting up in the morning, getting out, taking care of yourself, providing for yourself. This is an important bill that will help struggling families get there. So thank you very much for your consideration. [LB81]

SENATOR CAMPBELL: Any additional questions for Senator Cook? Okay. Thank you very much. [LB81]

SENATOR COOK: Thank you. [LB81]

SENATOR KOLTERMAN: (Inaudible). [LB81]

SENATOR CAMPBELL: Oh, sorry. [LB81]

SENATOR KOLTERMAN: (Inaudible). [LB81]

SENATOR CAMPBELL: Sure, we can. We'll take a five-minute break. If you are leaving for the afternoon, would you leave as quietly as you can? And we'll take a five-minute break. [LB81]

BREAK

SENATOR CAMPBELL: Okay. If you would all, please, find your chair and we will resume the hearings for this afternoon. All right. We will...Brennen, just to make sure that we have it in the record, we had a letter for the last bill? [LB81]

BRENNEN MILLER: (Exhibit 11) Yes, it will go in as Exhibit 11 from the Lincoln Public Schools. [LB81]

SENATOR CAMPBELL: Okay. So we now open the hearing on LB370, Senator Riepe's bill to provide for an amendment to the Medicaid state plan relating to dyslexia treatment. Senator Riepe, go right ahead. [LB81]

SENATOR RIEPE: Thank you, Chairman Campbell. I've testified and opened at some other committees but I've never been quite under the spotlight that I am here with the...it seems... [LB370]

SENATOR CAMPBELL: We bring the bright lights for you. [LB370]

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SENATOR RIEPE: I guess so. Anyway, I thank you very much and the members of this committee for the opportunity to introduce LB370. I am Senator Merv Riepe and it's spelled M-e-r-v, and Riepe is R-i-e-p-e, from District 12 which is Omaha, Millard, and Ralston. Dyslexia is defined as a specific learning disability that is neurological in origin. It is characterized by difficulties with acute and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences of dyslexia may include problems in reading, comprehension, and reduced reading experience that can impede growth of all vocabulary and background knowledge. I believe this is the first time the topic of dyslexia has been brought to the Legislature. I have been asked to introduce this bill and to bring to light the concerns of dyslexia. I do not have a lot of knowledge or information regarding dyslexia, but there are multiple people behind me who will be able to educate all of us as to the concerns of dyslexia. They will be able to answer your questions regarding the diagnosis, treatment, epidemic of dyslexia. I also want to point out the fiscal note. Department of Health and Human Services have determined that CMS, which is Medicare, would unlikely approve the amendment as the bill does not identify the scope or type of service treatment to be provided. Additionally, I understand that there is no medical treatment for dyslexia. I will accept any questions you may have regarding LB370. However, my knowledge is very limited to the subject and I will ask for others that can embellish on that. Thank you very much. [LB370]

SENATOR CAMPBELL: Okay. Thank you, Senator Riepe, for your opening. Are there any questions? Senator Howard, did you have a question? [LB370]

SENATOR HOWARD: I did. Thank you, Senator Campbell. And thank you, Senator Riepe, for bringing us LB370. I was curious as to why you chose a state plan amendment instead of a waiver. [LB370]

SENATOR RIEPE: A state plan? [LB370]

SENATOR HOWARD: Amendment instead of a waiver. [LB370]

SENATOR RIEPE: I would have to go back on that because I was...I introduced this for another, and so I apologize but I'll have to get back to you on some clarification on that to understand the difference and...or maybe you can help me with the difference? [LB370]

SENATOR HOWARD: Certainly. So in this instance, a 1905 would be more appropriate, although there are other waivers that we could try if it was a new service that would allow us for a pilot or to try something new. [LB370]

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SENATOR RIEPE: Sure. [LB370]

SENATOR HOWARD: I was curious about what you thought about the type of provider for this service. I'm trying to sort of suss out intent around this bill. [LB370]

SENATOR RIEPE: Well, and we originally thought that this bill probably should have gone to the Education Committee and maybe instead of Health and Human Services, given the fact that there wasn't a medical treatment plan per se. And so whether this was slotted...but it is what it is and so we brought it forward to this HHS. [LB370]

SENATOR HOWARD: And I would guess that that's because it deals with Medicaid. [LB370]

SENATOR CAMPBELL: Medicaid. [LB370]

SENATOR RIEPE: Very, very, very much so. [LB370]

SENATOR HOWARD: Would you consider this sort of an additional service in Medicaid, or... [LB370]

SENATOR RIEPE: Yes, I would. [LB370]

SENATOR HOWARD: So it's a little bit of a Medicaid expansion then? [LB370]

SENATOR RIEPE: Yes, it is. [LB370]

SENATOR HOWARD: Okay. And then when we talk about the scope of service, I think I'm more curious about your intent in terms of length of service, who would be providing the service, where the location of the service would occur. [LB370]

SENATOR RIEPE: I think the intent of this is a combination between neurologist in terms of the service and also, obviously, the learning environment for the individual. [LB370]

SENATOR HOWARD: And so... [LB370]

SENATOR RIEPE: And I think it would probably be an ongoing--it's...there is no cure per se--so that it's not a time limited type of a program. [LB370]

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SENATOR HOWARD: And so for this type of disability, is there a medical necessity? [LB370]

SENATOR RIEPE: I would say there is no medical cure for it, so the question of medical necessity would probably be, while it's important for the child's development and it's important in the education process, medically, one would be hard pressed...it would...to say that if you don't have it by age five or six that it's an irreversible situation. [LB370]

SENATOR HOWARD: And a... [LB370]

SENATOR RIEPE: And I do have...I know behind me is a pediatrician who is well skilled in these learning disabilities and skills and may correct you on anything that I've told you. [LB370]

SENATOR HOWARD: Wonderful. And so there is a specific type of therapy that we're speaking about? It's not just about the ailment but it...we talk about the specific type of therapy when we're looking at state plan amendments for Medicaid. And so this reads that it's treatment of dyslexia. When we think of the treatment, is it a specific type of therapy and what is that called? [LB370]

SENATOR RIEPE: And I would yield to the pediatrician to my immediate behind. I can almost reach her with my hand here (laughter) and to give us more knowledgeable, insightful information than I am prepared to provide. [LB370]

SENATOR HOWARD: And have you spoken with the department about the language of this bill and your intent? [LB370]

SENATOR RIEPE: I'm sorry? [LB370]

SENATOR HOWARD: Have you spoken with the department about the language of this bill and your intent? [LB370]

SENATOR RIEPE: Yes, and I think the Department of HHS has concerns with this bill. [LB370]

SENATOR HOWARD: Okay. Thank you. [LB370]

SENATOR CAMPBELL: Any other questions? Senator Cook. [LB370]

SENATOR COOK: Thank you, Madam Chair. And thank you, Senator Riepe. I apologize. I extended my five-minute break and visited with my neighbors in the hallway. [LB370]

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SENATOR RIEPE: Don't apologize to me. The Chairman here runs this place. (Laughter)  
[LB370]

SENATOR COOK: Well, I'm apologizing to you because I may be asking a question that you've  
already been asked. [LB370]

SENATOR RIEPE: Oh, okay. [LB370]

SENATOR COOK: So do you see this, since this is usually the question you ask, is this an  
expansion of Medicaid, Senator Riepe? (Laughter) [LB370]

SENATOR CAMPBELL: She just asked that. [LB370]

SENATOR RIEPE: Yes, yes. [LB370]

SENATOR COOK: Thank you. [LB370]

SENATOR CAMPBELL: Okay. Any other questions? You can tell we're nearing the end of the  
week, can't you? [LB370]

SENATOR KOLTERMAN: It's only Thursday. [LB370]

SENATOR CAMPBELL: It's only Thursday. Exactly. Okay. Thank you, Senator Riepe. I know  
you're going to be here for closing. [LB370]

SENATOR RIEPE: Oh I'm...oh yeah, I will be here. Thank you very much. And I'll be here to  
learn. [LB370]

SENATOR CAMPBELL: Okay. [LB370]

SENATOR RIEPE: Thank you. [LB370]

SENATOR CAMPBELL: Excellent. All right. Our first proponent. [LB370]

EILEEN VAUTRAVERS: (Exhibit 12) Madam Chair and committee members, I'm Eileen  
Vautravers, E-i-l-e-e-n V-a-u-t-r-a-v-e-r-s. I am a retired pediatrician who has had a lifelong

interest in learning disabilities. I am the current past president of the Nebraska Dyslexia Association and I am testifying on their behalf today. The Nebraska Dyslexia Association applauds senators Riepe and Krist for recognizing the longstanding need to address dyslexia in Nebraska with the introduction of LB370. We concur with the amended definition of dyslexia that Senator Riepe read at the beginning of his testimony. This definition is endorsed by the International Dyslexia Association and the National Institute of Child Health and Human Development. LB370's intent is to help families and individuals with dyslexia pay for the cost of treatment of dyslexia. Some dyslexia issues yet to be clarified in this bill, as Senator Howard has already addressed, are who can make the diagnosis of dyslexia, what are their qualifications, who is qualified to treat dyslexia, and what scientifically proven instructional methods should be used to treat dyslexia? So what is dyslexia? Let's start with that. Dyslexia is a receptive language-based learning disability. It is not a reading disability but it is the most common cause of reading problems. Dyslexia accounts for 80 percent of learning disabilities. It occurs in one in five individuals or 20 percent. So you have seven senators on this committee and each of you has a legislative aide. Therefore, about three of your group have dyslexia. Individuals with dyslexia have difficulty, as Senator Riepe said, with the phonological or sound component of language. When typical readers read cat, they break the word into individual letters, c-a-t. Then they associate a sound with each of those letters, kuh-ah-tuh (phonetically) and then they reassemble and put those sounds back together to read cat. Dyslexics have difficulty hearing and remembering the sounds of letters. This causes problems with not only reading, as Senator Riepe said, but writing, spelling, comprehension, vocabulary acquisition, and/or fluency. Dyslexia is not a problem of reversing Bs and Ds or Ps and Qs. There are two types of dyslexia that have been identified with the use of functional MRIs in the past two decades, primary dyslexia and secondary dyslexia. Primary dyslexia results from the absence of brain wiring for reading to two left, back brain, primary reading areas: the word analysis and the rapid recall areas. It...primary dyslexia is usually inherited about 50 percent. Since one in five students has primary dyslexia, up to 6,000 K through 12 Nebraska students have primary dyslexia. In secondary dyslexia, the essential wiring for reading to those two left, back brain areas is present but it has not been stimulated because of environmental deprivation. Children living in poverty, exposed to toxic stress and adverse childhood experiences, English as a second language students, and children who have had poor reading instruction in school comprise this group of secondary dyslexics. As calculated in your handout, up to 45,000 students in Nebraska have secondary dyslexia. In both primary and secondary dyslexia, there is a neurological cause. And that is why children do not outgrow it without intervention. Funding for dyslexia testing and diagnosis by qualified psychologists, speech pathologists, radiologists is helpful. However, dyslexia has educational consequences and requires educational treatment, not medical treatment. Therefore, funding for treatment of dyslexia by qualified teachers and tutors knowledgeable in the structure of language and trained in an Orton-Gillingham method is even more valuable. The essential wiring for reading of the brain can be developed or stimulated using these methods, in answer to Senator Howard's question about, are there methods and what are they? The earlier a child's risk for

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dyslexia is recognized and treatment begun, the better the outcomes. In one study, when treatment was begun in first grade, the reading disability was reduced by 66 to 90 percent. When delayed until third grade, 75 percent of students continued with reading difficulties. In summary, reading really is rocket science. We have a problem when 95 percent of all children can learn to read yet 20 percent of elementary students struggle learning to read and 20 percent do not read fluently enough to engage in independent reading. We have a problem when 85 percent of youth in the juvenile justice system are functionally illiterate. We have a problem when 30 to 50 percent or more of youth whose parents sought professional counseling for emotional or behavioral problems also had a learning disability. The cost for special education, incarceration, and counseling could be significantly lowered by early identification of children at risk for dyslexia and appropriate treatment of dyslexia. Additional tax revenue could also be generated by appropriately employing the 25 percent of adults who are underemployed because they lack basic literacy skills required in a typical job. We know what works to teach children to read. We just need to do it. So we ask your committee to continue further exploration of how you might be involved with furthering the cause of dyslexia. [LB370]

SENATOR CAMPBELL: Okay. We'll start with Senator Howard and then go back to Senator Cook. [LB370]

SENATOR HOWARD: Thank you, Senator Campbell. Thank you for your testimony today, Doctor. So in reading your testimony, you indicate, the first paragraph on the second page, that the treatment would be given by qualified teachers and tutors. [LB370]

EILEEN VAUTRAVERS: That is correct. [LB370]

SENATOR HOWARD: I'm having a hard time thinking of laypeople who have been given provider credentialing in the Medicaid program. [LB370]

EILEEN VAUTRAVERS: Who would qualify for this? [LB370]

SENATOR HOWARD: As providers... [LB370]

EILEEN VAUTRAVERS: Yes. [LB370]

SENATOR HOWARD: ...enabling them to bill as providers. Traditionally, Medicaid providers are medical. [LB370]

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EILEEN VAUTRAVERS: Medical. That is correct. That is my understanding as a physician also. And we brought this concern to Senator Riepe and that is why he is suggesting further study related to this bill. [LB370]

SENATOR HOWARD: Certainly. Are there any third-party payers, insurance companies, who are paying for this service right now? [LB370]

EILEEN VAUTRAVERS: For treatment, yes, there are some insurance companies that do pay speech-language pathologists. Speech-language pathologists are medical providers so they can bill for treatment of language disorders. [LB370]

SENATOR HOWARD: Okay. What type of code are they using? Do you know? [LB370]

EILEEN VAUTRAVERS: I do not know. [LB370]

SENATOR HOWARD: Okay. [LB370]

EILEEN VAUTRAVERS: But we have a board member who could get that code number for you if you were interested in that. [LB370]

SENATOR HOWARD: Okay. That would be great. I'm just curious about the name of the therapy and how it's coded for private payers. [LB370]

EILEEN VAUTRAVERS: The general name is a multisensory structured language Orton-Gillingham based type programs. [LB370]

SENATOR HOWARD: Okay. [LB370]

EILEEN VAUTRAVERS: These have been repeatedly shown to rewire the brain based on functional MRIs and this type of instruction is what will do that, so. [LB370]

SENATOR HOWARD: Thank you. [LB370]

EILEEN VAUTRAVERS: You're welcome. [LB370]

SENATOR CAMPBELL: Senator Cook. [LB370]

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SENATOR COOK: Thank you, Madam Chair. And thank you, Doctor, for coming. You made reference to an amendment that the sponsoring senator is proposing or does it exist someplace that you're aware of? [LB370]

EILEEN VAUTRAVERS: When the initial bill, LB370, was put on the Internet, there was a different definition or explanation for what dyslexia was. [LB370]

SENATOR COOK: Yes. Yes, and I'm looking at that now. Pardon the interruption. It says, "For purposes of this subsection, dyslexia means a reading disability that occurs when the brain does not properly recognize and process certain symbols." [LB370]

EILEEN VAUTRAVERS: Yes. [LB370]

SENATOR COOK: And based on your testimony, that's not what you mean at all. [LB370]

EILEEN VAUTRAVERS: That's not true. Following our meeting with Senator Riepe's legislative aide, she indicated that he would probably introduce that definition of dyslexia at the time of the introduction of the bill. I'm sorry, I didn't pay close attention to... [LB370]

SENATOR COOK: Okay. [LB370]

EILEEN VAUTRAVERS: He was reading the definition... [LB370]

SENATOR COOK: Okay. And there's one right here. [LB370]

EILEEN VAUTRAVERS: ...as he gave his testimony. And I have included the International Dyslexia Association's definition in your packet. [LB370]

SENATOR COOK: Yes. [LB370]

EILEEN VAUTRAVERS: So you do have that and he... [LB370]

SENATOR COOK: And that's the one you're comfortable with? [LB370]

EILEEN VAUTRAVERS: And that is the one we are comfortable with. [LB370]

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SENATOR COOK: Thank you. [LB370]

EILEEN VAUTRAVERS: Yes. [LB370]

SENATOR CAMPBELL: Dr. Vautravers, in the research that you've done for this, what other states cover this through a Medicaid? [LB370]

EILEEN VAUTRAVERS: I tried to find out and I was unable to find out what states might. [LB370]

SENATOR CAMPBELL: Okay. [LB370]

EILEEN VAUTRAVERS: I called the International Dyslexia Association office about two weeks ago and they have not gotten back to me. But I would be happy to pursue that for you to find out if there are states that do cover it under their Medicaid since insurers...and it's up to individual insurance companies as to whether they would cover this therapy or not. But insurances do. [LB370]

SENATOR CAMPBELL: Okay. And I'm sure...that's why, based on the fiscal note from the department, I am sure that we can check with them in terms of what other states and how it's covered... [LB370]

EILEEN VAUTRAVERS: Okay. [LB370]

SENATOR CAMPBELL: ...because at this point, I think that goes back to Senator Howard's initial question with Senator Riepe, and that has to do with the medical necessity. And I'm sure that part of what the department is saying in the fiscal note is whether there is a medical necessity. So we'll need to answer those questions. You're fine... [LB370]

EILEEN VAUTRAVERS: There really is a medical necessity to rewire the brain. And as I've indicated, the time period is very critical. Dyslexia...risks for signs of dyslexia can be identified in preschoolers. The normal screening for children for readiness for kindergarten does not detect children who are at risk for dyslexia. And the results of the effectiveness of the wiring of the brain are far greater the earlier that is begun. So there is a sense of urgency in initiating this therapy and identifying children. Dr. Molfese, who is at the university heading up the concussion studies and that runs their functional MRI machine in the east stadium there was unable to attend today to testify before you. He is apparently ill. But he was going to talk about this issue and I'm sorry that he couldn't be here. [LB370]

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SENATOR CAMPBELL: Okay. Thank you. Oh, Senator Howard, I'm sorry. [LB370]

SENATOR HOWARD: I'm sorry, I thought of another one. Is dyslexia screening part of EPSDT in Medicaid? [LB370]

EILEEN VAUTRAVERS: The American Academy of Pediatrics is encouraging pediatricians to include literacy in their anticipatory guidance that physicians give at each of the checkups of children starting at three weeks and even prenatally. They say reading to babies in utero does have a beneficial effect. And so it's not presently part of the standard EPSDT. We have spoken to several pediatric offices especially here in Lincoln about doing screening specifically for dyslexia as they work with children. But it's not a nationally...national program of screening. [LB370]

SENATOR HOWARD: And if I may, a follow up. I do not serve on the Education Committee; my mother did, I do not. Senator Cook does so she may be able... [LB370]

EILEEN VAUTRAVERS: Senator Baker does. [LB370]

SENATOR HOWARD: Senator Baker does. Are there any programs on the...Senator Riepe mentioned that maybe this would be more appropriate for the Education Committee. Are there any programs that allow you to bill in the same way Medicaid does on the education side so that teachers and tutors would be appropriate providers of this service? [LB370]

EILEEN VAUTRAVERS: To bill whom? [LB370]

SENATOR HOWARD: Are there any programs that you know of on the education side? [LB370]

EILEEN VAUTRAVERS: On the education side, I am not aware of any programs that reimburse for educational needs. [LB370]

SENATOR HOWARD: For a dyslexia treatment in an educational setting? [LB370]

EILEEN VAUTRAVERS: No, no. [LB370]

SENATOR HOWARD: Okay. Just checking. Thank you. [LB370]

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EILEEN VAUTRAVERS: No, other than the funds that public schools get for educating children. [LB370]

SENATOR HOWARD: Okay. [LB370]

EILEEN VAUTRAVERS: But that is one of our concerns is that the lack of teacher training in helping individuals with dyslexia and the lack of addressing the specific needs that they have...so educational funds, yes, to help teachers in training, preservice teachers, as well as teachers that are presently in the community teaching need to receive this education. We have met with the individuals at the Nebraska Department of Education. And they have been working with us and enlisting our support and are in the process of developing a dyslexia handbook for all of the districts in the state of Nebraska to better identify the needs of dyslexic children and to recognize them early. We have our first meeting in a couple of weeks to get back to them about our input on the document that they have developed. So we are working through the Department of Education and they have been very responsive to pursuing the identification. And teacher training, ultimately, is where it all starts. If our teachers know how to teach these children, all children, the phonics using multisensory, we would eliminate a lot of the secondary dyslexic children that would never require special education needs and such, so that is ultimately where the ball ends up in. [LB370]

SENATOR HOWARD: Thank you, Doctor. [LB370]

EILEEN VAUTRAVERS: You're welcome. [LB370]

SENATOR CAMPBELL: Senator Kolterman. [LB370]

SENATOR KOLTERMAN: Thank you, Senator Campbell. Dr. Vautravers, could you...you talked briefly about speech pathologists and the role that they play with dyslexia. [LB370]

EILEEN VAUTRAVERS: Dyslexia. [LB370]

SENATOR KOLTERMAN: Could you expand on that just a little bit because I'm wondering if that's a possibility of a way that this could be tied in with Medicaid. [LB370]

EILEEN VAUTRAVERS: With Medicaid...as I read the bill that I have back there, in the paragraph or so prior to this amendment, it talks about services for speech-language...of speech-language pathologists to treat a language disorder. [LB370]

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SENATOR KOLTERMAN: Okay. [LB370]

EILEEN VAUTRAVERS: And someone could read that. [LB370]

SENATOR KOLTERMAN: And I've got... [LB370]

EILEEN VAUTRAVERS: And so maybe... [LB370]

SENATOR CAMPBELL: Is that what's on page 4, Dr. Vautravers, of the bill? That's the new underlined... [LB370]

EILEEN VAUTRAVERS: Yes. Right, under number (4) it talks about...that was just: On or before October 1, 2014, the department shall submit a state plan amendment to Medicaid/Medicare to provide that the following are direct reimbursable services when provided by school districts as part of an IEP. And it goes on. And in the list, if you go down to the last sentence: speech therapy and/or services for individuals with speech, hearing, or language disorders. And it's the couple phrases right before number (5) on the bill. [LB370]

SENATOR CAMPBELL: Senator Kolterman, I think because it's not underlined, it's not new. [LB370]

SENATOR KOLTERMAN: Right. [LB370]

SENATOR CAMPBELL: So that means that I believe this refers to the legislation of the bill that Senator Nordquist and Senator Kolowski worked on last year... [LB370]

SENATOR KOLTERMAN: Okay. [LB370]

SENATOR CAMPBELL: ...well, two sessions, actually. And, basically, what it was is the schools get reimbursed--Senator Baker, please listen, I may get this wrong--the schools get reimbursed for certain services that are...that can be reimbursed by Medicaid. And it's kind of a process of the schools turning in and then the state Medicaid department draws that down from the federal government and passes it through back to the school. So what Senator Nordquist's and Senator Kolterman's bill was... [LB370]

JOSELYN LUEDTKE: Kolowski. [LB370]

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SENATOR KOLTERMAN: Kolowski. (Laugh) [LB370]

SENATOR CAMPBELL: Kolowski. What did I say? [LB370]

JOSELYN LUEDTKE: Kolterman. [LB370]

SENATOR KOLTERMAN: I'm right here. [LB370]

SENATOR CAMPBELL: I wish you'd have been here two years ago. No... [LB370]

SENATOR KOLTERMAN: That was before Mark. [LB370]

SENATOR CAMPBELL: What that bill did was extend the list of potential areas that the schools could draw down currently. So they had to be a recognized--this is the key, I think--they had to be a recognized service already under Medicaid. What this bill does is really--number (5) on page 4--is it wants to add this service as a list under the Medicaid options. [LB370]

SENATOR KOLTERMAN: So it specifically spells this out? [LB370]

SENATOR CAMPBELL: Right. [LB370]

SENATOR KOLTERMAN: Yeah. [LB370]

SENATOR CAMPBELL: Senator Riepe's bill is really Section 5. Section 4 is what dealt with the reimbursement to the schools of a bill that was last year. And that's why it would say September. [LB370]

SENATOR KOLTERMAN: Yeah. I appreciate that explanation. [LB370]

SENATOR CAMPBELL: Okay. [LB370]

SENATOR KOLTERMAN: I'm just trying to search for ways that we can make this cost effective and recover the costs and... [LB370]

SENATOR CAMPBELL: Well, I think the key question probably here is a follow-up to some of the statements made by the department in the fiscal note and some investigation with them in

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terms of how CMS--that's the federal folks--classify this and what...and how it's reimbursed. And I think that's really where we're going to have to do some additional work because... [LB370]

SENATOR KOLTERMAN: And we thank you, Dr. Vautravers. [LB370]

EILEEN VAUTRAVERS: You're welcome. [LB370]

SENATOR CAMPBELL: ...I'm sorry, because a state plan amendment can be signed by the Governor to make a change. Remember, all 50 states have their own individual Medicaid plan. So when they want to make a change to it, the Governor can sign that state plan amendment. The Legislature can direct also that a state plan amendment be done. But that state plan amendment is then submitted to the federal CMS and they have to say, yes, under federal Medicaid rules, that is a reimbursable service. And it has to be then authorized. My... [LB370]

SENATOR HOWARD: Yes. [LB370]

SENATOR CAMPBELL: I've got my Medicaid person over here but... [LB370]

SENATOR KOLTERMAN: And just for clarification, that's really what Senator Howard was alluding to very early in the process. [LB370]

SENATOR CAMPBELL: Correct. [LB370]

EILEEN VAUTRAVERS: Yes. Yes. [LB370]

SENATOR KOLTERMAN: So I appreciate all this good dialog. Thank you. [LB370]

SENATOR CAMPBELL: So we can't just unilaterally make something a Medicaid service. It would ultimately have to be approved through CMS. But that's why I'm asking the questions and why we will follow up with the department. We don't expect Dr. Vautravers to do that, because we need to know a lot more about what they said in this paragraph. Helpful? Not helpful? Helpful? [LB370]

EILEEN VAUTRAVERS: Yes. Very helpful. [LB370]

SENATOR CAMPBELL: Okay. Anything else that you wanted to add, Dr. Vautravers?  
And...based on this conversation? [LB370]

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EILEEN VAUTRAVERS: No, just...I think your understanding, Senator Howard, of the issues are certainly some of our interests as well. We are taking this opportunity as an organization of professionals and parents to educate about the dire need to address dyslexia within the state of Nebraska and we really appreciate the senators for giving us this first opportunity with their legislative bill introduction to do that. And I don't want to take up too much time because we have many more people that want to share their stories, so thank you very much for your attention. [LB370]

SENATOR CAMPBELL: Thank you. And thank you for the packet. Our next proponent. [LB370]

CAROLYN BRANDLE: (Exhibit 13) Good afternoon. I'm Carolyn Brandle, C-a-r-o-l-y-n B-r-a-n-d-l-e. I'm president of the Nebraska Dyslexia Association and a retired special ed teacher from Lincoln Public Schools. I taught at McPhee Elementary for many years which is just south of the Capitol Building. McPhee, like many schools in Lincoln and Omaha and the rest of the state, have a high percentage of students who are on free and reduced lunch. Lincoln's poverty rate has increased 48 percent in the last ten years and low-income students trail the district's graduation rate in Lincoln by 5 percent. Education has been and still is the responsibility of Nebraska schools. However, there are some children who struggle throughout their school career in spite of good classroom instruction because of the brain difference known as dyslexia. Additional tutoring can have a major impact. While I was still at McPhee, I participated in a program to provide at least one, if not two, extra interventions daily to remediate deficits in reading for at-risk students. At the beginning of the year, all students were tested. Those performing at 50 percent or below were given additional tutoring, monitored weekly, and retested two more times. At the end of the school year, final tests were given. And here are the results on the English language arts district-wide criterion-referenced test. And this is the test given to all kids not just for special ed or other disabilities. For all students in the year 2006-2007, 78.8 percent were proficient. After a year of interventions, in the year 2007-2008, that score jumped to 83.8 percent proficient, a 6 percent gain. But the big change was for special education students. In 2006-2007, 45 percent were proficient. In 2007-2008, 71.4 percent proficient. That was a 26 percent gain. Though these statistics are from six years ago, they nevertheless show the impact of extra tutoring and interventions. This was done within the school day. But after-school tutoring may prove just as beneficial for students in schools with reduced staff or staff not trained in those methods of instruction for children with dyslexia. Similarly, Central Park Elementary in Omaha, using a multisensory language program called the Spalding System, has reading proficiency scores between 70 and 80 percent for its third through sixth grades. This is comparable to our state's scores even though Central Park has double the percentage of children in poverty. The right training, the right methods, and financial and time resources can make all the difference. Thank you for your time. [LB370]

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SENATOR CAMPBELL: Thank you very much. Questions from the senators? Thank you, Ms. Brandle. [LB370]

CAROLYN BRANDLE: Thank you. [LB370]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB370]

CLARICE JACKSON: Clarice Jackson and that's spelled C-l-a-r-i-c-e J-a-c-k-s-o-n. I'd like to thank you all for hearing me today. I'd like to thank Senator Riepe and Senator Krist for even getting this bill heard. I asked Senator Krist on behalf of my daughter and for all the kids that I work with and for all the parents that I know who have children with dyslexia, the Nebraska Dyslexia Association, along with many other people have, for years prior to me, been trying to get this heard. And so this may not be the ideal committee for this. I think it does deserve to be in Education, because although dyslexia is a...it's a medical diagnosis but it has educational implications. I'm just glad that we're here to discuss it. I am first and foremost representing my daughter, Latecia Fox, who was killed on January 24, and she had dyslexia and that is the reason why I sit here today. That is the reason why this is so very important to me. I watched my daughter struggle with dyslexia and internalize the issues of the educational system failing to identify it on herself and perceiving that she was stupid and dumb and incapable of learning and hitting herself in the head and talking about, I'm stupid, I'm stupid, I'm stupid, to aggressively advocating on her behalf in the public school system to get help and then to look outside the school system and found the Phoenix Academy, which used a multisensory program to address her issues. And from that point on...she made it to the fourth grade in the public school setting and could not read simple two- and three-letter words. She couldn't read the word what. She couldn't read the word the. She could read the word the on one page and then the very next page, she couldn't tell you what it was. Homework took hours and hours and hours and lots and lots of crying and frustration. And those frustrations turned into behavior problems in school. And so by the time she made it to the fourth grade, I was getting phone calls every single day and told to come and pick her up because they decided to look at her behavior issues versus what the real issue was, and that was she could not read, write, or spell. And she felt alone and confused and inadequate in class. And all her peers knew that. And so she didn't want to be there. And there are a lot of children who will exhibit avoidance behaviors because this is not addressed. It affects one in five people. That's 20 percent of the population. A classroom of 30, six of those kids have some form of dyslexia. So my daughter went to a private school and in one year, she went from not being able to read to a third grade reader. She began to read street signs. She began to have confidence in herself. Channel 7 did a news story on us when she was nine. And you can see her in the classroom raising her hand. And those are things that she didn't do prior to that. And...I'm sorry. [LB370]

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SENATOR CAMPBELL: Just take your time. That's okay. [LB370]

CLARICE JACKSON: And I'm here as a parent because I know the effect that it had on her. Even as she was 24 years old, she would still sometimes say, mom, I'm not smart. And I'd have to reiterate to her that dyslexia has nothing to do with intellect and you are very, very bright. And I say that every day to the kids at Voice Advocacy Center that I now run, because I created that center because I was inspired by my daughter. I didn't do it to make money or to profit off of kids. But I did it because no...these kids did not have a place to go. And I had been a special education advocate voluntarily for the past 17 years while I worked another job and have tried unsuccessfully to get the school system to acknowledge and support parents and students who are dyslexic. And it has not happened quick enough. And so I got tired of looking at parents saying, I know what it is but I know the school system is not going to help you. So I created a center for parents and children to come to that specifically addresses dyslexia. And so to see kids come in there who are screaming--and we have someone here who will testify to that--screaming because they don't want any more. They're tired. They've had enough of a failed system that just continues to not acknowledge what is really real. Dyslexia is real. And it's impacting parents and families everywhere. It crosses all racial boundaries. And I know I'm running out of time. But to see them change, to see them get the right method and to become confident in themselves and say, hey, I can do it, I can read, I can be successful...some of the most famous people in the world are dyslexic: Danny Glover, Cher, Steve Jobs, Steven Spielberg. These people are bright. We need to recognize that this is real and we need to help our children. They come first. My daughter came first. And that's why I'm here, because she came first. And all kids should. [LB370]

SENATOR CAMPBELL: Thank you, Ms. Jackson. We appreciate your story. [LB370]

CLARICE JACKSON: Sorry. [LB370]

SENATOR CAMPBELL: What city do you live in in Nebraska? [LB370]

CLARICE JACKSON: Omaha. [LB370]

SENATOR CAMPBELL: In Omaha, okay. And you probably are at the right committee because any bill that has the word in its title that has to do with the medical assistance program, Medicaid, comes to the Health and Human Services Committee. So we don't want you to think they gave it to the wrong spot... [LB370]

CLARICE JACKSON: Okay. [LB370]

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SENATOR CAMPBELL: ...based on how it is written because it would want reimbursement from Medicaid to pay for those services and that's how it got here. Questions for Ms. Jackson? Oh, sorry, Senator Cook. [LB370]

SENATOR COOK: Yeah. Thank you very much, Mrs. Jackson, for your continued efforts. We had a conversation last week about taking care of yourself and here you are again, but thank you. And I'm proud to say that this center is located in Legislative District 13 and Mrs. Jackson is my constituent. So I want to make certain that this definition that we've been...talked about of dyslexia and everything that you would need to get this...all these things accomplished is included among our conversation today or in the follow up. Can you expound upon...is it this one that I'm holding right here, definition of dyslexia--I'm sorry, I have just this copy--is a specific learning disability that is neurological in origin. [LB370]

CLARICE JACKSON: Yes. [LB370]

SENATOR COOK: It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological... [LB370]

CLARICE JACKSON: Phonological. [LB370]

SENATOR COOK: ...which I didn't think till I said that, I had that, a phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge. This is from the International Dyslexia Association versus the one that's in there now. [LB370]

CLARICE JACKSON: Yes. Absolutely. What you just read is the definition that we want put in there and that is the accurate definition, yes. [LB370]

SENATOR COOK: All right. Thank you very much. [LB370]

CLARICE JACKSON: Thank you. [LB370]

SENATOR CAMPBELL: Okay. Senator Howard. [LB370]

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SENATOR HOWARD: Thank you, Senator Campbell. Thank you for your testimony today. [LB370]

CLARICE JACKSON: Thank you. I apologize for getting emotional. I'm usually not. [LB370]

SENATOR CAMPBELL: Oh, no, please don't. [LB370]

SENATOR COOK: We do that all the time in this committee. [LB370]

SENATOR CAMPBELL: We understand. [LB370]

SENATOR HOWARD: No, yes, I want to extend my sympathies. I have also cried in that chair over a loss, so you are not alone. My fiance and I saw the news story about your family and my heart just broke. But I wanted to ask, when your daughter was first diagnosed with dyslexia, was it a teacher or a physician? Who was the first person to say, we have a problem here and we need to fix it? [LB370]

CLARICE JACKSON: Well, what first happened was, is I had to...because I thought special education was the solution at that time. So I pressed for her to be tested again for special education. And through there they did a psychological evaluation and some of the classic signs of dyslexia showed up in that. And so the recommendation from that psych evaluation was a multisensory program. But the school would not provide that even though that was their recommendation. So I was very perplexed by that. So then I did an outside evaluation and then that's where the word dyslexia...that's where I first heard the word dyslexia. And then I found the Phoenix Academy. And they talked about, has your child been to special education to know...and hasn't been successful, and Hooked on Phonics and Sylvan Learning and all these other tutoring centers and then they have not worked? And I'm like, yes, that is my child, yes. And so I went to the Phoenix Academy. And God rest her soul, Patti Clark was the founder of the Phoenix Academy that's still in existence now and I am just now...been asked to be a board member for them ironically. So she went there and they used a multisensory program and she got the help that she needed. And I was so moved by that, that she could go from pre-K to fourth grade and not be able to read and then to go to a school that uses the right method and make such gains and successes in one year that it caused me to be who I am today. She changed my life. It was a gift from God. [LB370]

SENATOR HOWARD: Was it a psychiatrist that connected... [LB370]

CLARICE JACKSON: Yes. [LB370]

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SENATOR HOWARD: Psychiatrist, okay. That's a billable. [LB370]

SENATOR CAMPBELL: Okay. Any others? Thank you, Ms. Jackson, very much for your testimony today. [LB370]

CLARICE JACKSON: Thank you. [LB370]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB370]

CHERYL REED: (Exhibit 14) Thank you. Madam Chairman and other member committees, my name is Cheryl, C-h-e-r-y-l, Reed, R-e-e-d. I am a member of the Nebraska Dyslexia Association and I'm here to encourage early recognition and appropriate instruction of students with dyslexia and to support Medicaid payment for these services. I also want to share my personal journey with dyslexia as a parent of a child with dyslexia. My son, as a preschooler, started showing difficulty tying his shoes and naming the months and letters of the alphabet in sequence. By second grade, he had increasing difficulties with reading and writing cursive and was put on an IEP for reading. Then in third grade, math became more difficult for him. I kept asking his teachers for suggestions on what I could do to help with his reading. His teachers would say, you have to read to them more; just give him fish oil (laughter); use a colored transparency over the letters when he reads. All of these interventions were unsuccessful. So I took it upon myself. I arranged for summer tutoring. I spent \$4,500 on Sylvan Learning. I spent \$1,600 on visual therapy. All these interventions were not successful as well. I've since learned that none of these measures help a child with dyslexia learn to read. In fifth grade, my son fell further behind. He developed anxiety. He felt stupid, was bullied, and his anxiety worsened. I couldn't get him out of the car to go to school. At that time, my son began taking medication for anxiety. I know now that 60 to 80 percent of students with emotional or behavioral problems also have a learning disability. The sixth and seventh grade years were exceedingly difficult for my son academically and emotionally. He continued with an IEP through the seventh grade and then the school put him on a 504 plan going into the eighth grade. This change from the school led me to gather his educational record. I was astonished to learn that he was going into the eighth grade not knowing his multiplication tables and reading at a 3.5 grade level. I immediately had my son independently tested by a pediatric neural clinical psychologist and he was given a diagnosis of dyslexia. He did qualify for an IEP not just in reading but also in written language and math. I obtained the math program that summer that was explicit in multisensory and I taught my son multiplication tables in three hours. For the first time, a light bulb went on for my son. He felt hopeful. He felt that he was not a failure. He felt the schools were failing him. In eighth grade, his IEP included a Sonday Reading Program that was a multisensory structured language program that was recommended by a dyslexia...a specialist. But, unfortunately, there was not the accountability in overseeing that this reading program was being taught correctly. So where is

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my son today? He's graduating in three months. He reads between a seventh and ninth grade level. It takes him three hours to write a one-page paper. His spelling is poor. His math is basic. Had my son spent...had my son been identified for dyslexia early, had he been given appropriate reading instruction using the Orton-Gillingham method by a properly trained teacher, and had there been some accountability to see that his reading program was taught correctly, I can only imagine that my son would have actually enjoyed learning and benefited from being on the National Honor Society like his siblings. And he would be planning to attend a four-year college like his twin sibling and looking forward to graduating from a four-year college like his older brother this May. As you can hear from my story, there are many expenses involved in trying to get a child diagnosed and treated and it doesn't have to be this difficult. Any questions? Sorry. [LB370]

SENATOR CAMPBELL: Oh, I'm sorry, I was following along on your testimony. [LB370]

CHERYL REED: Sorry. [LB370]

SENATOR CAMPBELL: No, are there any questions that senators have? Thank you for your testimony. I'm sorry, I was so engrossed in what you were saying there. Our next proponent. [LB370]

ALEXANDRIA HODGE: Hello. My name is Alexandria Hodge. That's A-l-e-x-a-n-d-r-i-a H-o-d-g-e. And I am a dyslexia tutor for the Voice Advocacy Center, very blessed to work with Ms. Clarice Jackson, and I'm in support of LB370 because I believe that the tutoring methods, if properly given at the right time, really work in an overwhelming measure. So I'd like to tell you a quick story of Jayden (phonetic). Jayden is one of my students. He's a seven-year-old first grader in the Omaha Public Schools and he is an energetic, bright, inquisitive, and really funny kid. And he is also severely dyslexic. And at Voice Advocacy Center we really like to make this the underlying, like, characteristic of our kids because they're so wonderful. And when I started tutoring him, he had next to no phonological awareness which is a key skill for learning to read. And he came in in late November for screening after a history of not succeeding in school. And he was not having it. He considered the Voice Advocacy Center another school setting built to accentuate all the things that he's not good at. So he preferred misbehavior to further failure and embarrassment. He threw himself on the floor, began screaming and crying and kicking and throwing things and after he had broken one of our mirrors in our office, we closed the door and we let him be and collect himself. But what's important is that at school, misbehaving was an escape for Jayden so that the teacher would never point out what he was doing wrong over and over and over again, having not understood, you know, what his problem is. And so at Voice Advocacy Center, we really realized the frustrations that he was having and the source of his anger. So we were able to calm him down and do the screening. What's important to realize is

that Jayden was feeling lost, inadequate, delinquent, stupid, and inexperienced prior to getting specialized help. And he was going to school five days a week, eight hours a day, and never feeling successful or understanding the material due to this neurological language disability. And it had taken a huge toll on his confidence even at seven years old which was shocking to me. But after only three months, if not even a little bit less than three months, Jayden has demonstrated soaring phonological awareness skills. He is very good at decoding and he is getting much better at reading and spelling almost overnight. And it's shocking. And on top of that, he's also demonstrating calmer behavior, happier demeanor, growing self confidence, and even pride in himself. Last week he got his very first 100 percent on a spelling test ever and his teacher was so overwhelmed and happy that she gave him a big sticker to put on his chest for the rest of the day. And for a first grader who is only just developing and becoming aware of himself on top of feeling academically beat down, this was a huge accomplishment for him. And I wanted to just reiterate what everyone here is going to reiterate. That there are students and parents and teachers working five days a week, eight hours a day, trying to achieve at least a minimum a proficiency of reading despite a neurological disorder that most people don't have enough knowledge about to know. And so you find yourself in a situation where you're swimming against a really strong current and making no progress which is both exhausting and discouraging. A study published by Reading Research Quarterly in 1995 showed that students who fell behind in reading in the developmental years of education, they maintained a gap. So the students that fell behind, the gap between them and the proficient readers maintained over the trajectory of both of their successes. So essentially, students who were poor readers early in their life maintained that status all the way throughout their life in comparison to their peers. And so that's why I want to encourage that you consider this bill and take action now because early intervention is the most important aspect of this so that students like Jayden can be screened and treated as soon as possible but also so that adults who have been struggling to read their entire life have access to that confidence that Jayden now has access to. Thank you very much. [LB370]

SENATOR CAMPBELL: Thank you. Questions? Senator Howard. [LB370]

SENATOR HOWARD: Thank you, Senator Campbell. Thank you for your testimony today. Can you tell me a little bit about your training for this field? [LB370]

ALEXANDRIA HODGE: Yes. I...Voice Advocacy Center does all of the training. So we use an Orton-Gillingham based method. And the program that they use comes with a...well, I believe it's comprehensive. Each book is six hours of training. So our kids move through the books and we move through the training with them. And it's not something that they do. It's something that came with the program if that makes sense. [LB370]

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SENATOR HOWARD: And then is there a state certification for the service that you're providing? [LB370]

ALEXANDRIA HODGE: Not for me as a tutor. [LB370]

SENATOR HOWARD: Okay. [LB370]

ALEXANDRIA HODGE: For the program or for the Voice Advocacy Center, Clarice would have to answer that for you. But for me as a tutor, no, not yet. [LB370]

SENATOR HOWARD: Okay. Thank you. [LB370]

ALEXANDRIA HODGE: Yeah. [LB370]

SENATOR CAMPBELL: Other questions, Senators? So are you there...are you a full-time tutor? [LB370]

ALEXANDRIA HODGE: I'm...I work six hours a week there tutoring, yeah. [LB370]

SENATOR CAMPBELL: Oh, okay. Thank you. [LB370]

ALEXANDRIA HODGE: Yeah. Thank you. [LB370]

SENATOR CAMPBELL: Our next proponent? [LB370]

REBECCA MILLER: Good afternoon. [LB370]

SENATOR CAMPBELL: Good afternoon. [LB370]

REBECCA MILLER: (Exhibits 15, 16) Chairman Campbell, members of the Health and Human Services Committee, my name is Rebecca Miller, R-e-b-e-c-c-a M-i-l-l-e-r. I'm a board-certified educational advocate and along with my husband, Mark Miller, an owner of Club Z! Tutoring. Club Z! Tutoring is a private tutoring company based in Omaha, Nebraska. Our company has provided tutoring services to more than 3,500 students in the Omaha metro area. Currently, Club Z! Tutoring maintains contracts with Douglas County Juvenile Probation, Nebraska Families Collaborative, as well as individual families. Club Z! Tutoring is an approved provider with the

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Nebraska Department of Health and Human Services and as a matter of record, Club Z! Tutoring has directly contracted with the following Nebraska school districts: Ralston, Bellevue, Omaha, Lincoln Public. We are also an approved provider for the Nebraska Department of...Special Education...service providers and I am a member of the Nebraska Dyslexia Association. In my role as an entrepreneur, consultant, and educational advocate, I have been face to face with dyslexia for nearly 11 years. Dyslexia does not discriminate. It affects individuals from all socioeconomic levels. Dyslexia can be insidious as it erodes not only the confidence but potentially the opportunities of intelligent, bright, and otherwise very capable individuals. I have sat beside countless children whose tears of frustration simply but heartbreakingly communicate their inability to read. Dyslexia is a lifelong condition. But with effective intervention, specifically multisensory language based instruction, many people can and do learn how to read and write. While I can recite a plethora of statistics denoting the prevalence of dyslexia and the ramifications of withholding or otherwise denying appropriate interventions, I believe my testimony here today would be of greater benefit to the members of this committee if I focus on what I know to be the facts regarding access to these services. First, Nebraska has an extremely limited pool of individuals with the expertise to formally diagnose dyslexia. I cannot even count the number of calls I have personally made to area psychologists in the hopes of securing a comprehensive evaluation. Many have told me that they literally do not have the extensive battery of tests needed to make a formal diagnosis. Many other private clinical psychologists prefer to work within the mental health arena rather than the educational arena. It is my understanding that the Nebraska Dyslexia Association sent out a mailer to all Nebraska psychologists to better understand Nebraska's capacity to serve dyslexic individuals and NDA only received three responses. Currently, Nebraska does not yet require mandated dyslexia screenings to identify at-risk youth particularly children ages four to six. Early identification is critical in reducing the number of children in special education for reading- or language-related learning disabilities. Reading disabilities account for the greatest percentage of children receiving special education services. Finally, Nebraska has an extremely limited pool of certified teachers that meet the knowledge and practice standards for teachers of reading set forth by the International Dyslexia Association. While these standards are critical for dyslexic students, they benefit all students learning how to read, write, and spell. We can do better by our children of Nebraska who suffer in silence. We are all stakeholders. And the ramifications of inaction are far reaching. I want this committee to know that I'm not simply here today to tell you what to do. I am personally committed to tackling these issues I have brought...that I have brought to your attention today by opening the first formal clinic, dyslexia clinic, in Nebraska that will not only have the ability to diagnose dyslexia but will provide the individual instruction known to produce the most benefit over time--the name of the new company is FixLexia--as I am committed to doing whatever I can to help those that struggle to read, write, and spell. Along with some amazing employees and trusted advisers, FixLexia will have a laser light focus on reducing the devastating affects of dyslexia by providing students with Orton-Gillingham based instruction. While we, FixLexia, will initially offer services in Omaha, our goal is to eventually serve the

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entire state by way of teacher training in addition to instructional sites throughout the states. While providing testimony on September 18, 2014, famed dyslexia researcher Dr. Sally Shaywitz noted: While there are significant gains in dyslexia research, the research is sadly coupled with a lack of access to appropriate evaluation and intervention. Dr. Shaywitz simply stated: We do not have a knowledge gap, we have an action gap. I am hopeful that the members of this committee will see the importance of aligning the science of dyslexia with access to evaluation and treatment by systematically addressing the needs of dyslexic individuals in our state. And I am personally and heavily invested in a positive outcome for those that struggle with dyslexia as I trust you are as well. I appreciate the opportunity to offer my testimony to this committee. Thank you. [LB370]

SENATOR CAMPBELL: Okay. Questions? Senator Crawford. [LB370]

SENATOR CRAWFORD: Thank you, Senator Campbell. So...and thank you for being here... [LB370]

REBECCA MILLER: Thank you. [LB370]

SENATOR CRAWFORD: ...and for your work with these children. When your testimony says you're a board-certified educational advocate, what does that mean? [LB370]

REBECCA MILLER: So I went through a program that was nearly a year long. It was through the National Association of Special Education Institute (sic). It was every other Saturday for a seven-hour webinar for nearly a year. In addition to that, we were required to do homework. We were required to complete other assignments, so to speak. [LB370]

SENATOR CRAWFORD: Okay. And so does that mean that you... [LB370]

REBECCA MILLER: So, how I... [LB370]

SENATOR CRAWFORD: ...that the training for...in order for work with the people who are experiencing dyslexia? [LB370]

REBECCA MILLER: No. [LB370]

SENATOR CAMPBELL: Okay. [LB370]

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REBECCA MILLER: What that was, specifically, was to be able to...I also work with families individually as a special education advocate. So I interface a lot with the schools on behalf and with parents who are attempting to secure services. [LB370]

SENATOR CRAWFORD: Okay. Okay, so you're helping parents fill out what they need to do to get this special education assistance from the... [LB370]

REBECCA MILLER: Uh-huh, correct. [LB370]

SENATOR CRAWFORD: ...that's the kind...that's what you mean by advocate. [LB370]

REBECCA MILLER: Yes. [LB370]

SENATOR CRAWFORD: Like the advocate with those families. Is that what that means? [LB370]

REBECCA MILLER: Yes, correct. [LB370]

SENATOR CRAWFORD: Okay. Excellent. [LB370]

REBECCA MILLER: Yep. [LB370]

SENATOR CRAWFORD: So...and so my other question is, when we're talking about, you know, contacting psychologists and concern about how many are available, is that primarily for the screening part and then educational specialists are who would be working with people who are identified as having dyslexia? [LB370]

REBECCA MILLER: That's a very good question. I think when we're talking about...when I'm speaking of evaluation, what I am looking...what I am speaking to is a full formal diagnosis from a medical professional that can diagnose dyslexia. And although I have heard the phrase...dyslexia is a medical diagnosis with educational treatment. Okay? So the challenge sometimes is that while individuals may be able to get the diagnosis, there is a gap in who and how the treatment is provided. So whether that is private practitioners, whether that is the school, there seems to be a significant gap in there. [LB370]

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SENATOR CRAWFORD: And could you tell me, when you work with parents at schools including Bellevue, what do you give them to document dyslexia now? Is there some sort of... [LB370]

REBECCA MILLER: I don't. [LB370]

SENATOR CRAWFORD: Okay. [LB370]

REBECCA MILLER: That's the problem. [LB370]

SENATOR CRAWFORD: Okay. [LB370]

REBECCA MILLER: Yeah. [LB370]

SENATOR CRAWFORD: Okay. So what we need is some way of... [LB370]

REBECCA MILLER: Yeah. [LB370]

SENATOR CRAWFORD: ...documenting it or identifying it. [LB370]

REBECCA MILLER: I think the more specific the language can be with regard to naming dyslexia, the more specific then we can speak to the type of interventions that are successful with these kids. [LB370]

SENATOR CRAWFORD: Thank you. [LB370]

SENATOR CAMPBELL: Senator Cook. [LB370]

SENATOR COOK: Thank you, Senator Campbell. And thank you for your testimony. [LB370]

REBECCA MILLER: Thank you. [LB370]

SENATOR COOK: I want some clarification. Your services...two or three questions, Madam Chair. [LB370]

SENATOR CAMPBELL: Sure. [LB370]

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SENATOR COOK: Your...the services you offer, whether under contract or through relationships with individual families, those are broad-based tutoring services... [LB370]

REBECCA MILLER: That is correct. [LB370]

SENATOR COOK: ...which may be for children with dyslexia and may be for children with other special needs that may be? [LB370]

REBECCA MILLER: Thank you. Thank you for that question. Actually, kind of...essentially what has occurred is, the tutoring company that I own, we offer services...tutoring pre-K through adult, okay? So it is not dyslexia specific. That is the reasoning for the opening of this clinic, simply because over these many, many years, to speak to another person's...you get to the point where you're tired of kind of fighting to get it done. And I'm...I think I'm going to find it easier to build a company that will solve that problem and help in that arena. So the tutoring that we are providing, with a couple of exceptions, is not dyslexia specific. [LB370]

SENATOR COOK: All right. Thank you. [LB370]

REBECCA MILLER: Um-hum, thank you. [LB370]

SENATOR COOK: And another question that I have, on the second page it says in the second paragraph, you're planning to open the first dyslexia clinic in the state, FixLexia. Part A of my question is that, can you contrast the services you plan to provide with those that are currently provided by, say, a Voice Advocacy Center? [LB370]

REBECCA MILLER: That I would not...I would not want to speak to that. I know what she does but I don't know the full scope. Okay. [LB370]

SENATOR COOK: Oh, okay. Well, what are you proposing as your scope for FixLexia? [LB370]

REBECCA MILLER: So the scope would be to provide a place where you would have a full, formal diagnosis, okay? [LB370]

SENATOR COOK: Okay. [LB370]

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REBECCA MILLER: And that is going to come either by contract with a private psychologist, okay... [LB370]

SENATOR COOK: Okay. [LB370]

REBECCA MILLER: ...because in Nebraska, my understanding is that school psychologists cannot diagnose dyslexia. They...their only purpose is to say whether a child is eligible to receive special education services. Now, if that school psychologist was...had a private practice and that practice was overseen by a clinical or "neuropsych," then they would be able to do the assessment and that individual would be able to approve the diagnosis. [LB370]

SENATOR COOK: Okay. The concluding question: So ideally, this FixLexia would theoretically be eligible for the kind of medical assistance reimbursement that is proposed in this bill? [LB370]

REBECCA MILLER: It would depend, again, I think, on the criteria that Medicaid sets. [LB370]

SENATOR COOK: Yes. [LB370]

REBECCA MILLER: So I would say...that's what it would depend on. [LB370]

SENATOR COOK: All right. [LB370]

REBECCA MILLER: I'm not specifically seeking that. [LB370]

SENATOR COOK: Okay. [LB370]

REBECCA MILLER: Okay? That is not the intention, yeah. [LB370]

SENATOR COOK: Okay. Thank you. Thank you. [LB370]

SENATOR CAMPBELL: Senator Howard. [LB370]

SENATOR HOWARD: Thank you, Senator Campbell. Thank you for your testimony today. [LB370]

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REBECCA MILLER: Thank you. [LB370]

SENATOR HOWARD: I looked up your Web site while we were here. [LB370]

REBECCA MILLER: Oh, thank you. [LB370]

SENATOR HOWARD: I'm curious about your contracts with Juvenile Probation and NFC. What type of service are you providing? [LB370]

REBECCA MILLER: Tutoring. Tutoring. [LB370]

SENATOR HOWARD: Tutoring. Okay. And then, same with DHHS? [LB370]

REBECCA MILLER: We are at...we have a provider status. So we would be allowed to provide services in outlying areas. But currently, because of the privatization, we are...our contracts that we get for students that we serve are specifically through NFC. [LB370]

SENATOR HOWARD: And the DHHS provider status is relative to the tutoring? [LB370]

REBECCA MILLER: Correct. [LB370]

SENATOR HOWARD: Correct. Okay. And then, in point one, you said that Nebraska has an extremely limited pool of individuals with the expertise to diagnose dyslexia. Are primary care providers not able to diagnose dyslexia in their scope of practice? [LB370]

REBECCA MILLER: I have not run across anything, but Dr. Vautravers could probably speak to that better. But the psychologists that I've talked to, most...if you're doing a full and complete evaluation, you're looking at IQ, you're looking at achievement, and you're looking at a full battery of language-based assessments. [LB370]

SENATOR HOWARD: So they're sort of outside of the scope of the medical profession? [LB370]

REBECCA MILLER: I would not feel comfortable saying that. [LB370]

SENATOR HOWARD: Okay. I was curious because we had a pediatrician start us off. [LB370]

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REBECCA MILLER: Yeah. Yep, yep. [LB370]

SENATOR HOWARD: And then when we look at the dyslexia clinic that's being started, are you looking to have provider status as a location for that clinic under Medicaid? [LB370]

REBECCA MILLER: Not necessarily. I mean, I would have to see how it was crafted first. I think the goal actually of the organization, FixLexia, is actually going to be...it's called an L3C. So it would have the tax structure of being a hybrid between a profit and nonprofit. And so the goal actually would also...to be able to receive what's called program related investments which would allow us to serve kids in high-poverty areas. [LB370]

SENATOR HOWARD: Certainly. I think the concern comes in with the use of the word clinic. We've had a lot of conversations in committee about providers showing their credentials, clinics being medical clinics, and that sort thing on behalf of the Medical Association. And then when you talk about staffing for your clinic, it's a psychologist and a primary care provider, or what does that look like? [LB370]

REBECCA MILLER: It would not be a primary care provider. It is looking at a psychologist or a clinical psychologist. [LB370]

SENATOR HOWARD: Or a clinical psych. Okay. [LB370]

REBECCA MILLER: Or the combination of a school psychologist and a supervising clinical. [LB370]

SENATOR HOWARD: You had mentioned that school psychologists are not allowed to diagnose? [LB370]

REBECCA MILLER: Um-hum. [LB370]

SENATOR HOWARD: Is that because it's not in their scope of practice? [LB370]

REBECCA MILLER: I believe so. I believe that is correct. [LB370]

SENATOR HOWARD: So a regular psychologist would be able to diagnose? [LB370]

REBECCA MILLER: Correct. [LB370]

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SENATOR HOWARD: It's just they...no, no. [LB370]

SENATOR CAMPBELL: I don't know. We'd have to look at that. [LB370]

SENATOR HOWARD: Yeah, because it's not based on their location. It's based on their qualifications as a provider. So their purpose in a school system may not be to diagnose but they would still be able to diagnose under their scope. [LB370]

REBECCA MILLER: My understanding is that school psychologists are there to determine eligibility for special education services. [LB370]

SENATOR HOWARD: And so the eligibility would be attached to the diagnosis? [LB370]

REBECCA MILLER: I don't believe that they can diagnose in a school. If they are an employee and they are under the scope of providing school psychological services, it is my understanding that they cannot diagnose dyslexia in the school setting. They are there to simply say, is this child eligible to receive special education services? I do understand it sounds odd, but I... [LB370]

SENATOR HOWARD: No, it...I think it's actually not...I don't know that that's correct but we'll have legal counsel look into it. [LB370]

REBECCA MILLER: Yeah. Sure. [LB370]

SENATOR HOWARD: Thank you for answering my questions. [LB370]

SENATOR CAMPBELL: Any other questions, Senators? Thank you for your testimony today. [LB370]

REBECCA MILLER: Thank you. [LB370]

SENATOR CAMPBELL: Our next proponent? [LB370]

LOU ANN LINEHAN: (Exhibit 17) Hi. Good afternoon. My name is Lou Ann Linehan, L-o-u A-n-n L-i-n-e-h-a-n. I am testifying in support of LB370. I am the mother of four adult children, grandmother of four preschoolers. I am the product of rural Nebraska. In the 1980s, I fell into a career in politics and government service including ten years as Chuck Hagel's chief of staff; almost two years as deputy assistant secretary in Colin Powell's State Department; deputy leader

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of Provincial Reconstruction Team Baghdad, Iraq; Iraq transition director; and, finally, as principal officer of our consulate in Basra, Iraq. I am a consultant now and live in Elkhorn, Nebraska. I am here today because I am dyslexic. As a child, I struggled through grade school. I remember in the eighth grade throwing away my report card at the end of the year, hoping my parents would forget to ask for it. It didn't work. I was punished for trying to hide my grades and for not trying hard enough. But the truth is, I did try. I tried very hard. I went on to struggle through my freshman and sophomore years in high school. I was pushed toward easier classes. Then in my junior year, I suddenly broke through and my grades improved dramatically. My improvement coincided with a new group of school teachers who were unaware I was one of the slow kids. It's amazing what high expectations will do for a youngster. I was not, however, encouraged to attend college. My writing skills were still poor. I have distributed to each of you a paper published by Martha Youman and Nancy Mather of the University of Arizona. Youman and Mather state that historically, prevalence rates of dyslexia have been estimated between 10 and 15 percent. I would be in more agreement with the people that have testified today that there are 20 percent. They further state that although it is well established that consistent and targeted early interventions can help mitigate the effects of dyslexia and improve individual outcomes, the majority of states have not developed guidelines regarding how to identify, help, accommodate students with dyslexia in the requirements of the federal law. They point out that dyslexia is consistently described as a language-based disorder with primary symptoms being inaccurate or slow printed word recognitions, poor spelling, problems that in effect...problems in turn affect the development of reading fluency and have a secondary impact on comprehension and written expression. Thus, dyslexia is characterized, as many have said today, as a neurobiological disorder that results in poor reading and spelling that are unexpected in relationship to the individual's other cognitive and academic abilities. Far too often, when an otherwise bright child struggles with reading or spelling, the child is blamed for not trying hard enough just as I was. Under these circumstances, the child's spirit is deflated and school becomes drudgery. I hated school. Many capable, bright students will never reach their full potential because educators, school boards, and legislatures do not recognize dyslexia. Again, from Youman and Mather: In most school districts in the U.S.A., educators place students with dyslexia under the large umbrella of students with learning disabilities. As a result, the suggested general intervention strategies and accommodations may or may not fit the needs of the students with dyslexia. So what does that mean? It means that a student with high cognitive abilities is often placed with students whose cognitive abilities are lower on the scale. A child with dyslexia is perceived by his or her teachers to be less capable than other, more successful students. It means that some of our brightest and most capable students are stifled before the third grade. It also means that they may never learn to read, at least not read well. Twenty-six years ago, I discovered my seven-year-old son playing by himself on the playground during afternoon recess. Disturbed that something must be wrong, I asked why he wasn't playing with the other children. He replied he couldn't join in a game with the other boys because he had to stay in during morning recess. I asked why. He did not know. After school, I went to see his teacher. She

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explained to me that he was failing to keep up with the class. He could not read. I have no idea when the teacher might have thought to tell me if I hadn't gone to my son's classroom. Not pleased with the school, we went school shopping. Because of determination, luck, some very good teachers along the way, my son is a college graduate, a military officer, a helicopter pilot, a husband, and the father of four. If we had been less involved, less aware of what was really going on, less knowledgeable about our children's rights, and less financially able, my son's life may have turned out quite differently. I am here today because, for over 50 years, schools, teachers, legislatures have failed to recognize dyslexia. Ten to 20 percent of the population is affected by dyslexia. It need not be debilitating, but far too many times it is. When a seven-, eight-, or nine-year-old child is told over and over again that they are not working hard enough even though they are, that they are not paying attention even though they are, and there is no one there to help them struggle on, to encourage them, they will likely fail because even an intellectually capable child will fail if they are told over and over again they are not capable. Society pays a huge cost for letting otherwise bright, capable children fail because they won't recognize a learning difference and furnish the tools needed to be successful and thrive. Today, I ask you to support LB370 and help provide more children with the tools needed to succeed. Thank you very much. [LB370]

SENATOR CAMPBELL: Thank you for your testimony today. Any questions, Senators? Okay. Thank you very much. [LB370]

LOU ANN LINEHAN: Thank you. [LB370]

SENATOR CAMPBELL: And we'll go to our next proponent. How many proponents do we have left? One, two...whoa, we could be in trouble here. Okay. We're going to encourage you at this point not to be repetitious. I mean, if someone has already covered...as Senator Baker said yesterday, just give us the written testimony and tell us that you're not going to duplicate because how many people in the room...let's do this. How many people in the room are going to testify in opposition? Okay. How many in a neutral position? Okay. All right. Thank you. [LB370]

GWEN EASTER: Hello. My name is Gwen Easter. And I am a certified dyslexia advocate. I received training through... [LB370]

SENATOR CAMPBELL: Oh, we have to have you spell it. I'm sorry. [LB370]

GWEN EASTER: Oh, I'm sorry. Oh, I'm sorry. Gwen Easter, G-w-e-n E-a-s-t-e-r. [LB370]

SENATOR CAMPBELL: Go right ahead. [LB370]

GWEN EASTER: (Exhibit 18) Okay. I received my training through the Dyslexia Training Institute. It's accredited through the University of San Diego. I'm the founder of Safe Haven Community Center, a 501(c)(3) nonprofit organization established in 1999. And I am the owner of Safe Haven Preschool Child Care accredited, licensed childcare established in 2000. I started working in the childcare industry at the age of 16. I have donated volunteer hours to my nonprofit since 1999. I have prepared children for kindergarten and tutored children and adults for approximately 17 years through my childcare and agency and during my AmeriCorps years as a VISTA volunteer to the program organizer and tutor from 1998 to 2000. And while serving with the AmeriCorps as VISTA volunteer, I discovered more than half the children and adults I worked with had a reading problem. And then God gave me the vision to start Safe Haven Community Center and Safe Haven Preschool Child Care. I'm not going to discuss the...about dyslexia and what it means and all that because you already have done that. But I want to share this: Safe Haven Community Center and Safe Haven Preschool Child Care is a prevention and intervention agency and childcare. Our educational programs are reader-centered focused. Our agency and childcare serves children, adults, and families that may otherwise fall through the cracks of our education and social service system. Safe Haven Community Center and Safe Haven Preschool Child Care has provided educational classes and tutoring to American, Somalian, Sudanese, Korean, Burmese, Hispanic children and adults who struggle with reading and have a learning disability. We have helped children and adults learn to read and write. We have prepared children for kindergarten. We provide a systematic, sequential, explicit, multisensory language phonics teaching using visual, auditory, and kinesthetic-tactile teaching methods, individual, one-on-one, and group tutoring. Through the years, my staff and certified/noncertified teachers and volunteers have experienced firsthand children and adults who have entered our programs with warning signs of dyslexia. We also have had school-aged children who were diagnosed with having a specific learning disability which is where dyslexia is recognized under IDEA. School-aged children and adults who have participated in our educational programs have made statements about themselves not being smart, I feel dumb, and why can't I learn? We have experienced children acting out due to being frustrated and overwhelmed because of their struggle with reading. We've had other preschool children who have entered our program who have trouble memorizing their alphabet and numbers, difficult with rhyming. We have also experienced adults who have attended our adult-based education GED and ESL class...frustration...witnessed some nearly in tears because of difficulty learning to read and write and comprehend lessons that they needed to study in order to obtain their GEDs. We have had children who are in third grade, fourth grade, fifth grade reading on a first grade, second grade level. We've had adults reading and writing at kindergarten level as well as third and fourth grade level. My childcare agency has used...I said that already. Anyway, Safe Haven Preschool Child Care Early Childhood Inclusion Preschool Program has preschoolers who have been in our childcare from infancy to preschool. We've had other preschool children transfer to our program who have trouble memorizing letters. I'm sorry, I repeated that. Some of the parents admit to observing warning signs of dyslexia or receiving special education services due to

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having a specific learning disability. This...warning signs are indicators that preschoolers are at risk of reading...of having a reading and language problem after entering school. And our goal is to continue to provide that support to all children academically, children who struggle with reading and writing. I started R.E.A.D.S., Right to Educate, Advocate for Dyslexic Students and Special Education. And R.E.A.D.S. supports parents in advocating for their children's educational rights. R.E.A.D.S. provides professional development, dyslexia awareness training seminars, and other related dyslexia and special education. Our "What is Dyslexia" training seminars are offered to educators, teachers, administrators, parent groups, childcare providers, and community agencies. Our "What is Dyslexia" training seminars have been approved by the Nebraska Department of Education's Early Childhood Training Center. All participants and childcare providers receive a certificate and in-service credit hours. When I started my agency, I started because...when I served in AmeriCorps how many...the number of kids and adults that have problems. I, myself, as a child, I had difficulty in school starting out. Now, I didn't know it was dyslexia. I've never been diagnosed with a learning disability. But one of the things that I made a point to do, I was determined to help kids with reading after experiencing that as well as working in the AmeriCorps. I talk about the adults because if we don't help our children become...help our children that have dyslexia, they'll end up as adults in our programs. And the same experience that we've had with these adults, we'll have it with our children. It's important. And the other thing I want to say is that I have worked so hard for this community to help my children. And I'm tired of seeing people, organizations take advantage of poor families and children for money, for gain. I have done this too. My day care is the way that I provide...make a living. But my organization...I have worked since 1999 as a volunteer barely receiving any kind of service. I offer other programs and services to children and families. And I want...I would like you all to consider it because I've allowed parents to bring their kids to my day care sometime for free. And I can't keep doing that. [LB370]

SENATOR CAMPBELL: Ms. Easter, we probably need to finish up. I'm sorry. [LB370]

GWEN EASTER: Oh, I'm sorry. They need...you all need to consider this. [LB370]

SENATOR CAMPBELL: Okay. [LB370]

SENATOR COOK: Thank you. Very briefly. Thank you, Madam Chair. Oh, thank you. I have one question before you leave. [LB370]

GWEN EASTER: Oh, I'm sorry. [LB370]

SENATOR COOK: Yeah. And the pages can help you hand that out. [LB370]

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GWEN EASTER: Oh, I'm sorry. [LB370]

SENATOR COOK: When you describe the game, are you talking about...what are you describing, people coming into the community and taking advantage of families? In what way... [LB370]

GWEN EASTER: Yes, specifically... [LB370]

SENATOR COOK: ...specifically, that might be relevant to the thing that we're talking about today or the work we do here? [LB370]

GWEN EASTER: Okay, specifically. Okay, like the early childhood education programs that are being...buildings...they're building programs and tutoring programs that are not helping children that are dyslexic. [LB370]

SENATOR COOK: Okay. [LB370]

GWEN EASTER: This is why these agencies are starting this. Now, my day care sits in the heart of north Omaha. I...it's around low-income children, you know? And these children...and there's nine schools at my area who are...children are reading at a low grade level, nine schools. And they're talking about putting programs across the street from where I am. I've been there since 1999...excuse me, since 2002. That's when I bought my property. [LB370]

SENATOR COOK: Okay. [LB370]

GWEN EASTER: And I'm just saying that I would like to...I would like you all to consider other people, especially people who have studied, who have sought out other education trainings as myself, as Ms. Jackson, and the others. We can help these children. [LB370]

SENATOR COOK: All right. Thank you. [LB370]

SENATOR CAMPBELL: Thank you, Ms. Easter, for your testimony. And it helps that we have a copy, so thank you very much. Our next proponent? [LB370]

ALEX FILING: (Exhibit 19) Hi. Hi, my name is Alex Filing, F-i-l-i-n-g. I'm 11 years old. I struggle with dyslexia and reading. When I try and read, it seems like the words are scrambled. I...the words move around the page like they're flying almost. And I try and see the first and last

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letter and guess at what it should be. In school, I see my friends reading books that I'd like to read but I never could read them. And you are assigned a reading number and when you...you can only read so many books in that range of number. And if you got...if you read enough books, you could win a prize. I never won a prize in school. I hated being separated from the class. I felt like the dumb kid. My classmates knew I struggled with reading but they didn't know what it was called. I have worked on many things with groups but I was always the last one picked to be in a group. I dreaded when the teachers would call on me in class. I read and I would have to ask my classmates to help me when I was stuck on a word. Spelling tests were extremely stressful for me. I would study them but I'd never seem to remember them or I would miss a different word every time I practiced. I learned that books on tape are extremely helpful. I can read with them...I can read along with them and learn the words as I see them. My mom has even found my history books on-line as well. I know...I now use talk to type and that helps me get my answers down correctly and write creatively. This also helps because I have dysgraphia, making my handwriting hard to read even though I try to write nicely. Looking back, I did have really nice teachers. I felt they didn't understand that I struggled with...they didn't...I didn't understand...they didn't understand what I struggled with. I know they were trying to be encouraging, but "try harder" was very discouraging because...but...because I really tried hard every day. I just felt that the harder I tried I just seemed to go slower than everyone else. I know that my dyslexia will not go away. I am starting to see the advantages of my dyslexia. I am good at math concepts and I am proud that...I'm proud of that. My mom shares stories of famous people or successful people. My...I hope my story today will be very useful and very well...understand and thank you for your time. [LB370]

SENATOR CAMPBELL: You've got to stay there for just a minute, Alex, okay? I just want you to know that I would have started the testimony today with you. (Laughter) You did a great job... [LB370]

ALEX FILING: Thank you. [LB370]

SENATOR CAMPBELL: ...in giving us good information about what it's like to be a person with dyslexia. So the next time you have to testify, you say, I need to go first, okay? (Laughter) [LB370]

ALEX FILING: Okay. [LB370]

SENATOR CAMPBELL: Promise that you'll do that? [LB370]

ALEX FILING: Yeah. Thank you. [LB370]

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SENATOR CAMPBELL: All right. Questions? Senator Baker. [LB370]

SENATOR BAKER: Alex, thanks for coming here. I don't think I could have done that when I was 11 years old. Thanks, too, for pointing out that there are some advantages of being dyslexic, because I know that's a fact. The people with dyslexia have some very special gifts, too, so thanks for pointing that out. [LB370]

ALEX FILING: Yeah. [LB370]

SENATOR CAMPBELL: Any other questions, Senator? Okay, Alex, before you go, on your free time, what's your favorite thing to do? [LB370]

ALEX FILING: Probably play soccer. [LB370]

SENATOR CAMPBELL: All right. What position? [LB370]

ALEX FILING: Goalie or striker. [LB370]

SENATOR CAMPBELL: Wow. This is a guy that's in the action, that's for sure. (Laughter) Alex, thank you so much. You did a great job. [LB370]

ALEX FILING: Thank you. [LB370]

SHANNON FILING: (Exhibit 20) Well, my son makes it hard to follow, so. (Laughter) [LB370]

SENATOR CAMPBELL: I would say so. You're in trouble here, Mom, I think. [LB370]

SHANNON FILING: Well, my name is Shannon Filing, F-i-l-i-n-g. And in the interest of time--I know there's a lot of good information going to be brought forward--I'm going to abbreviate what I wrote. So you can read that. But some of the points that have briefly brought up that I would like to reiterate is that my son did qualify for Title I reading in his school and that was offered first through fourth grade. And he participated and he tried really hard. That program did not have specific dyslexic methods taught. So even though effort was given on the education end and on my son's end, it just really didn't fill that gap that he needed. And as all of the students moved ahead, Alex looked like he was falling behind because he was not gaining ground at all. As he mentioned, spelling is just...that was just pure torture for him and for us. He could never miss the same word wrong twice so we could work on that word. It was just haphazard. And in

his early education--someone else had touched on this--is that he could read, the brown bear likes red, and then following sentence would be, brown bear like blue. He couldn't rerecognize the word. And, you know, I would say this and I'm like, how can you not, I mean, recognize something? It's right below. And I knew something was wrong but we just didn't know. He's never been a behavior issue in school. In fact, his coping mechanism was to just daydream. And so the teachers are like, well, he just needs to try harder. And we didn't know at the time that that was just his coping mechanism. It was just too much. In third grade, his teacher was very tuned in and had watched a documentary on dyslexia. And she came to me and she goes, Shannon, this just fit him to a T. And I'm like, I never considered it, because I thought it was just reversals of letters. I had no idea how much more it was. And I was also told that his reversal of letters, which he does frequently to this day, was...it would just get better after third grade, a lot of people struggled with that. But I didn't really realize until I had a simulated on-line system where it showed what the words would look like for him. And I said, is this what it looks like to you, Alex? He goes, that's what it looks like, Mom, that's why I see just certain letters. And I...for the first time, I understood. And we had him tested through the school and they said that he didn't have the 20-point differential factor to get him more special education services. But what stood out to me when they went over those findings was, one teacher pulled me aside and said, don't worry, hon, these kids just somehow make it. And it was...she was sad. And I thought at that moment, they did not know how to educate my child. And it stopped me cold. I did take him to Dr. Marti here in Lincoln and to his pediatrician. Both had given him written diagnoses of dyslexia. When I gave that to the school, I got an e-mail in response saying, how do you really know this is what he has? I thought, oh my gosh, they don't even know what this is. And I thought at that time I had to take his education into my own hands. So we have started homeschooling so we could put technology in place where he would have access to that later on in his life. He needs to learn how to use that now because dyslexia will not go away for him. One other point that I would like to talk about briefly is the physical nature of the anxiety that comes with this. When you are not understood and you are struggling and people don't think that you're trying hard enough is, I would see that he would get sick in the mornings. He had migraines. He was sent home. The anxiety was so great that I could see his self esteem and his outlook just spiraling. And as a parent, I'm so busy trying to figure out how I could help him. And at the same time I'm like, how do I keep him motivated and going and keep his emotional state strong? So that being said, I just, from a parent's point of view, wanted you to understand the gravity in dealing with these children when there are no answers and there is no understanding. This is something that we could definitely use some help on and these students deserve our attention in that matter. And I just don't want to see these children left behind. [LB370]

SENATOR CAMPBELL: Thank you, Ms. Filing. I appreciate your just telling your story. Sometimes that's far more effective than just reading what the words are here. [LB370]

SHANNON FILING: You can read. [LB370]

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SENATOR CAMPBELL: We can read, but watching your facial expressions as you tell your story is really important. So I appreciate your doing that. Any questions from the senators? Thanks for coming. [LB370]

SHANNON FILING: Thank you. [LB370]

SENATOR CAMPBELL: And thanks for bringing Alex. [LB370]

SHANNON FILING: Thank you. [LB370]

SENATOR CAMPBELL: Not that his testimony was better, but (laughter). Our next proponent? [LB370]

PATRICK LINEHAN: Good afternoon. My name is Patrick Linehan, L-i-n-e-h-a-n. And, yes, that was my mother that testified earlier. In fact, I didn't know she was going to be doing that till around lunchtime today. We both planned to come here because it's both...pretty big priority for us. So, yes, I am here in support of LB370. The summer after 9/11, 2001--July 7, to be specific, 2002--I joined the Marine Corps, put on a Marine uniform for the first time, spent approximately ten years active duty Marine Corps, currently captain in the Nebraska National Guard. While in the Marines, I flew CH-46 helicopters and V-22 Osprey helicopters, tiltrotors to be specific, probably one of the most advanced aircraft in the military. However, elementary school, Harvey Oaks Elementary School, and my mother did allude to it earlier, it was tough. And I want to be very clear here about the struggles a child goes through in the current system we have in place in Nebraska, the current Omaha Public School system where teachers do not recognize or understand what dyslexia is, whether it's for improper training...for whatever reasons. A lot of them almost don't want to deal with the additional problem because I understand they're already stressed with a lot of difficulties. But we've got to find a better way. We've got to look at other solutions. We've got to be willing to use all of the tools available that are out there to address this issue. Now, that could be charters, whatever. There's lots of options out there that we are not currently using. So my folks moved me to Westside School District, probably one of the best at the time, maybe still is one of the best in Omaha; went to Loveland Elementary School. There was a...probably two teachers there that really understood what I was dealing with. And they were able to help provide me some support. If nothing else, it's understanding it, just having a child recognize that their teacher understands they're struggling. Just that support is huge. An example of this: So I go to high school. And at high school, I honestly was just happy to make it to high school because I didn't think that was going to be a possibility. And I had a guidance counselor who asked, what do you want to do? I think it was probably sophomore or junior year. I talked about, I want to go to Air Force Academy and fly. He laughed. And he was like, you know, you're in special ed, Patrick. You...that's...it's different career track here for you. Okay?

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Let's look at some different options. So the irony is, in the military career, I fly Ospreys, teaching Air Force pilots. But this...on the other side, so. To show the importance of recognizing and understanding dyslexia and having the state understand it and having support not just from this committee, but other committees...and this is a very important committee to help implement support for dyslexia. I do believe that, and I do believe this is the right committee. When I was in high school, on an ACT I think it was, about 15 to 17 was my score. Okay? And then I had a teacher at Westside that said, you know, this kid is smart enough, he should be doing better. We've got to find a way so we can give him just a little bit more time to take that test and see what happens. Then I scored nearly 30 points the second time which enabled me to get in college. So I had okay grades. I made it through high school. And then I go to college and I get a 4.0. Part...I went to college because I didn't think it was a possibility. I go there, get a 4.0 my first semester. That was Hastings College in Hastings, Nebraska, who was at the time one of the only colleges in the state of Nebraska that recognizes dyslexia and works with students. Now, I had to go there and prove myself every day to different teachers, especially when it's your teachers...English teachers and...it will never stop if you're dyslexic. There's going to be people, they're never going to understand it. But it will make you better in the end because you learn how to fight for it. So I'll just be perfectly clear, Senator Cook, Senator Baker, that there are serious educational issues in the state of Nebraska. This is a clear indication of those educational problems in the state. Thank you. Any questions? [LB370]

SENATOR CAMPBELL: Any questions? Thank you for the service to our country very much. [LB370]

PATRICK LINEHAN: Thank you. [LB370]

SENATOR CAMPBELL: Thank you. Oh, I'm sorry. Senator Crawford. [LB370]

SENATOR CRAWFORD: I'll just say...and I appreciate you mentioning in your testimony that, you know, at college...I teach, you know, at college level. And we do have accommodations to allow someone to take extra time on exams and things like that to try to make sure that they succeed. And I'm glad that...I'm very happy to hear that worked for you. [LB370]

PATRICK LINEHAN: Thank you. I'm happy it did too. [LB370]

SENATOR CAMPBELL: Anything else? Thank you very much for coming. [LB370]

PATRICK LINEHAN: Thank you. [LB370]

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SENATOR CAMPBELL: Our next testifier? Good afternoon. [LB370]

JULIANA SIDAK: (Exhibit 21) Good afternoon. My name is Juliana Sidak, J-u-l-i-a-n-a S-i-d-a-k. I am in third grade. Today I would like to tell you how the Barton system has helped me. Before I used it, I'd been working very hard to learn to read and write. I'd been trying for three years with a regular phonics system. It was so hard. I've been trying to remember the rules but they wouldn't stick very long. Last summer, I started the Barton system and met Mrs. Merz. She and my mom have been working with me five days every week. Since I have dyslexia, it has helped a lot. It has helped with my spelling, writing, and reading. Spelling has become easier and reading is...I can read a lot faster and it is always fun. So thanks to the Barton system and Mrs. Merz, an incredible teacher. Thank you. [LB370]

SENATOR CAMPBELL: Great job, Juliana. Questions, Senators? Juliana, what grade are you in? [LB370]

JULIANA SIDAK: Third. [LB370]

SENATOR CAMPBELL: Third grade. We're going to have to get a taller chair the next time you come. (Laughter) We haven't had many third grade people but you did a great job. And I get to ask you the same question I asked Alex, okay? What do you like to do in your free time? [LB370]

JULIANA SIDAK: Draw. [LB370]

SENATOR CAMPBELL: Pardon? [LB370]

JULIANA SIDAK: Draw. [LB370]

SENATOR CAMPBELL: Draw. Okay. Maybe you can send us a picture or two, okay? Thank you. You just did a super job and you should have gone with Alex at the beginning, that's for sure. Thanks, Juliana, for coming today. [LB370]

JULIANA SIDAK: Thank you. [LB370]

DARLENE MERZ: (Exhibits 22, 23) Many of you already have this. This might look familiar, but the back page is different. [LB370]

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SENATOR CAMPBELL: Good afternoon. [LB370]

DARLENE MERZ: Hello. [LB370]

SENATOR CAMPBELL: You can go right ahead. [LB370]

DARLENE MERZ: I'm Darlene Merz, D-a-r-l-e-n-e M-e-r-z. And I called every one of you a year ago today and invited you to a seminar at the Berean Church. I don't think I saw any of the staff members there, but I called every senator in the Unicameral. I also put this packet last week in your stuff that I see some of you have. The last sheet is different. As you and I have celebrated the excitement of the birth of a child, today I advocate and celebrate with excitement this date and the introduction of the word dyslexia and the International Dyslexia Association's definition of dyslexia in LB370. This has been a long, tedious journey. I hope to share with you in a few minutes what a profound change God has given my path, first as a special education teacher where I spent 90 percent of my time working with students who were at below grade read level and then as a dyslexia specialist watching as students' scores soared to grade level and above by using an Orton-Gillingham program. As a SPED teacher in the Nebraska public schools for 11 years, I had no inkling that I would be fighting for these children through the late...state's legislature processes who otherwise are being left in the darkness in the public schools. I'm going to turn to a handout that is in yours. It's the backside of the yellow. Someone you know: "Someone you know, someone you love wants to fit in with you like a glove. That someone can't read in the way that you do. Come see what we've learned. For centuries we've had not even a clue. They gave up all hope but still tried harder each day. But no avail showing, they continued to pray. Please give me, my Lord, hope for my life. How can I live with this plague in my life?" This is what I've lived to see. "I've lived to see change, I've seen their eyes shine. I've messages on my phone, in my ears ring like chimes. Thank you for doing, they say, and what you have done, I now hear his voice, the book read by my son. There is no way to repay what you have given, says a parent to me, a voice like from heaven. That message again and again has come through loud and clear. To me was the gift of hearing those words but God says, go on and let others hear." The title next, Journey Into Dyslexia, is a movie that I'm giving in services and presentations across Nebraska after terminating my position at the Cross County schools: That child called dyslexic but smart as a whip; can learn reading but by a different trip. See the brain function, take that child's hand, becoming a reader is his demand. He now has life as a reader; ready to attack. A life-changing experience,...no holding me back. He can read; any words with all he has learned; and no longer is heartsick as he formerly yearned. Now he, like you, is able to read! Ready to help others, watch out, take heed. That dyslexic is the person we need. That was a quote from Carl Schramm in that movie, Journey Into Dyslexia. It's an HBO special which might...you might have seen on a presentation on TV. I'm back on the white sheet with the red line: nine years and 50 students tutored with Orton-Gillingham. What I've learned about dyslexia: Dyslexia is synonymously termed struggling reader by Dr. Sally Shaywitz,

neuroscientist and codirector of the Yale Center for the Study of Learning and Attention and the author of Overcoming Dyslexia. They're the same thing. And we got hung up a while ago on diagnosing. When we have kids below grade reading level, if they are not at benchmark with a testing that we use that's called DIBELS at the public schools, then they are called strategic. And we start to work with them with RTI, response to intervention, and we are using things that do not work for the dyslexic students. But we do not have to identify them with a specific test of any kind. I became a screener. And if they are below benchmark, they should be worked with even if they don't have to go to a psychologist or whatever. We've discussed diagnosing to a way high degree here and maybe I will have people that will disagree with that. But this is...one of the things that I think that we can avoid doing is getting to and diagnosing so explicitly. It is the most common learning disability and researched more than any other disability. The things that I'm quoting are on your papers that are...you can read later that are under the National Institute of Health's finding from 1997 with the National Reading Panel. It's inherited and lifelong. Twenty percent of the population has it. These students have a basic lack of phonemic awareness. A functional MRI...and you have a picture on the beige sheet, it shows the brain and what's going on in a dyslexic brain in comparison to the average brain. These are all National Institute findings. Early ID is key and you've heard that over and over. The most critical skill taught in our public schools, reading creates a feeling of anguish and desperation for these students and their parents. Most... [LB370]

SENATOR CAMPBELL: And Mrs. Morris, we're not going to get through all this, so tell us what the most important thing is, maybe, in this material that you really want us to look at. [LB370]

DARLENE MERZ: Okay. One of the things that I would point out: that right below that I say amazing improvements. I used the interventions at school because I had to. I terminated my position because I could not use what I wanted. When I started talking about dyslexia, I got the plastic shield. Go away, go away. And so I terminated my position. But as you down there, 30 to 50 points were the improvements I saw using the DIBELS testing that all the public schools use in Nebraska in comparison to 5 to 7 points with interventions that should not have been being used. And then over on the other page you can read my credentials. But one of the things that is so important here is, 23 states have addressed this across the nation. They have laws for dyslexia now. So look at what you've got for information. And we are deciding how many jails to build now by how many children are unable to read at third grade. That's pathetic. We're going about this backwards. The other thing, I would go down to key components: early ID, appropriate instruction, and teacher training are vital. When I graduated in 2001, I went back to school at 51, got my degree. I hadn't...I think I heard the word dyslexia once. [LB370]

SENATOR CAMPBELL: Okay. Ms. Merz... [LB370]

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DARLENE MERZ: As a teacher, I feel their pain. As a parent, my heart aches for them. And as an advocate, I am passionate to affect change and we'll keep working on this until we get some change. I would like to answer questions if you have any. [LB370]

SENATOR CAMPBELL: Any questions, Senators? Thank you for bringing the material for us to take a look at. [LB370]

DARLENE MERZ: Yes. And I would be glad to come in. I would like to show a movie in the Unicameral to share. Many of them address all these things. [LB370]

SENATOR CAMPBELL: Okay. Thank you. All right. Our next proponent? Good afternoon. [LB370]

DEB AVERY: (Exhibit 24) Good afternoon. Senator Campbell and committee members, my name is Deb Avery, D-e-b A-v-e-r-y. And I taught at Humboldt Table Rock Steinauer Public Schools in southeast Nebraska for the past 23 years. For most of these years I taught first graders. And I've experienced the frustration of watching some bright, eager-to-learn children fail to experience the joy of learning to read. Instead, they meet a roadblock of discouraging difficulty with the reading process and this keeps them from achieving their full academic potential. And the problem I noticed, it continued. I would think, well, maybe the next teacher will make a good connection and it will get better, but it didn't. And they struggled throughout their school careers. And then in 2012, I trained in Chicago to identify the warning signs of dyslexia and how to screen and tutor struggling students and help them around this neurological roadblock. Since then, our school has initiated the use of an Orton-Gillingham based, multisensory, explicit, systematic phonics program. Now this kind of program is helpful for all students, but it's crucial for students with dyslexic student. And without a way around the roadblock, these students continue to underachieve through their lives...throughout their lives. Sometimes they become so discouraged that they quit, they drop out, and they're unable to secure jobs. Some end up homeless or in prison. And a report that was cited in Sally Shaywitz's book, Overcoming Dyslexia, suggests there's no evidence that dyslexic people are predisposed to committing crimes. That's not how it comes about. The link comes from being misunderstood, as we've heard today, and having difficulty in school, medicating themselves with drugs or alcohol, dropping out, being left out, all those things. And it starts early. You know, the little boy that talked, Alex, he was fortunate, I don't think he was bullied. But, you know, a lot of times children, if there's a slower student, they will notice that and make fun of them or whatever. And so these people can start this downward spiral early in life. These facts alone should be enough to motivate us to be proactive for these students so they become proficient readers and not struggling reader statistics. As an education major, I never heard the word dyslexia spoken in any of my college-level classes. We talked...they talked about psychologists. I asked--after I started

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screening students, after I took my training--I asked the school psychologist, do you screen for dyslexia? And she says, no, I don't know anything about dyslexia. I've never been trained in it. In the 1940s, my sister was told she was dyslexic but I don't know if she ever had the proper help. I do know that to this day, she avoids reading and writing. She can make a wedding gown. That's...she's very talented. [LB370]

SENATOR HOWARD: This is great. (Laughter) Sorry. [LB370]

DEB AVERY: I...this is an educational tragedy because it's still happening. This is in 1940s and there's still nothing out there to help. Well, there is; it's coming. Why have dyslexic students continue to slip through the cracks? It's because we don't know what it is and we don't know what to do about it. And I also believe...and I've come across a lot of...you know, people don't want to talk about it. Our ESU doesn't want to talk to us about it. They won't address it. And that's because it has to come from the top. The education generals, as I call them, they're going to have to find a battle plan to pass down to the educational soldiers who are doing the footwork in classrooms. But it's got to come from the top. I identified students at school and I have some data there for you, some test results. But identified students at school have made positive progress with the DIBELS assessment we use. Now, that's timed. And that's a problem because if you process slowly, a timed test is not going to be easy for you. We also use the MAP test. It's not timed and they do quite well on that because they have the time they need. But I'm just excited to be able to share with you that there is hope out there. And these students need time for their brains to process around the roadblock, they need specific interventions, and they need us to be correctly informed about how to best understand and help them. [LB370]

SENATOR CAMPBELL: Thank you. [LB370]

DEB AVERY: Thank you. [LB370]

SENATOR CAMPBELL: I have to tell you that some of us chuckled when you talked about a wedding gown because Senator Howard is getting married, so... [LB370]

DEB AVERY: I see. [LB370]

SENATOR HOWARD: I was all...continue. [LB370]

SENATOR CAMPBELL: ...that's why the chuckle. We all looked... (Inaudible). [LB370]

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DEB AVERY: She's real good at it. She's a very talented lady. And she struggled...she's struggled through...she's 74 years old and she still...she says, I can't go to a...you know, if somebody...she doesn't...she has to look up words and she goes, how do I look up a word I don't know how to spell? But I told her, I said, get an app. You can get one of those cool apps (laugh) which is another point. The technology is really going to help these people. The technology is phenomenal. [LB370]

SENATOR CAMPBELL: Yeah, I would agree with that. Thank you for your testimony today. [LB370]

DEB AVERY: Thank you. [LB370]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB370]

MINDI GREEN: Good afternoon. I'm Mindi Green, M-i-n-d-i G-r-e-e-n, and I'm just here to share my testimony with you. I don't even know why I'm going to look down because I've scribbled on it so much listening and trying to figure out what to share from what's already been shared. But I'll start with, I'm a mother of seven boys and I'm currently homeschooling five of them along with a young toddler who likes to walk around singing his ABCs. So before making the choice to stay home full time and school our children, I was a part-time occupational therapist that worked in the hospital's long-term care and spent one day a week at the Harvard school working with children. So why did I make the decision to come home and homeschool? Because, of course, I have a struggling child just like many of the stories that you've heard today. He started off, and I noticed things in kindergarten. And you would think, being an occupational therapist, that I would have been able to be a little bit keyed in, but I wasn't. Along with the teacher, I would hear, you know, he's just...it's...it'll click, it'll click eventually. I'd go in and volunteer in his kindergarten class and I can tell you today that three out of the seven kids--he was at a private school--struggled with dyslexia at the time. Of course, I didn't know that. And they still struggle with it. And I'm trying to get them help like Caleb (phonetic) is receiving. But it just is always...from the teachers, it was, you know, it will click, it will come. So just, I think the awareness is the big thing. So...yes, on my sheet, where am I? So the teachers just gave me that impression. And first grade was difficult, second grade was difficult, then came third grade and he would have hours and hours of homework, with tears. And I finally looked at my husband and I said, we can't do this anymore. I have to bring him home and work with him one on one until this clicks or we can figure something out. And so we did the Sylvan program and we tried all kinds of things. He is in seventh grade and I'm still homeschooling all of them. And finally one day...actually, Juliana's mom asked me at our co-op how the week went. And I just looked at her and about started crying. I said, horrible. I cannot figure out how to help Caleb. He is bright. He's done memory masters where they have to know 24 weeks, seven different

subjects...completely has it memorized, can spout it all back to you. But reading and writing, math, organization, just horrible. And she said, I think he has dyslexia along with dysgraphia. Let me give you our tutor's name. So I talked to Mrs. Merz for, like, an hour and a half. Saturday morning--this was on a Friday--and I've never felt so much hope. I hung up the phone and I was like, oh. You know, I knew it was nothing that I was doing teaching them because I have two that are very bright readers. I just knew there was something he was struggling with. And you've heard from some of the testimonies that there's not a cure for dyslexia which I agree with. I would say that there is a cure because I have seen Caleb within a three-month time span of using an Orton-Gillingham program go from not being confident...I should have brought his math papers from when we started the school year to now because you can actually tell where the problems begin and where they end. The answers might be right and they might be wrong, but he's got the problem figured out of how to do it from reading a book with him and he will not let me help him with a word. He wants to try to figure it out. And that is three months in the seventh grade which...he's 13, and the other thing I would hear from people is, once you hit a certain age, there's not any...you know, like, you are going to have to do adaptive stuff forever in order for them to be able to be successful in life. The other thing is, so three out of my five that I'm teaching have dyslexia. I beat the one out of five. Yeah, you all feel bad for me, right? But the program that we're using works and helps. One of them has been in speech since he was in kindergarten. He's in third grade now. Never once has it been mentioned that maybe he has dyslexia. I actually wanted him to be pulled out of speech, which Medicaid is, of course, paying for his speech. Even though I'm homeschooling, I take him in. It's not helping. This program is helping with his speech, with his Rs, because the words make sense to him. So I think part of it is an education thing as far as getting just the knowledge out there. I want to go to our private school--Nebraska Christian in Central City is where they attend--and I'm going to volunteer my time as soon as a couple of my kids start going there to hopefully somehow implement this program within the elementary, because it just changes these kids' lives. The one thing that Caleb's third grade teacher told me the week before we pulled him out was, it's not like he's trying...it's not like he's not paying attention. It's almost like he's trying to not pay attention. They just didn't understand it. And so... [LB370]

SENATOR CAMPBELL: I'm going to stop you there because we're on red. [LB370]

MINDI GREEN: Okay. [LB370]

SENATOR CAMPBELL: Any questions or comments from the senators? Thank you, Ms. Green, for your testimony today. [LB370]

MINDI GREEN: Yes. [LB370]

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SENATOR CAMPBELL: Our next proponent? [LB370]

KATHY HANKEL: (Exhibit 25) I promise this will be short because some of...much of it has already been addressed. My name is Kathy Hankel, K-a-t-h-y H-a-n-k-e-l, and I thank you for this opportunity to speak. I am here in support of this bill but also to really stress the importance of the early intervention programs. We need to catch this early. As a former preschool assistant and later head teacher and director for 26 years at Little Blessings Preschool in York, I can still recall the struggle some students had despite the fact that these students were actually very creative and intelligent, as are all dyslexics. And I want to add a research fact that I don't believe anybody else has mentioned. And that is--and it's very significant, in fact I'm going to repeat it twice--identifying students with reading problems early reduces the number of students identified later as learning disabled. Identifying students with reading problems early reduces the number of students identified later as learning disabled. So I suggest that this bill, LB370, be modified to urge schools to utilize the skills of their elementary, Title I, or resource teacher in an early intervention program where the Orton-Gillingham instruction would benefit both the school and the student. The student will then be ready to read and the school's concern about the cost of hiring additional faculty is eliminated. Thank you for allowing me to speak to this important issue that involves the future of many of our young people. I again urge passage of this bill in a modified form with provisions to provide additional guidance to the educational community. Helping these students by recognizing and treating the effects of dyslexia early will equip them to compete and excel in today's world. Thank you. [LB370]

SENATOR CAMPBELL: Thank you, Ms. Hankel. Are there any questions from the senators? I don't see any questions. Thank you for coming. [LB370]

KATHY HANKEL: Okay. [LB370]

SENATOR CAMPBELL: Our next proponent? [LB370]

NANCY JOHNS: I'm cutting this to one paragraph. (Laugh) [LB370]

SENATOR CAMPBELL: All right. Thank you. [LB370]

NANCY JOHNS: So my name is Nancy Johns, N-a-n-c-y J-o-h-n-s. I'm a former elementary teacher educated at the University of Nebraska with a concentration in special education. More importantly, mother to three kids, one of which is still...dyslexic. Anyway, I'm going to give you the briefest summary. My son has been through R.E.A.D. Team. He's been through RTI. He's been through speech pathology. And his third grade year we decided to have him screened

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privately as I asked the school if they...the psychologist if they would be performing a test, you know, would all those tests catch dyslexia? And he said, sure, it'll be under reading. Well, there is no place for that. And anyway, I once had him...we had him screened for dyslexia. I asked the lady, well, what do I do now? And she said, well, what do you mean? The state of Nebraska doesn't recognize dyslexia. So even if I tell you that, there will be nothing you can do. So, took that to my pediatrician. He did say there was someone; we could have him officially diagnosed. But, again, the state doesn't recognize it. So she would not even be able to use the term dyslexia. He would only be able to give me some kind of sheet using that type of definition that would go back to the school system. Luckily, his special ed teacher at the school had some background training in a tutoring program that was Orton-Gillingham. And meeting Darlene (phonetic), we use an Orton-Gillingham program at home and I tutor him. He is in fourth grade now and is reading at least at his grade level. He has significantly caught up. And when asking his teacher why they're not doing more for these kinds of kids in school, she said it's because there's no...you could be mild; you could be moderate; you could be severe; you could be dyslexic in math; you could be dyslexic in reading. The range is too big. They can't cover it. So probably finishing up for everyone today, I just think we're wanting awareness. So anyway, thank you for your time. [LB370]

SENATOR CAMPBELL: Thank you. Ms. Johns, just so that you know, there's a whole room back that are waiting on another bill. So this is not the end of our day. [LB370]

NANCY JOHNS: Yeah. Yes, I know. I know. [LB370]

SENATOR CAMPBELL: So I appreciate your brevity. Thank you. [LB370]

NANCY JOHNS: Yep. [LB370]

SENATOR CAMPBELL: Our next proponent? [LB370]

TRISH SIDAK: (Exhibits 26, 27) Good afternoon. My name is Trish Sidak, T-r-i-s-h S-i-d-a-k. I'm Juliana's mother. I'm a nurse. I have a bachelor's of science from UNMC and my husband is a physician, mother of five. I just wanted to come up and also restate what you've already heard. I brought two samples of Juliana's work. We've been in the Orton-Gillingham system for six months and we've seen differences that are quite incredible. So I just wanted to keep it short, let you know that I have two other readers who...there was nothing like this. Juliana is my oldest and it seemed like we were always plowing through. My other ones have soared and gone quickly through learning to read, spell, write. And so I just wanted to also share that testimony. [LB370]

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SENATOR CAMPBELL: Thank you very much for coming. Did you leave a sample, is that what you said? [LB370]

TRISH SIDAK: Yeah, I gave...I had two copies of those. [LB370]

SENATOR CAMPBELL: Okay. You have it for the record? [LB370]

TRISH SIDAK: Yep. [LB370]

SENATOR CAMPBELL: Okay. Thank you. [LB370]

TRISH SIDAK: Thank you. [LB370]

SENATOR CAMPBELL: Our next proponent? Anyone in opposition to the bill? Anyone in a neutral position? I'm sorry, you didn't raise your hand earlier. [LB370]

KORBY GILBERTSON: I know. I had to leave the room. I'm sorry. [LB370]

SENATOR CAMPBELL: I'm kidding, I'm kidding. Thanks. [LB370]

KORBY GILBERTSON: Chairwoman Campbell and members of the committee, for the record my name is Korby Gilbertson. It's spelled K-o-r-b-y G-i-l-b-e-r-t-s-o-n. I'm appearing today in a very strange position for myself. I'm appearing for myself which is...out of over 20 years of doing this, this is the first time I've ever done this. But I have a ten-year-old son who was diagnosed with severe dyslexia. And I can agree with everything the parents have said regarding fighting to get help for your child. And we're very fortunate in that I can afford to help him get all of those applications and buy books on tape and look at the textbooks that they use and help him get two tutors a week instead of one. But he still suffers. And it's amazing to me that he goes...actually goes to a private school and has nine kids in his class which I'm very thankful for because that's one of the reasons why we were able to identify it very early. But even with that small, close-knit group, we dealt with last year him being told that he was retarded and should be in kindergarten by a classmate. He is called stupid because he has to go to his tutors during the day. And for a child, that's extremely damaging and no kid should ever have to go through that. I have firsthand realized the problems in our system and that's why I'm here in neutral, because I don't...I...this bill, I think, is a great idea, but I don't think it does nearly enough or actually addresses the problem that faces the state. This is a fundamental issue for our education system. When you look at the number of children that have reading problems and even those kids that are diagnosed with dyslexia are then only offered reading recovery or basic reading help and they're

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categorized as special ed students even though they have IQs that put them at genius level, there's a serious issue with our system and something should be done. Nebraska does recognize dyslexia in special education statutes as a disability. The problem is, schools don't have any funding to be able to do dyslexia-specific training and then tutoring for kids. That's where the problem lies. The problem doesn't lie in us needing to prove that there is a real issue out there. The problem lies in, we have no way to address it right now. And so I applaud Senator Riepe for bringing this legislation because it is really something that is long overdue. With that, I'd be happy to try to answer any questions. [LB370]

SENATOR CAMPBELL: Thank you, Ms. Gilbertson. Questions from the senators? Thanks. And thanks for your patience in waiting. [LB370]

KORBY GILBERTSON: Sure. [LB370]

SENATOR CAMPBELL: Okay. Anyone else in a neutral position? Letters for the record, Brennen? [LB370]

BRENNEN MILLER: (Exhibits 28, 29, 30) Letters from Dennis Molfese, Katie Watson, and the Omaha branch of the NAACP. That's all, Senator. Thank you. [LB370]

SENATOR CAMPBELL: Okay. Thank you. Senator Riepe, would you like to close here? [LB370]

SENATOR RIEPE: (Exhibit 31) Thank you, and I will be brief. First of all, I wanted to thank everyone that appeared here today. It was very moving, very educational. And I think that when any child struggles, we all struggle with him. And it...or when you lose a child, as Mrs. Jackson did, that's also very heart struggling and challenging, I guess, for all of us, even some of us that are hardhearted at times. And I do have an amendment. The amendment, I have a copy of it. We talked about it and I will distribute that. In researching the specifics of this bill, I have come to realize the complexity of this issue. I would like additional time to explore the intersection of how this bill would work with existing provisions of law such as the Individuals with Disabilities Education Act. With that, I thank all of you for your patience and for your questions. And I would answer any questions that I might. [LB370]

SENATOR CAMPBELL: Any follow-up questions? Senator Howard. [LB370]

SENATOR HOWARD: What does the amendment do? [LB370]

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SENATOR RIEPE: The amendment basically clarifies the definition of dyslexia. [LB370]

SENATOR CAMPBELL: Senator Cook. [LB370]

SENATOR COOK: Is it the same definition that was read? [LB370]

SENATOR RIEPE: Yes. Yes, yes. [LB370]

SENATOR COOK: Okay. Thank you. [LB370]

SENATOR CAMPBELL: Okay. Anything else? Senator Howard. [LB370]

SENATOR HOWARD: Just as we were going through the hearing, it sort of prompted some other questions. Do you know of any other Medicaid statutes that we currently have that consider the medical condition versus the treatment, that say services for blindness versus optometric services? [LB370]

SENATOR RIEPE: We will research that out. And I'm not an expert on the...all of the things that Medicaid happen to cover. But we will follow up on that. [LB370]

SENATOR HOWARD: Is the service that needs to be billable this multisensory language therapy? [LB370]

SENATOR RIEPE: I think that we have to take a look at this and we have to sort through what can we and what do we want to do for both diagnoses and then, to follow up, what can we or do we want to do in terms of treatment. And from everything that we have heard this afternoon is, this is not a one-size-fits-all kind of a deal, that it's very complicated. And I don't know what particular...even down to the code business or even what kind of specific treatments, but I assume that no two are the same. [LB370]

SENATOR HOWARD: Madam Chair, with leniency? [LB370]

SENATOR CAMPBELL: Go right ahead. [LB370]

SENATOR HOWARD: Thank you. I had other questions during the...I'm a Curious George. [LB370]

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SENATOR RIEPE: I've heard that, too, before. [LB370]

SENATOR HOWARD: There it is. Do you know other medical programs that the state has that allows, sort of, laypeople like teachers and tutors to be able to bill? [LB370]

SENATOR RIEPE: My...I would say there are none. [LB370]

SENATOR HOWARD: Okay. Would this be a more appropriate...in hearing some testimony today where there were contracts with NFC and the department, is there a method of using the child welfare system to address? Are there funds there that you think... [LB370]

SENATOR RIEPE: We have...yeah, I'm sorry. We have learned a lot today. I have heard a lot. And we have more research to go back to try to come up with these. And I would hope that...not to take it out of public but just, when we do our Executive Session, hopefully I'll have more of those explored in terms of, how far can we take it, how far does it fall within the Health and Human Services and Medicaid versus the education versus the treatment whether it's a medical piece as opposed to a...simply an education piece that I think we heard a lot about that...and how do you address each one of these? I don't know. I'd just like to have...I need more time to try to get some of those answers. And I would like to...if we might, I could touch base and...because you seem very knowledgeable about this, I'd like to have...get, you know, questions so that we know how to follow up. [LB370]

SENATOR HOWARD: Certainly. And for me, I just want to make sure the questions are in the record so that when you read the transcript, you've got everything for later. My...I did want to register...a concern was that for Medicaid billing. They have to be recognized as a provider in the state of Nebraska and they have to have gone through a 407 to be able to bill. So would it be your intention that the folks who are providing this type of treatment be certified under a 407? [LB370]

SENATOR RIEPE: If we would have them actually provide the service and the law requires that, of course we'd have to go through that process. I think we have to discuss...you know, again, from the diagnosis to the treatment, it's kind of like, this is part A and this is part B, not...in terms of, how far can we take this, how far should we take it? How far are we able to take it in terms of all of the needs? And I think there's a lot more discussion that goes on. And I'm not capable of discussing this today, but, you know, we know also this goes on to our prison system and a lot of other...a lot of issues that this dyslexia impacts. [LB370]

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SENATOR HOWARD: And so now that you are a vibrant proponent of Medicaid expansion and expansion of services, do you think that this service belongs in Medicaid? [LB370]

SENATOR RIEPE: I would think possibly the diagnostic side of it. I am...one bill does not make...a philosophy make, okay? So, you know, and so everything is relative in degrees and I would like to take a look at this and say...I know I had a conversation with Senator Krist before coming down. And he was enlightening to me as a freshman that said that at the time, there are some of these--and this is probably old news to you--but there was enough cutbacks that you almost have to define what is expanded Medicaid or what's getting back to where it was at the day when you started to expand Medicaid. So, you know, those...you know, that...everything is not just pure from where we've been if there was some loss and now we're trying to make some recovery, as I understand it. And he and I had a five-minute...up in the chamber. And so he's another one that I need to sit down and say, you know, let me be the student, you be the teacher and tell me more about where...what's the history of all of this? And I'm sure that Chairman Campbell could enlighten me as well. We just, you know, it's just a matter of trying to have time, I think. That's been my experience since being in the Legislature. [LB370]

SENATOR HOWARD: Certainly. [LB370]

SENATOR RIEPE: It's a fast track. [LB370]

SENATOR HOWARD: And then, just as a final follow-up...I promise this is the last one. [LB370]

SENATOR RIEPE: Oh, sure. [LB370]

SENATOR HOWARD: Was this previously a covered service in the state? [LB370]

SENATOR RIEPE: No, I do not believe it was. [LB370]

SENATOR HOWARD: Okay, thank you. [LB370]

SENATOR CAMPBELL: Senator Cook, do you want a follow up? [LB370]

SENATOR COOK: I have a follow up and it may involve some more conversations. Are you aware that there are things that are diagnosed by licensed professionals who have been through the 407 process that are not covered under our state's Medicaid plan? [LB370]

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SENATOR RIEPE: I am not aware or familiar with what those particular diagnoses are or...do they have a code? [LB370]

SENATOR COOK: I'm speaking of something that's probably somewhat germane to your issue because I had a bill several years ago related to behavioral health. And the agency's policy at the time was to have parents turn their children over to become wards of the state as opposed to taking a match from the federal government. That was, once again, before there was any such thing as ACA or what we might describe as Medicaid expansion or Medicaid redesign. There's...we also had an issue as it related to lead in the soil and the checkerboard pattern in north and south Omaha that would have theoretically been a medical necessity under and assessed by a licensed professional, usually a physician, and ideally covered under EPSDT. That section of the law is in your green copy. And once again, the state of Nebraska has not seen fit, as interestingly Ms. Gilbertson mentioned in terms of education funding, to necessarily cover these things. So our education continues. And it's a good thing you are the self-described Curious George, Senator Riepe. [LB370]

SENATOR RIEPE: Thank you. [LB370]

SENATOR CAMPBELL: I think you're really talking about an extended time to sit down with people from the Department of Ed and the Department of Health and Human Services and...because it's going to take some response from the department on the whole Medicaid...I mean, the whole Medicaid issue is really a whole separate thing than what a lot of the people here testified for. And a lot of the people here testified in terms of state General Funds, I would guess, being used to set up some kind of a program on dyslexia in the school. There is where we would want to sit down with the Education Committee. I mean, there's just multiple points here that are going to have to be looked at. The Medicaid issue is probably only one. [LB370]

SENATOR RIEPE: Yes, I agree. We had probably a ten-minute meeting with them and it's...we need to expand on that. [LB370]

SENATOR CAMPBELL: Yeah. Yeah. Okay. Anything else, Senators? Okay. We'll close the public hearing. [LB370]

SENATOR RIEPE: Thank you. [LB370]

SENATOR CAMPBELL: I'm going to take, for the senators, just a brief time for those folks to leave the room. And while they're leaving, we're all supposed to be someplace here so if you need to make some arrangement with regard to where some of us are supposed to be, why don't

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you use this time to use your cell phones and do that, and then we'll start in just a minute. I know all the childcare people have been waiting a long time. [LB370]

BREAK

SENATOR CAMPBELL: Okay. I'm going to ask all of you to leave so we can move to the next hearing, please. [LB547]

SENATOR HOWARD: All right. We will now open the hearing on LB547, Senator Campbell's bill to change provisions of the Quality Child Care Act. [LB547]

SENATOR CAMPBELL: (Exhibit 32) Thank you, Senator Howard and members of the Health and Human Services Committee. My name is Kathy Campbell, K-a-t-h-y C-a-m-p-b-e-l-l, and I represent District 25. I'm going to do something unusual today and I'm going to ask Brennen if it can be done. I'm going to give a little summary. I'd like to give a little summary, but I would like to then enter into the official record my opening. Or do I have to read it? Okay. The reason is, is because the original opening to the bill gave a lot of history to how we got to this bill. And I'm going to read a little bit of it but then we'll probably make a copy and make sure that you all have a copy. On its face, LB547 is...looks like a routine piece of legislation. It addresses the reauthorization of federal dollars, and that's a key point to this bill. This is not General Funds, this is federal dollars through the Child Care and Development Block Grant, the mechanism that allocates federal funds to each state for use of programs and services related to childcare. But this bill is anything but routine. I think you will see it sets a vision for the future of implementing quality environment in childcare and early childhood settings. LB547 addresses the reauthorization of this block grant and Nebraska's allocation for childcare. In years past, the federal government has required states to set aside a minimum of 4 percent of the overall allocation to be used specifically for efforts that promote quality in childcare. Nebraska has always chosen the minimum 4 percent and has used a significant portion of those dollars on issues of childcare licensing administration and regulating basic health and safety for licensed childcare providers. While I would agree those are important, what these funds are meant to be used for is--and they are limited funds at that--is to improve the quality of childcare. In the reauthorization that came from the federal government, it raised the minimum amount that must--must--be set aside for quality efforts from 4 percent to 7 percent in FY 2015-'16 and 2016-'17, to 8 percent in FY 2017-'18 and 2018-'19, and to 9 percent in FY 2019-'20 and beyond. So we have a series of years here in which the federal funds that come, the percentage of them has to be put to quality. And that's really what LB547 is all about. These increases are recognizing the value of quality in childcare environments and they are also recognizing that childcare should not be viewed as just a work support program for parents, but that it should be an environment where learning and growth take place. So LB547 simply lays out the percentage

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increases and designates the best use of those dollars. Now, this is where I kind of want to step back for a minute to let you know that this summer, Senator Mello convened a meeting with myself and Senator Sullivan and talked about the fact that we knew that this was coming. So the question was, how do we begin...or I shouldn't say begin, but continue to enhance our quality? And at that point, the suggestion was made that we look at the use of these funds in terms of the Sixpence program. And you're going to hear about that, I think, from some of the people who are going to come forward. And the whole idea of Sixpence, as you might remember, is in school, it's a matching with the local provider with the schools. I'm going to let them describe that to you. And Sixpence is a quality program. I don't think anyone that's going to testify to you today is going to say that. But as we began looking at this, we also then had a companion bill. If you look at Senator Sullivan's bill, which is LB489, it's the companion to this bill. And in LB489, Senator Sullivan lays out how the funds would...could be used in Sixpence in the sense that if they're going to begin in that program, they have to then go into the Step Up to Quality. And that's the bill we passed last year, if you remember. And so the two pieces do fit together. What I want to emphasize, and as the folks are going to come up and testify to you, is that some question has been raised in terms to, does all the money...should all the money go to Sixpence or is there some other use in the Step Up to Quality? Senator Mello, Senator Sullivan, Senator Nordquist, who has also worked on some of this, and I met and we said, let's go ahead with the hearing today and hear all of the information. And then we would sit down and take all of this information and use it to determine, what does this finally look like before I bring in the bill back to you. Is that clear as mud? (Laugh) But in any case, we're trying very hard here to improve quality and not use it for things that...yes, they may tangentially touch upon that, but we really want to get at that quality piece and how important that is. There's also some comments that I...need to be made on the fiscal note and so at the closing I may come back to do that. We also will have an amendment...oh, no, this is Senator Riepe's amendment. We will not have an amendment until after the hearing. (Laughter) I'm sorry, Senator Riepe. I just picked this up thinking, is this our amendment? Do we already have an amendment, because we will have to have an amendment to the bill if we change the allocation of the money? Okay? Questions that you might have? I've gone through this so quickly, but we will make copies of the opening for you and we will enter it into the record. [LB547]

SENATOR HOWARD: Are there questions for Senator Campbell? Seeing none, thank you for your opening. [LB547]

SENATOR CAMPBELL: Okay. Thank you, Senator Howard. [LB547]

SENATOR HOWARD: Brennen, are there items for the record? [LB547]

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BRENNEN MILLER: (Exhibits 33, 34, 35, 36, 37, 38, 39) Yes, Senator. Thank you. Letters in support from Children and Family Coalition of Nebraska; Nebraska Resource Project for Vulnerable Young Children; Mission: Readiness; Fight Crime: Invest in Kids; Schools Taking Action in Nebraska Children's Education; American Academy of Pediatrics; and an opposition letter from the Department of Health and Human Services which will be handed out now. [LB547]

SENATOR HOWARD: All right. So we'll open the hearing for testimony. The first proponent for LB547? [LB547]

JEN GOETTEMOELLER: (Exhibit 40) Good afternoon, members of the committee. My name is Jen Goettemoeller. That's G-o-e-t-t-e-m-o-e-l-l-e-r. Thank you for your time and attention this afternoon. Thank you, Senator Campbell, for introducing this legislation. Over 40 percent of Nebraska children ages zero to five are at risk of failing in school. There is a map attached to your testimony that you have very likely seen before. It's worth taking a second look at because children at risk are located all over the state. While over 50 percent of at-risk three- and four-year-olds are able to access quality early childhood opportunities, only 7 percent of at-risk infants and toddlers are being served by programs that offer the level of quality found to reduce the achievement gap. More options for at-risk infants and toddlers are desperately needed and schools cannot and should not address this on their own. We need to utilize private childcare partners as a key piece of the solution which is why we're having these conversations in the HHS Committee, not just the Education Committee. In November, as Senator Campbell mentioned, the federal government reauthorized the Child Care Development Block Grant, raising the percentage of federal dollars that must be spent on quality activities. They have identified certain uses that would comply with the quality set-aside requirements. Unfortunately, not all of these uses allowed by the federal government are the types of things that have been demonstrated to close the achievement gap. If we are going to use these funds wisely, we need to make sure that we're spending them on efforts that close the achievement gap. Otherwise, we will spend more later when children arrive at kindergarten unprepared and one to two years developmentally behind their more advantaged peers. There's more information in my written testimony on how states can and cannot spend their quality dollars so you have those details. LB547 allocates only the increase in the quality set-aside to Sixpence to fund grants that are created by LB489 that was introduced this session by Senator Sullivan and also cosponsored by Senator Cook. Thank you, Senator. Sixpence is a public/private partnership. That's important because the private sector brings not only resources but also a level of accountability that makes Sixpence more effective than it would be on its own. Sixpence funds high-quality early childhood education programs that serve at-risk children ages zero to three. It's rigorously evaluated and results show that 90 percent of the children participating in Sixpence are on track developmentally. You'll hear more about the Sixpence evaluation and what we're getting with that investment. But that's a big deal, for at-risk children to have that percentage of children on track, ready to succeed in school. So

LB547 would fund Sixpence partnerships between school districts and childcare providers. Right now, that is not allowed because the childcare providers would have to be certified teachers. And that's just not realistic and not the way that we want to move forward. So Senator Sullivan's bill, LB489, the companion bill, changes the Sixpence statute, but LB547 allocates the funds to actually put some dollars toward those partnerships that would go to childcare. This allows childcare providers access to Sixpence funds as well as other resources that the school district brings to the partnership. Schools benefit because they can rely on private childcare providers to provide those quality environments that close the achievement gap, meaning they don't have to renovate or add new space in their buildings to operate new or expanded early childhood environments. Families benefit by having access to quality childcare that operate on hours that meet the needs of their schedule which is something essentially impossible for schools to do. And children benefit, of course, because they are in the hands of capable childcare providers who offer the kinds of environments and experiences that nurture their healthy growth and development. So you've got a lot more information in front of you. But in closing, I want you to know that the funding allocated through LB547 is not enough to meet the needs of children at risk across the state. We need more investments in quality early childhood opportunities not just in Sixpence if we are to stem the tide of increased budgetary pressures on education, behavioral health, corrections, all those things that you all have to deal with. We also understand that this is a difficult budget year. You are balancing school funding and property taxes and addressing corrections and the list goes on. So we understand that there's not a lot of money for this. But we do know that early childhood is a big part of a long-term, effective solution to address a lot of these issues before you. We have the opportunity to use a small amount of federal funds with no fiscal impact to the state in a way that we know will work. Accountability is key and so are demonstrated results. So with that, I urge your careful consideration and advancement of LB547. Thank you. [LB547]

SENATOR HOWARD: Thank you. Are there any questions? Senator Riepe. [LB547]

SENATOR RIEPE: I am Curious George. The question I had: You talked a little bit about partnerships between private and...is that more money available from the private side to be able to step it up so it's maybe half the price for the state? [LB547]

JEN GOETTEMOELLER: Well, the private dollars certainly do make those state dollars go further, so that's exactly right. Yeah. That is the whole... [LB547]

SENATOR RIEPE: But do they...are they prepared to step up with another \$1 million or \$2 million, or... [LB547]

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JEN GOETTEMOELLER: That's a good question. We do continue to talk to many donors and philanthropists across the state. And they certainly are willing to stay at the table because they really believe in this. That's why they've invested \$20 million of their own dollars so far in the Sixpence effort. So it is quite a substantial amount. [LB547]

SENATOR RIEPE: Thank you. [LB547]

JEN GOETTEMOELLER: Um-hum, you bet. [LB547]

SENATOR HOWARD: Other questions? Seeing none, thank you for your testimony. [LB547]

JEN GOETTEMOELLER: Thank you. [LB547]

SENATOR HOWARD: Our next proponent? Good afternoon. [LB547]

SUZANNE SCHNEIDER: (Exhibit 41) Good afternoon. My name is Suzanne Schneider, S-u-z-a-n-n-e S-c-h-n-e-i-d-e-r, and I'm here today to represent the Nebraska Child Care Center Directors Association and express our support for LB547. We'd like to thank Senator Campbell for bringing this bill forward. As childcare professionals, we know that good, quality environments matter. The providers in our association are intentional about their quality. Many of us are already voluntarily participating in the Step Up to Quality or we are nationally accredited programs. Further, we see ourselves as a critical part of the solution to closing the achievement gap because the environments we offer to children in our care are healthy, stable, and stimulating. These families we serve choose us because of the nurturing environments we offer. We understand that LB547 works together with Senator Sullivan's bill, LB489, to encourage and help fund quality early childhood partnerships between childcare providers and school districts. Many childcare providers want the opportunity to partner with schools but that's just not an option at this time. It's one thing to tell schools and childcare providers to partner or that they can partner. It's another thing to put a few dollars on the table to encourage those partnerships. LB547 does that. We support LB547 because we believe we are part of the solution in providing good learning environments for children at risk. Please advance the bill out of committee for consideration by the full Legislature. I'd be happy to answer any questions. [LB547]

SENATOR HOWARD: Thank you, Ms. Schneider. Are there questions? Seeing none, thank you for your testimony today. [LB547]

SUZANNE SCHNEIDER: Okay. Thank you. [LB547]

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SENATOR HOWARD: Our next proponent testifier? Good afternoon. [LB547]

MELODY HOBSON: (Exhibit 42) Good afternoon...evening. Chairwoman Campbell, Vice Chair Howard, members of the Health and Human Services Committee, thank you for the opportunity to testify today. My name is Melody Hobson, M-e-l-o-d-y H-o-b-s-o-n, and I'm the administrator of the Office of Early Childhood for the Nebraska Department of Education. The Nebraska State Board of Education and the Nebraska Department of Education support LB547. LB547, working together with Senator Sullivan's bill, LB489, would allow and fund Sixpence programs to school...Sixpence grants to school districts partnering with childcare to provide high-quality early childhood services for children from families with low incomes and other significant risk factors. Research indicates that intervening early to provide high-quality experiences for infants and toddlers and their families improves the growth trajectories of young children at a cost-effective investment. Community-based programs often lack resources to improve the quality of their programs. Together, LB547 and LB540 provide--I'm a little dyslexic here tonight--LB489 provide an opportunity to target technical assistance, coaching, and other needed resources to childcare programs serving concentrations of infants and toddlers in need. An expansion of the Sixpence program focusing on partnerships with childcare providers will reap benefits for additional numbers of children and families in Nebraska. The reauthorization of Child Care and Development Block Grant requires larger percentages of fundings to be set aside for quality improvement activities. LB547 would fund Sixpence partnerships with childcare, which does fit very well within the purposes of the reauthorized block grant. The NDE Office of Early Childhood provides leadership, guidance, and support to develop high-quality environments for young children, to promote equitable access to inclusive programs and services for all children from birth through age eight and for children in out-of-school-time care. We also facilitate state and community partnerships that address the needs of young children and their families. And we provide professional development, technical assistance, and resources for personnel in early childhood education and care settings. Now, the Office of Early Childhood at NDE does much of this work in collaboration with the Nebraska Department of Health and Human Services. Together, the state agencies have successfully partnered to create and maintain Nebraska's system of training and technical assistance for childcare and have created and launched Nebraska's Step Up to Quality quality rating and improvement system, which I'm happy to say, as of today, has 115 programs. NDE looks forward to continued partnership and the federal reauthorization of Child Care and Development Block Grant does appear to place some additional requirements on the state lead agency which in Nebraska, as you know, is the Department of Health and Human Services. I would respectfully suggest that the committee ensure that money from the additional set-aside amounts is available for DHHS to accomplish any of these additional requirements, if necessary. The reason I say that is because we do know that the current money is being used. And I know that that's something that is...that Senator Campbell has already indicated has been an issue and is...and you...and she's been talking with

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other senators about. So in conclusion, I'd like to thank you for your time and for your consideration of LB547. And I do ask that you advance the bill. [LB547]

SENATOR HOWARD: Thank you, Ms. Hobson. Are there questions? Seeing none, thank you for your testimony today. Our next proponent. [LB547]

AMY BORNEMEIER: (Exhibit 43) Good evening. Members of the Health and Human Services Committee, my name is Amy Bornemeier, A-m-y B-o-r-n-e-m-e-i-e-r, and I work at the Nebraska Children and Families Foundation as the Sixpence administrator. Sixpence is Nebraska's signature approach to closing the achievement gap before kindergarten by focusing on our youngest, most at-risk children and preparing them to arrive at school ready for success. When the legislation passed in 2006 creating Sixpence, it was seen as landmark legislation at the time. Not only did it establish a dedicated funding source for infants and toddlers through the public school system but it was considered especially innovative because of its public/private partnership and its unique endowment funding structure. Public/private partnerships are at the core of Sixpence. They can be seen at many levels and are key to making collective change in the granted communities. The funding is a mixture of public and private dollars. The oversight occurs by a six-member, Governor-appointed public/private board of trustees which includes representation from both Nebraska Department of Education and Nebraska Department of Health and Human Services. And the grants require a local match equal to that board's investment. The private sector's involvement has been critical to the success of Sixpence. They demand accountability for their dollars. And the way Sixpence maintains accountability is by embedding technical assistance and evaluation into the model. My job is to work with the 25 communities across the state that have a Sixpence grant including rural and urban areas and our Native American reservations. With dedicated technical assistance offered to all Sixpence programs, we can ensure the highest quality, accountability for the dollars, and the greatest impact for the children and families served. Whenever Sixpence programs face local challenges, the one-on-one technical assistance is there to help. A robust independent evaluation of the children and the program is also embedded as a fundamental feature. These independent evaluations prove Sixpence narrows the achievement gap before school entry as evidenced in the biennial report to the Legislature which you have in front of you. For some communities, Sixpence provides quality...high-quality, center-based care with an emphasis on parent engagement so they can work or attend school. This is an especially important option for teen parents who receive parent education and individualized coaching regarding their infant's developmental needs while they finish high school themselves, even gaining the skills and confidence to enter into higher education. In many communities, Sixpence works individually with families in their own home so parents can learn more about their child's development and how their interactions with their child can actually grow healthy brain architecture. Regardless of the model, Sixpence programs provide parents with the knowledge and tools to support their child's learning and development well after their child's third birthday. I want to share a quick

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success story from one of our newest grantees that I recently visited. I heard about a child who was...who had been diagnosed very early through early intervention and had received the services. The family had received the support and according to the grantee, that child will not be diagnosed any longer. That child has...will enter kindergarten without being identified and receiving special education services. So you heard earlier about the importance of early intervention, and I just wanted to share that with you as a very quick example, that this is working for us as well. Since its inception in 2008, Sixpence has grown from 11 to 25 communities and the need continues to grow faster than the children who are involved in the program for two to three years. You have a map in front of you that shows the communities who currently have Sixpence programs, communities that have applied for a Sixpence grant and were unable to be served due to lack of funding, and communities who have declared an interest in applying when more funding becomes available. Clearly there is still a large, unmet need in Nebraska. These school districts are desperate for resources to support the youngest and most at-risk children in their communities and recognize that they can't do it without partnering with local childcare providers. They see the need for high-quality care in the infants and toddlers in their school district and support for parents as a growing need. The funding proposed in LB547 brings private childcare into the mix as part of the local solution. Utilizing childcare providers is an option that I think will show great results and be particularly helpful for families who need high-quality childcare during hours that school districts don't typically offer their programs and marries quality with convenience and further extends the reach to more at-risk children and families. I urge you to invest in programs that are known to work and build quality options for our youngest and most at-risk children. I urge you to support these childcare/school district partnerships by advancing LB547 from committee. Thank you, and I'd be happy to try to answer any questions. [LB547]

SENATOR HOWARD: Are there any questions for Ms. Bornemeier? Seeing none, thank you for your testimony. [LB547]

AMY BORNEMEIER: Thank you. [LB547]

SENATOR HOWARD: Our next proponent. Good evening. [LB547]

WENDY KEELE: Good afternoon. Members of the Health and Services Committee (sic), for the record, my name is Wendy Keele, W-e-n-d-y K-e-e-l-e. I am currently a full-time student working on a transitional teaching certificate. And prior to that I was working as an outreach coordinator for CASA--which is Court Appointed Special Advocates--in Hastings, so in south-central Nebraska. Babies are born learners. The desire to learn is innate. Psychological and educational researchers have studied the cognitive, social, emotional, and physical growth that occurs in very young children. Children at risk need more than just a safe place. They need a

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place to learn new words, form attachments, and explore their world. They need a supportive, nurturing learning environment. And that is what Sixpence provides. There is a need for high-quality, early childhood opportunities in the Hastings area. For the past four years, I've been an outreach coordinator for CASA of South Central Nebraska. CASA stands for Court Appointed Special Advocates and our volunteers advocate in court for children who have been abused or neglected in their homes. We serve families in Adams, Clay, Nuckolls, and Webster Counties. Of the approximate 100 CASA children that we served last year, about 10 percent of those were between the ages of zero and three. In fact, last fall I remember we got four cases right in a row and they were all for infants. I want to share two cases where the children and families would have benefited from a quality, early childhood program like Sixpence. The first child was removed from his mother's care in the hospital because his meconium tested positive for meth. His five other siblings were also put into relative placement. So there were six children altogether and they were divided between three different relatives' homes. Unfortunately, his mother did not keep the scheduled appointments to visit him or his siblings and after two months, there was a little falling out between family. And so the mother requested that her children no longer be in relative placement and that they be placed together just in one foster home. The Department of Health and Human Services found a home for all six children, which is a feat in itself, believe me. That's a difficulty. However, it was two hours away. And so they had made arrangements for the mother to be able to...to transport the mother to see those children regularly. Unfortunately, she continued not to keep her appointments. And after four months then she requested that the children be removed back to Hastings so that they would be close to her. Again, the siblings were divided into three different other relative homes. So, unfortunately, this little guy in six months had three different placements. And that's not time for him to develop the critical attachment and bonding that is needed for a child. And we all know the importance of that. If there had been a quality early childhood program available in Hastings, he would have had...at least been able to bond with his caregivers and have had some stability in his short life. The second family includes a teenage mother and her six-year-old...six-month-old daughter. The mom is a senior in high school but since giving birth to her child, her attendance has not been consistent. She is not living in her parents' home. She has no money. She will not apply for childcare assistance or child support. And she's in an abusive relationship. Truancy charges were filed against her and so, in order to not be in trouble with the law and with probation, she has been going to school. But she has no place to leave her child. So the best situation that she's found is to leave her daughter with a male peer. And his...the quality of childcare is very questionable. The baby stays in her baby carrier most of the day and sleeps in it at night. The back of her head is flat from being in the carrier so much. This child is in desperate need for quality early childhood programs. These are just two examples and there are many more. We need...there is a great need for quality early childhood programs across the state. I'd be happy to answer any questions. [LB547]

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SENATOR HOWARD: Are there any questions for Ms. Keele? Seeing none, thank you for sharing those stories with us. [LB547]

WENDY KEELE: Thank you. [LB547]

SENATOR HOWARD: Our next proponent. [LB547]

MARK ZIMMERER: Good evening. [LB547]

SENATOR HOWARD: Good evening. [LB547]

MARK ZIMMERER: (Exhibits 44, 45) Everybody ready to go home? (Laughter) My name is Mark Zimmerer. I'm the president and CEO of the Norfolk Area Chamber of Commerce. My last name spelling: Z-i-m-m-e-r-e-r. And, no, I didn't get lost. I'm here for a purpose. The chamber...you probably don't get a visit from chamber folks very often. But I'm here because I'm very passionate about this bill, in support of LB547. I'm also representing...speaking on behalf of the Early Childhood Business Roundtable and obviously the 650 members of the Norfolk Area Chamber of Commerce. The Early Childhood Business Roundtable is a statewide network of business leaders that believes in early childhood priorities. And we're passionate about our private investments into those programs. We have been traveling the state for about four years now, meeting up with local chambers of commerce, with business leaders in places like Norfolk, Omaha, Lincoln, Kearney, York, North Platte, Scottsbluff, and earlier this week we were in South Sioux City. There are many reasons why early childhood should be on the top priority of the state. But our main interest includes economic development, work force development, and a return on investment. Nationally, the average employee misses about eight to nine days per year due to child-related absences, costing employers around \$3 billion a year. Twenty percent of our work force is functionally illiterate, and 50 percent of kindergartners start behind in school and typically stay behind. And with today's economic research indicating that we will achieve up to a 10 percent return on investment when we reach out to kids who most need it, especially when childhood environments...we feel compelled to raise awareness of this important issue. The business community understands the concepts of accountability of the public dollars and the return on investment. And that's why we have appreciated recent actions by the Legislature that encourage additional investments into quality early childhood education. And this is why we appreciate the approach Senator Campbell has taken with LB547. My community in Norfolk is a perfect example of what is going on with these private partnerships. For the first time, our chamber of commerce is working with local school districts and Head Start providers on our own public and private partnerships. And I know many other chambers of commerce across the state are doing the same thing. These local partnerships are powerful in leveraging additional resources and can provide a platform for which to scale up the Legislature's early childhood

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efforts. For that reason, we'll also be supporting LB489 this year that allows private providers to join these partnerships. Clearly, the most efficient, accountable, and highest return on investment occurs the first five years. And it will produce the future work force we need while reducing the demands on our tax dollars such as grade repetition, special education costs, work force training, welfare, and incarceration. Between the efforts of the state government and the Legislature, the business community, and the new Buffett Early Childhood Institute and the University of Nebraska and various other entities and providers, great...provides great potential...exists to make our state a national model for early childhood. That's an exciting prospect for us in the business community and that concludes my testimony. [LB547]

SENATOR HOWARD: Thank you, Mr. Zimmerer. Believe it or not, you are our second chamber of commerce testifier today. (Laughter) [LB547]

MARK ZIMMERER: Darn it. I wanted to be your first. [LB547]

SENATOR HOWARD: We already gave away the T-shirt. I'm so sorry. (Laughter) Are there any questions for Mr. Zimmerer? Senator Riepe. [LB547]

SENATOR RIEPE: Thank you, Senator Howard. My question is, within Norfolk, do you have a philanthropic community enough or individuals that would do some matching dollars? [LB547]

MARK ZIMMERER: I believe, yeah, we definitely do. I mean, our community steps up to the plate when needed in all areas. What's new, I believe, Senator, is the approach they're taking. They're realizing our work force shortage. They're realizing that the people, with a 2.4 percent unemployment rate in our Norfolk area, they're seeing so many of these young people who are unemployed who are lacking those soft skills needed, you know, those basic things to show up to work on time, to do those things that are so valuable and usually are just taken for granted that they should have these skills. So really, we're feeling that this investment early on, early on is very essential to developing our future work force. And through the mayor's task force, Workforce Taskforce, we are already creating initiatives that focus on just this thing, getting to them young, identifying career pathways earlier. So I mean, these all will work to our advantage to partner up. And I believe that's what this bill does. [LB547]

SENATOR RIEPE: I just think it's important for local communities to have some skin in the game. [LB547]

MARK ZIMMERER: Absolutely. And I think they talked earlier about the \$20 million that's already been invested by private dollars. So I think that's significant, really, when we look at

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health and human services and related fields. I spent 15 years in health and human services before getting into the business side of things. And you definitely...I love the proactive approach this bill takes in identifying early, and now it's just educating our business partners to step up to the plate. [LB547]

SENATOR RIEPE: I was only interested that all of the \$20 million wasn't from the Buffett Foundation. [LB547]

MARK ZIMMERER: I don't have that information, sorry. [LB547]

SENATOR RIEPE: You know, you need a broad base of engagement and philanthropic giving. [LB547]

MARK ZIMMERER: Absolutely. [LB547]

SENATOR HOWARD: Other questions for Mr. Zimmerer? Seeing none, thank you for your testimony today. [LB547]

MARK ZIMMERER: Thank you. [LB547]

SENATOR HOWARD: Other proponents? Good evening. [LB547]

SARAH ANN KOTCHIAN: (Exhibit 46) Good evening, Senator Howard and members of the Health and Human Services Committee. My name is Sarah Ann Kotchian, S-a-r-a-h A-n-n K-o-t-c-h-i-a-n, and I appear tonight on behalf of the Holland Children's Movement, a nonpartisan, not-for-profit organization founded by Richard Holland, committed to improving public policies essential to providing opportunities for success for children and families living in poverty. I'm here today in support of the concept in LB547 to statutorily authorize a percentage of the federal Child Care and Development Block Grant, or CCDBG, to support specific early childhood quality measures in Nebraska but would like to share concerns about limiting the use of those dollars. Our concerns are truly based in the undeniable commitment Senator Campbell and others have made to improve the lives of children. And she has been gracious enough to have already taken the time to visit with us about these concerns prior to today's hearing. The new federal law includes mandates that will require increased investment by the federal government, state governments, or both to achieve full compliance. These new requirements will create additional financial pressure on the Child Care Subsidy Program as we continue to endure longstanding, programmatic issues to address quality. The law also includes new requirements and increased flexibility for states to improve quality within their childcare subsidy programs.

One of the most significant changes regarding quality is the requirement for the quality set-aside increase. Once the full increase has been implemented, the annual amount of the new quality set-aside dollars is estimated to be around \$3.2 million based on 8 percent of the 2014 federal projection. LB547 as introduced statutorily authorizes that the total 8 percent of the new quality set-aside will go to Sixpence programs that enter into agreements with childcare providers as we have heard. The partnerships between childcare programs and schools and the opportunity to broaden this work through Senator Sullivan's introduction of LB489 this year with reliance on ratings and support for the new...from the new Step Up to Quality program is invaluable to strengthening Nebraska's early childhood system. However, Sixpence itself cannot serve as a mechanism for longstanding subsidy programmatic issues for all children who qualify for the subsidy such as low reimbursement rates, reimbursement based on attendance versus enrollment, quality incentives in work force supports for high subsidy programs, and improved subsidy program data collection. But Nebraska's new quality rating and improvement system can and has already begun some of this vital work. Through the successful passage of LB507 in 2013 as introduced by Senator Campbell, Step Up to Quality was created with the intention of improving access to quality early childhood care in education with a targeted impact on children served through the Child Care Subsidy Program. One of the most critical incentives in Step Up to Quality to achieve higher quality is the mechanism that automatically increases subsidy reimbursements for programs based on their quality ratings. Step Up to Quality also provides coaching services, bonus incentives for achieving higher quality ratings, and a broad range of health and education professional development opportunities and higher education scholarships to ensure our young children have trained professionals caring for them. Step Up to Quality is also collecting new data to guide critical program and work force improvement in ways not possible before its creation. More than 12,000 children, nearly 5,000 of whom are infants and toddlers, are expected to be positively impacted through the childcare programs that receive high amounts of Child Care Subsidy dollars in the first two years of this program alone. As of today, we've heard 115 programs are participating and this means more than 700 directors and staff are entered into our new professional work force data system and these numbers are only expected to rise. To this end, we would respectfully ask for your consideration that the new quality set-aside dollars may allow an ongoing and stable source of funding for both Sixpence and Step Up to Quality to continue their critical work and assure the greatest numbers of young children served through the subsidy can access higher-quality care. I thank you for your thoughtful consideration of these issues as you move forward to address this legislation. And if it's helpful, I have a CCDBG reauthorization implementation time line to know what will be expected of the program from the federal government as well as a list of how the current 4 percent CCDBG quality set-aside dollars were spent in 2013-'14, if that would be helpful. [LB547]

SENATOR HOWARD: Thank you. Are there questions for Ms. Kotchian? I have one. You came in as a proponent... [LB547]

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SARAH ANN KOTCHIAN: Yes. [LB547]

SENATOR HOWARD: ...even though you're recommending changes. [LB547]

SARAH ANN KOTCHIAN: Yes. [LB547]

SENATOR HOWARD: Okay. Just clarifying. Nice to see you. [LB547]

SARAH ANN KOTCHIAN: Nice to see you too. [LB547]

SENATOR HOWARD: Thank you for coming. [LB547]

SARAH ANN KOTCHIAN: Thank you. [LB547]

SENATOR HOWARD: Thank you for staying so late. (Laughter) [LB547]

SARAH ANN KOTCHIAN: My pleasure. Thank you for your time and attention. [LB547]

SENATOR HOWARD: Senator Crawford. [LB547]

SENATOR CRAWFORD: Well, you said you had that time line. Is that something you can just provide us with at our offices? I mean... [LB547]

SARAH ANN KOTCHIAN: Yes. I'm...I would be happy to e-mail it to all the committee members, yes. [LB547]

SENATOR CRAWFORD: Okay. Okay, thank you. [LB547]

SENATOR HOWARD: That would be great. [LB547]

SENATOR CRAWFORD: Thank you. [LB547]

SENATOR HOWARD: All right. Any other questions? Seeing none, thank you for your testimony. [LB547]

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SARAH ANN KOTCHIAN: Thank you. [LB547]

SENATOR HOWARD: Our next proponent. Seeing none, is there anyone wishing to testify in opposition? Seeing none, is there anyone wishing to testify in a neutral capacity? Okay. [LB547]

AUBREY MANCUSO: (Exhibit 47) Good evening, Senator Howard. Members of the committee, my name is Aubrey Mancuso, A-u-b-r-e-y M-a-n-c-u-s-o, and I'm here on behalf of Voices for Children in Nebraska. As the last testifier of the day I realize I'm now the most unpopular person in the room, so I'll try and do this quickly. (Laughter) We're here today in a neutral capacity because, while we believe conceptually that there are potential benefits contained in LB547 and its companion bill, LB489, we have some concerns specifically related to the funding as envisioned by LB547. Senator Campbell has expressed a willingness to look for ways to address these funding concerns and we could potentially support an amended version of the bill. However, without an amendment, I can only speak to the bill as written today. As written, LB547 would indefinitely segregate the majority of quality dollars from the federal block grant and reallocate the dollars to the Early Childhood Education Endowment. While we don't doubt that these dollars will have a positive impact on some kids in our state, we're concerned about the overall impact on the Child Care Subsidy Program and on Nebraska's nascent efforts to scale up quality in the subsidy program as a whole. The Child Care Subsidy Program as it exists keeps kids safe so parents can work. We know that high-quality care is the ideal, but we believe that we need to work towards higher quality for the system as a whole to ensure that we are not leaving some kids behind based on geography or age since, for example, Sixpence only serves kids zero to three. In 2013, the Legislature created a mechanism which you've heard about to scale up quality in the Child Care Subsidy Program with the passage of Senator Campbell's bill that created the Step Up to Quality program. Similar mechanisms exist in the majority of states around the country and several states have used this system to successfully improve the quality of care provided not only in their subsidy program but in their childcare systems as a whole. This program in Nebraska is truly in its infancy and is in need of additional investments to be taken to scale. We have concern that allocating all of the new federal quality dollars indefinitely outside of the direct reach of the subsidy program will not ensure that we have adequate resources in the long run to invest in Step Up to Quality. LB489 also relies on the Step up to Quality program to achieve some of its goals but does not allocate specific dollars to the program. This means we'll need to rely on future legislators and unknown budget circumstances to make a biannual commitment to that program. Secondly, it's not yet clear how Nebraska will address the additional financial requirements facing the subsidy program in 2016 in the absence of these dollars. The federal source of these funds, as has been mentioned, was reauthorized in 2014 and there will be new costs associated with these requirements, some of which can be offset by the federal quality dollars. And because LB547 creates a statutory funding obligation that falls outside of the federal requirements, we need to ensure that the state has a plan to address the new requirements without the use of these dollars. In short, while we

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believe LB489 is a good concept, we are concerned about the long-term impact of reallocating the majority of quality funds away from an underresourced program. We need to ensure that the state has the resource it needs both to meet the new federal requirements and to scale up quality in the childcare system as a whole. We appreciate Senator Campbell's willingness to have an ongoing dialog about how to best reach our shared goal of expanding access to quality childcare. And we hope to continue finding ways to move forward while ensuring that we don't create long-term financial challenges for the subsidy program. Thank you, and I'm happy to take any questions. [LB547]

SENATOR HOWARD: Thank you. Are there any questions for Ms. Mancuso? Seeing none, thank you for your testimony. [LB547]

AUBREY MANCUSO: Thank you. [LB547]

SENATOR HOWARD: Our next neutral testifier. [LB547]

ROSIE ZWEIBACK: (Exhibit 48) Sorry that she thought she was last and then you thought you were done but you're not really done, (laughter) so I hope that it's not too disappointing for you. Good evening to the committee and the Chair. Thank you very much for allowing me to testify. For the record, my name is Rosie Zweiback, R-o-s-i-e Z-w-e-i-b-a-c-k, and I am a project director at the Munroe-Meyer Institute at the University of Nebraska Medical Center. Today I am here to offer expert testimony regarding the outcomes of the Sixpence program which I have evaluated since 2009. I'm not here today representing the University of Nebraska Medical Center. I would like to share with you the findings of the 2013-2014 Sixpence evaluation to demonstrate the results of your investment in that program. In this past year, Sixpence served 25 programs in 22 counties, 531 families, 590 children, which is a 73 percent increase over the previous year, as the funding was expanded and the service areas were expanded. To give you a sense of who Sixpence serves: 86 percent of the families were low income; 56 percent of the families were single parent households; 65 percent of the families and the children had three or more risk factors; and trauma played a role in the lives of 43 percent of these children and families. Each year, a comprehensive evaluation is completed to provide data for program improvement, to make sure that the program is being...showing fidelity to the model and implemented well and to see to what extent the program is making a difference for the children and the families. As the evaluator, I have my hands in the weeds. I've visited many of the programs personally. I've collected much of the data. I've analyzed much of the data. I've double and triple scored the data, and I'm very well acquainted with what it is that we're looking for and what the impacts are of this program. The first question that we ask and answer in our evaluation is, what is the quality of Sixpence programs? And just as a point of reference for you to understand, this isn't my only evaluation project. So I have a really nice reference. I've probably

been in 350 or more classrooms across the state in early childhood in the last five years. So when I can see what Sixpence looks like, I have a really nice comparison group to understand how it stacks up in terms of quality. So Sixpence programs are of very high quality and they embrace best practices. Through our in-person and videotaped observations of center-based programs, we have found that centers exceed the state benchmarks consistently across the measures. Their strengths are in the supportive caregiving provided and the positive adult/child interactions at the centers. For our family engagement programs, we also are measuring the quality. We are actually viewing videotapes of the home visitors who work directly with the families. And on an annual basis, we're evaluating how strong those services are and how good those folks are at doing their job. And we find, again, that they are highly, highly successful with their families. The education sessions are innovative and engaging for the families and the instructor is a...the instruction provided is effective. The next thing we look at are child outcomes. The results show that 90 percent of the children are gaining their developmental skills at the expected growth rate. High percentages of the children are meeting the widely held expectations across developmental areas including 96 percent of the children meeting the benchmarks in social/emotional skills and in cognitive abilities. And the area for future improvement and focus is math where 78 percent met expectations. This is zero to three year old math, so. (Laughter) The story of language outcomes for these children is complicated. About one-third of the children are in English as a second language home, so our instruments to analyze their language skills are more limited and we don't expect their English skills to be at the same place as children who are in English-speaking homes. We note that the young children's expressive skills remain stable over time. And they're in the midrange of average. This is actually a hopeful finding because it says that they're not...that somehow, perhaps through the participation in Sixpence, we are preventing the decline in expressive language skills that we often see due to the effects of poverty when there is no intervention to support the children. Sixpence had the most positive effect on older toddlers whose vocabulary scores improved significantly over time in the program. Sixpence children were on target with their peers related to social/emotional competencies and their participation showed significant improvements in attachment and self regulation. And research has shown that these social/emotional skills are actually very predictive and helpful once children get into kindergarten in terms of the skills they need to succeed in the classroom. In health outcomes, nearly all the children met the Sixpence health indicators: 97 percent have a medical home with a regular doctor who they see regularly; 93 percent of the children are caught up on their immunizations; 92 percent use car seats regularly, and 92 percent also have regular checkups. We see that the parent skills improve over time. We saw significant improvement in how they support their children in learning and confidence and 68 percent of parents are meeting the program goal for building relationships with their children. We see that families with multiple risk factors don't do as well as children...as families that have fewer risk factors, which is probably not surprising. But they do improve significantly. In summary, these high-quality programs are making a difference. The rigorous evaluation program is in place and Sixpence has

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a high standard for that. I hope the testimony was helpful to you. And if you have any questions for me, I'd be happy to respond. [LB547]

SENATOR HOWARD: Are there any questions? Seeing none, thank you for your testimony. [LB547]

ROSIE ZWEIBACK: Thank you. [LB547]

SENATOR HOWARD: Have a safe journey home. [LB547]

ROSIE ZWEIBACK: Yes, thank you. [LB547]

SENATOR HOWARD: Is there anyone else in the room wishing to testify in a neutral capacity? Seeing none, Senator Campbell, you are welcome to close. [LB547]

SENATOR CAMPBELL: You're welcome. We're not looking forward to it, but you're welcome. (Laughter) Just a quick comment: I think it sums it up in terms of the discussion with the senators when I said to Senator Sullivan, there's been some questions about this. And her first comment to me was, I am such a strong supporter of Step Up to Quality that, yes, we absolutely do need to talk. So I'll follow up on all of this and then come back to you as the committee and thank everyone for staying so late tonight. And for all of you, we all look sort of glazed over. And I'll...that's my conclusion. (Laughter) [LB547]

SENATOR HOWARD: Are there any questions for Senator Campbell? Did you have any comments you'd like to get in the record regarding the letter from the department? [LB547]

SENATOR CAMPBELL: I will follow up with the department. I think we know pretty much what they're saying. But, yes, I'll make an effort to talk to them, you bet. [LB547]

SENATOR HOWARD: Okay. Thank you. Seeing no questions, this closes the hearing for LB547. We would ask that everyone leaves expeditiously as we are supposed to go into Exec Session. [LB547]