

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

Health and Human Services Committee
February 15, 2017

[LB88 LB342 LB402]

The Committee on Health and Human Services met at 1:30 p.m. on Wednesday, February 15, 2017, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB402, LB342, and LB88. Senators present: Merv Riepe, Chairperson; Steve Erdman, Vice Chairperson; Sue Crawford; Sara Howard; Mark Kolterman; Lou Ann Linehan; and Matt Williams. Senators absent: None.

SENATOR RIEPE: In the interest of time, we're going to go ahead and get started. Our first hearing will be coming up and our senator has not...there he is. But we will...I will start by first of all welcoming you to the Health and Human Services Committee. I'm Merv Riepe. I'm the Chairman of the Committee and I've come from Legislative District 12 which is Millard, Omaha, and Ralston. I'm going to ask our members and our staff here as well to introduce themselves so that you know who they are, and then we'll go into some more detail. So, Senator. [LB402]

SENATOR KOLTERMAN: Senator Mark Kolterman from Seward, York, and Polk Counties, District 24. [LB402]

SENATOR HOWARD: Senator Sara Howard, I represent District 9 in midtown Omaha. [LB402]

SENATOR ERDMAN: Steve Erdman, District 47, ten counties in the Nebraska Panhandle. [LB402]

KRISTEN STIFFLER: Kristen Stiffler, legal counsel. [LB402]

SENATOR CRAWFORD: Senator Sue Crawford, District 45 which is eastern Sarpy County. [LB402]

SENATOR WILLIAMS: Matt Williams, District 36, Dawson, Custer, and the north part of Buffalo County. [LB402]

SENATOR LINEHAN: Lou Ann Linehan, western Douglas County to include Elkhorn, Valley, and Waterloo. [LB402]

TYLER MAHOOD: Tyler Mahood, committee clerk. [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR RIEPE: And our...want to introduce our wonderful pages who are Brianne Hellstrom who is from Simi Valley, California, and also Mr. Jordan Snader who is from Oakland, Nebraska, and they're both students at the university of Nebraska at Lincoln. And we're glad to have them here as well. This is your opportunity to participate as citizens in the state of Nebraska in the legislative process, so we're glad to have you here today. At times you will see some of our members of this committee having to leave. They will have other committees that they may be opening bills on or testifying on, so don't think that that's anything personal. We also encourage the use of the computers that some will have that all the information that others of us have in files they have on their electronic systems. Some of the rules of engagement for today is we would ask you to please silence or turn off your cell phones. If you're going to be testifying, in the interest of moving the process along so that everyone that wants to testify can, we ask you to move up to the front seats so that you're ready to go. The process will be the introducer--the senator introducing the bill--will make his opening remarks or her opening remarks. We will then go to the proponents--in support of the particular bill--and then we will go to opponents, those opposing. We will then go to neutral and, following that, we will ask Tyler to read any letters that may have been submitted by people that aren't/weren't able to attend. And then we will invite the introducing senator to come up, if he or she so chooses, to make any closing remarks that they might have. Testifiers are asked to sign in on the orange sheet and to give those to the committee clerk when they come up to testify. We also, when you're doing that, to please spell out your name and state your name and then spell out your name so that we have that for the recording. We'd ask you to be concise and try not to be duplicative of testimony that's been provided. We work here on a five-minute clock. There will be four minutes on the little green light that you'll see at the front of the desk. We then go to a minute for the amber light, and then the red light will come on. And when the red light comes on, we will ask you to pull together your thoughts and conclude in the interest of other people that will be testifying. If that goes over, sometimes, we try not to be hard on that but sometimes, if it does go over, I might ask you to then, if you can, pull it together. But we will work with you on best as we can. I want to read this one into the minutes so that I get it right. If you will not be testifying at the microphone but want to go on record as having a position on a bill being heard today, there are white sign-in sheets at each entrance where you may leave your name and other pertinent information. These sign-in sheets will become exhibits in the permanent record at the end of today's hearing. Any written material may be distributed to committee members as exhibits only while testifying is being offered. Hand them to a page for distribution to the committee and the staff will come up to testify. We will need ten copies. If you don't happen to have your ten, please say so to the page and they're quick of foot and they can go out and come back with those copies very quickly. With that, we are going to open today's hearing with LB402, Senator Robert Hilkemann.
[LB402]

SENATOR HILKEMANN: (Exhibits 1 and 2) Good afternoon, Senator Riepe and members of the Health and Human Services Committee. I am Robert Hilkemann; that's R-o-b-e-r-t H-i-l-k-e-

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

Health and Human Services Committee
February 15, 2017

m-a-n-n, and I proudly represent District 4 in the Nebraska Legislature. Well, I'm here to tell you that I'm partially responsible for the fact that we're even discussing LB402 or the 407 process, and it goes back to work I did well before I was in the Legislature and it goes back to my role as a podiatrist. And in the early '70s and '80s I brought three legislative bills for the podiatry association through this...through the...to scope of practice. And we worked with Senator Wesely back in those days. And a lot of people, when it came to getting their scope of practices changed, it was a huge fight here in the legislative process. I thought, you know, let's try to take care of...who is going to oppose us on this? And so prior to one of those bills, I went and I spent time with the Nebraska Medical Association and we spent time with the general surgeons, we spent time with the orthopaedic surgeons, and we explained to them why we needed this change in the podiatry bill. And apparently it impressed Senator Wesely enough he thought, you know, if we could just get the sides together on this, maybe, just maybe, some of these scope-of-practice issues would be easier to get through the legislative process. And so after I was done with all of that, he comes up with a bill, LB407, and that's why we call this the 407 process. And lo and behold, it comes on-line actually when I'm chairman of the State Board of Health in the mid-'80s. And so I'm the first chairman of the Board of Health that had to deal with the 407 process. And I mean to tell you, you talk about a little bit of confusion when you're given the directive from a legislative process and it hasn't come through. And I'm so thankful. Some of you will probably remember Dr. Jerry Schenken from...a pathologist in...and actually ran for the Legislature. Well, he was...or the Congress at one time. He was on the Board of Health and he and I spent a lot of time together and we worked out this whole technique of the 407 process. Well, it sort of evolved into something today that I think we need to discuss about whether we need to...first of all, my first response to this thing, I think we ought to get rid of it. Well, when I mentioned that to a few folk around here, they didn't like that idea. So then I think, well, let's see if we can't improve this 407 process. And then I find out, well, we've tried to have times of improving this, and frankly I don't think those improvements have done what we really want to get done with the 407 process. So I bring you this bill, LB402. Now this bill might not be the perfect vehicle for the changes that we need to have in this process, but I think it's certainly the vehicle we need to begin the conversations to improve this process. What we really wanted to accomplish is if we could get both sides together and talk. Can you imagine such a thing? And that's really what the whole 407 process was supposed to be about. And so this, the changes that are in this bill, are suggested only for the scope-of-practice review and not for those groups that are not currently regulated. Now when that came out of Bill Drafting, I thought we had things pretty well covered with it. It didn't come out exactly the way we wanted it, so we've got some amendments. So I bring...I'm going to bring this amendment to it. These amendments have to do with the makeup of this technical review committee. Frankly, when I started off with this committee, and I chaired two of those during that, those days, we used to have two persons from the proponent side and two opponents from the opponents' side, we had a member of the public, and then we had a member of the Board of Health who was the chair of that committee. Well, over the course of time this was changed, I think most recently about six years ago. Now we

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

Health and Human Services Committee
February 15, 2017

have just members of the public that are on there, and so we're no better off because they have to keep asking the members from the different medical groups or whatever else that...what is this all about? So let's talk about just the makeup of this technical committee that the bill said that they're all going to be members from the Board of Health. That's not what we want. We want to have a member from the Board of Health. They can approve the persons out of there. But at either rate, we think that there should be a change in the makeup of these technical committees. It's just too great of a burden to have everybody from the Board of Health. And it's just difficult to say that they're all members of the public because they don't know anything more about some of these health issues or these scope-of-practice issues than anybody else. And so it's a matter of educating them. This whole 407 process takes from some applicant groups, has taken a couple years to get through and lots of dollars and lots of hours. And so I'm sort of using this as a last-ditch attempt of let's have people talk together. Let's say, are they capable of the scope of practice that they're...and the argument will say, well, the proponent groups, most of them get through. Well, they ought to be getting through because why would you bring anything to the scope of practice that you didn't know how to do pretty well? And so it's...if you're improving in your education process, you're improving in your certifications and so forth, then, yes, you ought to be getting through these. And so that's part of what we want to do today. And then I was really disturbed. I said, how much are we spending on this? They said, well, you know, the one person gets about \$100,000 a year alone. And I said, what? And I found--I had the Fiscal Office run it--we're spending \$300,000 a year on this process, and this is from the Fiscal Office. So you talk about a process that in my opinion we need to talk about improving, I think it's this 407 process. And at this point I'm willing to talk about things that we can do to make this proposition work better. You're going to hear from some of the persons today that say that this process works just fine. Our (inaudible) say that it only works fine for one side of the table; it's not always working for all. And so with that, I'll stop my formal testimony and I'll answer any questions. [LB402]

SENATOR RIEPE: Thank you, Senator. Are there questions from the committee? Senator Erdman. [LB402]

SENATOR ERDMAN: Thank you, Senator Riepe. Thank you, Senator, for coming. Not being a doctor, as you are, I have trouble understanding some of these technical things. But can you be specific on what examples are having trouble getting through, who is having trouble getting through? And can you give me an example of somebody that took a long time to do that? [LB402]

SENATOR HILKEMANN: Yes, I think. Senator Crawford, I'm going to ask, how long did it take the nurse practitioners to get through their process with 407? [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR RIEPE: I have to share that you're really not allowed to ask questions (inaudible). [LB402]

SENATOR HILKEMANN: Oh, I'm sorry. Okay. I don't know that answer but I know the...that Senator Crawford has just worked with a group that came through this. I understand, Senator, that some of these groups are spending up to two years to just get through this process. Now I don't know whether that's the case all, but most people say it's a year or better to get through the process. My own experience is I know that the groups that I chaired back in the mid-'80s, I chaired one that involved athletic trainers and their scope of practice and the physical therapists were concerned about that particular (inaudible) and I know, Senator, I made a lot of trips down here for that one. I did one for the naturopaths and I made a lot of trips for that one. It was a long process then and I understand it's gotten worse. [LB402]

SENATOR ERDMAN: Thank you. One of the questions or statements that you made in your opening remarks was you would really like to see this just completely go away. Is that true? [LB402]

SENATOR HILKEMANN: That's true. [LB402]

SENATOR ERDMAN: So what would you replace it with, what would be the process, if you did that? [LB402]

SENATOR HILKEMANN: Well, we're...to my knowledge, we're the only state that does this. And I think this is one of those good ideas that we've done and I...and as I said earlier, I'm willing to give it another try. But what it does is that, Senator, they go through the 407 process and then they still have to go through the legislative process anyway and they have to educate the senators and so forth. [LB402]

SENATOR ERDMAN: Okay. [LB402]

SENATOR HILKEMANN: What the purpose of the whole thing of this license is, do the people have the capabilities to do that which they...and are we harming the public? And those are the questions that everybody has to answer if you're going to be...either be for or against a "scope of" issue. And of course, back in those days, the question: Well, we're not doctors, we don't know whether they ought to be doing this or not, and you get the lobbyists on one side. So this really was public information gathering or a way to get information to help senators be able to make better...make decisions. So they had the Board of Health decision. They had the director's

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

Health and Human Services Committee
February 15, 2017

decision. They had...and then they had...they...so there were three people that gave them a decision on it is basically what it boiled down to. [LB402]

SENATOR ERDMAN: But as you well know, the state of Nebraska is very well known for doing things different than other states do. We have a Unicameral, right? [LB402]

SENATOR HILKEMANN: That's right. [LB402]

SENATOR ERDMAN: So we are different. [LB402]

SENATOR HILKEMANN: That's correct. [LB402]

SENATOR ERDMAN: So maybe that's why we do what we do. [LB402]

SENATOR HILKEMANN: Right. [LB402]

SENATOR ERDMAN: I don't know. Maybe that's why we have 407 is because we have a Unicameral--just a question, just a comment. [LB402]

SENATOR HILKEMANN: Yeah. I, yeah, I can't answer that one. [LB402]

SENATOR ERDMAN: Yeah. [LB402]

SENATOR HILKEMANN: I know it was...I know the intent of LB407... [LB402]

SENATOR ERDMAN: (Inaudible.) [LB402]

SENATOR HILKEMANN: ...was good and I think it can be. But it's a barrier now that's being placed before groups. [LB402]

SENATOR ERDMAN: Okay. Thank you. [LB402]

SENATOR RIEPE: Senator Crawford. [LB402]

SENATOR CRAWFORD: Thank you, Chairman Riepe. And thank you, Senator Hilkemann. So I am trying to see from the changes in the bill what the streamlining focus is. So if the concern is

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

Health and Human Services Committee
February 15, 2017

that things take too long, what elements or components of the bill are key in reducing that?
[LB402]

SENATOR HILKEMANN: Well, we're...thank you. We're taking away that the director of the Health Department has to make a decision on that. Okay. [LB402]

SENATOR CRAWFORD: Okay, so that step. [LB402]

SENATOR HILKEMANN: That, frankly, is one of the big hangups on it. We've had medical directors that will take six months to a year to make a decision on this. And so that's one of the issues there. They can be delayed there on that. You have the whole thing of each one of these units has had to make an approval or a disapproval. This is just information. This is for the...are these...they're asking the same questions. Are this...the scope that they're asking for, is...do they meet the qualifications for that? That's what this is about. [LB402]

SENATOR CRAWFORD: But there is still at this point the technical review committee and the Board of Health steps. You're just changing the mix of who is on the technical committee.
[LB402]

SENATOR HILKEMANN: That's correct. That's correct. And we're putting back...we're putting practitioners back on the board, on these technical review committees. [LB402]

SENATOR CRAWFORD: But you're removing the chief medical officer... [LB402]

SENATOR HILKEMANN: Right. [LB402]

SENATOR CRAWFORD: ...as one of the three steps. [LB402]

SENATOR HILKEMANN: That's correct, one of (inaudible). [LB402]

SENATOR CRAWFORD: Right? Okay, thank you, Senator Hilkemann. [LB402]

SENATOR RIEPE: Senator Kolterman. [LB402]

SENATOR KOLTERMAN: Thank you, Senator Riepe. Welcome, Senator Hilkemann. [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR HILKEMANN: Thank you. [LB402]

SENATOR KOLTERMAN: So if I understand this correctly, if we eliminate the medical professional, who is going to make that final determination? Is it going to be the seven of us? [LB402]

SENATOR HILKEMANN: That's correct, as it is right now. But we're not...this is not eliminating the medical...if we were...if this...if we were totally eliminating this process, yes, that would be wrong. But what we're doing... [LB402]

SENATOR KOLTERMAN: So... [LB402]

SENATOR HILKEMANN: ...with the whole process was to focus, to force people to focus together to talk about issues. [LB402]

SENATOR KOLTERMAN: But they still have to go through the process. [LB402]

SENATOR HILKEMANN: Yes. [LB402]

SENATOR KOLTERMAN: So the only difference is they won't make a recommendation to us. They'll just... [LB402]

SENATOR HILKEMANN: And the medical director won't be making a separate... [LB402]

SENATOR KOLTERMAN: They'll just do the research. [LB402]

SENATOR HILKEMANN: ...a separate recommendation. [LB402]

SENATOR KOLTERMAN: That really won't affect the fiscal note, then, will it? I mean if they still have to do the work... [LB402]

SENATOR HILKEMANN: That's right. That's...you're exactly right, yeah. It's a mix. [LB402]

SENATOR KOLTERMAN: So if this... [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR HILKEMANN: I was quite surprised to find out how this process has become I think a fairly significant expense. Now it's a cash-funded agency, but still. [LB402]

SENATOR KOLTERMAN: But we're still not going to eliminate that. [LB402]

SENATOR HILKEMANN: That's...that...not at this point, that's right. [LB402]

SENATOR KOLTERMAN: So there would be no savings financially to us to make this change. [LB402]

SENATOR HILKEMANN: Probably not. [LB402]

SENATOR KOLTERMAN: It would just be the process that we're changing. [LB402]

SENATOR HILKEMANN: Probably not. [LB402]

SENATOR KOLTERMAN: Then the second question, or part of my follow-up, is, I've been here...this is my third session. Several have been here a little longer. If we are expected to make that decision as a committee, will that take a lot more time for us and a lot more research on our part, or are we... [LB402]

SENATOR HILKEMANN: If we did... [LB402]

SENATOR KOLTERMAN: ...expected to rely on the people that we have in the positions to make those decisions and bring them to us? That's just a philosophical... [LB402]

SENATOR HILKEMANN: Yeah. [LB402]

SENATOR KOLTERMAN: ...question I'd have. [LB402]

SENATOR HILKEMANN: If we were to...that's...if we were to totally eliminate the process as I had talked that...I'm not so sure that this is a process that's giving us what we want, yes, that would be the case. [LB402]

SENATOR KOLTERMAN: Okay. [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR HILKEMANN: Right. [LB402]

SENATOR KOLTERMAN: Thank you, Senator Hilkemann. [LB402]

SENATOR HILKEMANN: But the process of it initially was to help educate legislators and to prove...or...and to get people to talk together and do they have the capabilities or the qualifications to meet these practice requirements? [LB402]

SENATOR KOLTERMAN: Well, since you've put it that way, I'm in the process right now of about working on three scope-of-practice bills and those bills, while they take time, I think there's a lot of value in bringing everybody together but I'm not so sure it should be done by the senators as much as it should be done by the professionals that are in the fields. So there is some room for improvement but personally I'm not sure I want to be sitting here making decisions about whether somebody has the ability to do a certain procedure or doesn't have that ability. [LB402]

SENATOR HILKEMANN: Right. [LB402]

SENATOR KOLTERMAN: Just my perspective but I see a need for improvement. [LB402]

SENATOR HILKEMANN: And if we keep the bill, if we modify this bill, that still happens. You'll have that data that comes from these technical review committees. [LB402]

SENATOR KOLTERMAN: Yeah. [LB402]

SENATOR RIEPE: Senator Howard. [LB402]

SENATOR HOWARD: Thank you, Senator Riepe. Thank you for bringing this bill to us today, Senator Hilkemann. I had a couple of technical questions in the green copy. On page 6, line 23, it talks about that the committee reports electronically to the Chair of Health and Human Services, but I thought a lot of our 407 reports go on-line. Is that just a...did you intend for them... [LB402]

SENATOR HILKEMANN: Six? [LB402]

SENATOR HOWARD: Page 6, line 23 to 25. [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR HILKEMANN: Oh, okay. [LB402]

SENATOR HOWARD: Did you mean for the reports to only go to the Chair or is it okay for them to be published on-line as well? [LB402]

SENATOR HILKEMANN: I don't see any reason why they couldn't be published on-line. [LB402]

SENATOR HOWARD: Okay. And then I wanted...I was hoping you could walk me through. Are there any changes to the standards that we require when we're reviewing the 407? I know there's a lot of underlying language here, but are there any changes to the standards? [LB402]

SENATOR HILKEMANN: None. [LB402]

SENATOR HOWARD: None, okay, and then... [LB402]

SENATOR HILKEMANN: The questions that have to be asked are still the same. [LB402]

SENATOR HOWARD: Still the same. And then in your amendment on page 6, line 27, after "are" you inserted "whether." What was the reasoning behind that? [LB402]

SENATOR HILKEMANN: What was your question, again, Senator? I'm sorry. [LB402]

SENATOR HOWARD: Well, I was just wondering if there was reasoning behind changing the "are" to a "whether" in line 27 in the amendment. [LB402]

SENATOR LINEHAN: I'm not seeing it on my... [LB402]

SENATOR HOWARD: Well, it's in the amendment. [LB402]

SENATOR LINEHAN: I know. I'm looking at... [LB402]

SENATOR HILKEMANN: I've got the amendment. [LB402]

SENATOR HOWARD: So the... [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR HILKEMANN: On line 27 and... [LB402]

SENATOR HOWARD: AM271...LB402, back side, page 6, it's right there. It's line 5 on the amendment. It's line 27 on page 6 of the bill. [LB402]

SENATOR KOLTERMAN: Okay. Yeah. Okay. [LB402]

SENATOR HOWARD: (Inaudible.) [LB402]

SENATOR HILKEMANN: That was not...yeah, that was...that's the medical director I think on that one. [LB402]

SENATOR HOWARD: Okay. [LB402]

SENATOR HILKEMANN: So that takes that out. [LB402]

SENATOR HOWARD: It takes...where... [LB402]

SENATOR HILKEMANN: That... [LB402]

SENATOR HOWARD: It takes out the medical director... [LB402]

SENATOR HILKEMANN: Well, let me see here. [LB402]

SENATOR HOWARD: And actually that was my next question was, where does it remove the medical director? [LB402]

SENATOR HILKEMANN: That whole section is removed with the medical director makes the final recommendation. [LB402]

SENATOR HOWARD: Which section? [LB402]

SENATOR ERDMAN: Section 6? [LB402]

SENATOR HOWARD: No. Section 6 is the... [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR HILKEMANN: Senator, I just got this back from Drafting. [LB402]

SENATOR HOWARD: Yeah, I apologize. It's hard when we get the amendments back later. [LB402]

SENATOR HILKEMANN: Yeah. [LB402]

SENATOR HOWARD: But now that you know the question,... [LB402]

SENATOR HILKEMANN: Right. Yeah, what... [LB402]

SENATOR HOWARD: ...I appreciate follow-up later. [LB402]

SENATOR HILKEMANN: Right. Okay. We'll do that for you. [LB402]

SENATOR HOWARD: Thank you. Sorry about that. [LB402]

SENATOR HILKEMANN: Yeah. [LB402]

SENATOR RIEPE: Additional questions? Senator Crawford. [LB402]

SENATOR CRAWFORD: Thank you. So on...you don't have the amendment in front of you? [LB402]

SENATOR HILKEMANN: I have the amendment in front of me, yes. [LB402]

SENATOR CRAWFORD: Oh, okay. So I was just noticing on the end of that amendment it talks about the director may recommend that no legislative action be taken on application. If the director recommends approval...so we can talk about that more. I had some questions, too, about... [LB402]

SENATOR HILKEMANN: Okay. [LB402]

SENATOR CRAWFORD: ...where the director was removed or how that was removed, so we can talk about that. [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR HILKEMANN: Okay. Okay. [LB402]

SENATOR CRAWFORD: And I wanted to come also...in the green copy, page 6, the interesting issue with the 407 process is what those standards are. And so I appreciate the bill, drafted as it is now, just keeps those standards the same. [LB402]

SENATOR HILKEMANN: Right. [LB402]

SENATOR CRAWFORD: One that I think is worthy of debate and consideration is (a) which is on line 28 through 30 on page 6. Most of the other language and emphasis of the 407 is to make sure that what we're doing improves health and make sure that it's safe and that people have the skills they need. [LB402]

SENATOR HILKEMANN: Absolutely. [LB402]

SENATOR CRAWFORD: So what is interesting to me about the condition in (a) is (a) is asking whether the, you know, the way we're doing it currently is inadequate. And so...which I think is a different question than asking whether or not, if we changed the scope or added this regulation, would it create...you know, is that a safe choice to make... [LB402]

SENATOR HILKEMANN: Right. [LB402]

SENATOR CRAWFORD: ...and is that a...because it could very well be that what we have right now may fit a need but there is new opportunity. And so the rest of the questions seem very much about asking about safety and appropriate training and those I think are the key questions that would be important in terms of deciding is this or kind of asking is this a safe direction to go and are we protecting the public's safety moving forward. [LB402]

SENATOR HILKEMANN: Well... [LB402]

SENATOR CRAWFORD: And (a) to me has a different bent to it in terms of a standard to be passed that may not be essential to that core question of whether this is a safe way to move for the state in terms of opening up those opportunities. [LB402]

SENATOR HILKEMANN: Um-hum. Well, Senator, no one wants public safety more than I do or safety to the public when it comes to particularly for when our medical care...not...and I...in no way do I want to weaken the standards for our state because people, when they choose to go

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

Health and Human Services Committee
February 15, 2017

to a practitioner, they ought to know with no uncertainty that that person is qualified to take care of whatever it is that they happen to be with. [LB402]

SENATOR CRAWFORD: Right, right. [LB402]

SENATOR HILKEMANN: And we definitely want to...I will fight that one till...tooth and nail, so. [LB402]

SENATOR CRAWFORD: Absolutely. I was just asking about whether you saw the...whether condition (a) is a different kind of standard and in terms of that. [LB402]

SENATOR HILKEMANN: I don't... [LB402]

SENATOR CRAWFORD: But we can look at that and talk about that, so. [LB402]

SENATOR HILKEMANN: If we need different language to assure that... [LB402]

SENATOR CRAWFORD: Right. [LB402]

SENATOR HILKEMANN: You and I are on the same wavelength. We want people to...I want people with confidence that they're going to...who knows what health... [LB402]

SENATOR CRAWFORD: Yeah. [LB402]

SENATOR HILKEMANN: ...practitioner could come down the line? You know, the (inaudible) or whatever, you know, whatever that happens to be down the line. [LB402]

SENATOR CRAWFORD: Right, right, right. [LB402]

SENATOR HILKEMANN: We want to know, if they say that they can care of something, can they do that? [LB402]

SENATOR CRAWFORD: Absolutely, absolutely, absolutely. Do you mind? [LB402]

SENATOR RIEPE: Please go ahead. [LB402]

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

SENATOR CRAWFORD: So I also just want to clarify I believe what I heard you say and the language of the amendment is stressing these are applications for the regulation of a profession that's not currently regulated. [LB402]

SENATOR HILKEMANN: That's correct. [LB402]

SENATOR CRAWFORD: And then that is the focus of the entire bill. [LB402]

SENATOR HILKEMANN: This is...right. [LB402]

SENATOR CRAWFORD: So why... [LB402]

SENATOR HILKEMANN: If you're not regulated now, you got to...that's... [LB402]

SENATOR CRAWFORD: Okay. [LB402]

SENATOR HILKEMANN: We got to find that out, right. [LB402]

SENATOR CRAWFORD: And so why would we not make similar changes to the regulate...to the scope-of-practice changes that are being proposed in professions that are currently regulated? [LB402]

SENATOR HILKEMANN: This seems to be the area where we're having the most difficulty for groups getting through the process. [LB402]

SENATOR CRAWFORD: Okay. But if there are efficiencies to be gained, are you open to that conversation of... [LB402]

SENATOR HILKEMANN: I'm open to any conversation on that. [LB402]

SENATOR CRAWFORD: Or is it your intent to really focus on this part of the process for other reasons, the new professions in...most...that's where you've heard the most concern. Is that your concern? [LB402]

SENATOR HILKEMANN: Right. [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR CRAWFORD: Okay, thank you. [LB402]

SENATOR RIEPE: Seeing no other questions, I have a couple of questions. One was I'm a real skeptic about when we talk about but there's \$300,000-and-some, plus legal, plus travel, now being spent that that would...changing or eliminating the process would make that \$300,000 go away. It's not been my experience that that's how state government works. So I don't know will it...while it's an interesting expense, I'm not sure it's one that would go away. Do you have a response to that? [LB402]

SENATOR HILKEMANN: Well, Senator, as you look at that number, I was pretty flabbergasted when I got that number back because when someone mentioned that we're probably spending \$100,000 on it, I said, you're kidding me. And so I said, well, let's find out. And so that's when we to the Fiscal Office with that when I found out \$300,000. That's not what the intent of LB407 was. The intent of LB407 was to help better educate the decision makers as to whether the groups have the capability to do that which they wanted to perform and then help the licensing to say, yes, these people can do X or this scope of practice can be changed to include X. We certainly didn't intend that we had this elaborate process that cost us this kind of money to go together. That's part of it for me. [LB402]

SENATOR RIEPE: Let me ask one more question, then I'll go to Senator Erdman on this,... [LB402]

SENATOR ERDMAN: Go ahead. [LB402]

SENATOR RIEPE: ...is, in your process of coming up to this head, did you consider having an interim study to have many of the parties, because it seems like there are and will be coming up some testifiers that have concerns. I know concerns on our own committee of all of a sudden us as a committee taking on this particular function, not that we get the \$300,000-and-some for doing it, but just the fact that we take on the responsibility is pretty significant. [LB402]

SENATOR HILKEMANN: Right. I would be... [LB402]

SENATOR RIEPE: Did you think about that? [LB402]

SENATOR HILKEMANN: If it requires an interim study to talk about this, I think it's a conversation that we need to have. [LB402]

SENATOR RIEPE: Okay, fair enough. Thank you. Senator Erdman. [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR ERDMAN: Thank you, Senator Riepe. Following up on Senator Riepe's comments about the cost, so it says here it's \$300,000 to \$310,000, including indirect cost from DHHS. And then it goes on to say these costs are paid by the licensing fees. [LB402]

SENATOR HILKEMANN: Right. [LB402]

SENATOR ERDMAN: So those licensing fees got to be paid by somebody for some reason. Would those be let...would the fees go down? [LB402]

SENATOR HILKEMANN: Would those licensing fees go down? [LB402]

SENATOR ERDMAN: Would the fees go down if they didn't have this process? [LB402]

SENATOR HILKEMANN: Does anything go down in government, Senator? No. I...yeah, it should. And there is a fee for these applicant groups to come through this 407 process. I'm sorry being facetious on it, but there is a fee. [LB402]

SENATOR ERDMAN: Okay. [LB402]

SENATOR HILKEMANN: Yeah, there is a fee that they pay for and it's not an inexpensive process. [LB402]

SENATOR ERDMAN: So evidently, I don't know what these fees costs, what these licensing fees are, but either you have a lot of people applying or they cost a lot of money because \$300,000 is a lot of money. [LB402]

SENATOR HILKEMANN: Yeah, it is a lot of money. [LB402]

SENATOR ERDMAN: So do you know how many people come through that process in here? [LB402]

SENATOR HILKEMANN: Probably four or five. [LB402]

SENATOR ERDMAN: That's it? [LB402]

SENATOR HILKEMANN: That's it. [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR ERDMAN: Okay. Thank you. [LB402]

SENATOR RIEPE: Did you have someone, Senator, ask you to bring this particular bill or was this of your own? [LB402]

SENATOR HILKEMANN: It's not my own. I...it was brought to me by some...a group that had...they've been frustrated with this process for long enough and they asked me if we would, couldn't open up the conversation for it and I was willing to do that. [LB402]

SENATOR RIEPE: Was that the optometrists? [LB402]

SENATOR HILKEMANN: No. [LB402]

SENATOR RIEPE: Okay. Are there other questions of the committee? [LB402]

SENATOR CRAWFORD: I just have one question. [LB402]

SENATOR RIEPE: Yes. Senator Crawford. [LB402]

SENATOR CRAWFORD: Thank you, Senator Riepe. And thank you, Senator Hilkemann. I really appreciate your work on this. It's a really important process that plays an important role in our state and I appreciate your concern to improve it. I wondered if you could just...I think one of the issues that we've gotten letters or comments on that I want to give you a chance to respond to is the issue about currently it's approval or denial and your language is shifting it to approval or may recommend. And so I wondered if you wouldn't mind just kind of talking about what you have in mind in terms of shifting from a recommend approval/denial to a may recommend and what you are thinking on that front. [LB402]

SENATOR HILKEMANN: It's supposed to be an advisory board. It's supposed to be an advisory report and, therefore, why would they be making specific recommendations on it? Because the...whether this is done still should remain a legislative process. [LB402]

SENATOR CRAWFORD: So they... [LB402]

SENATOR HILKEMANN: So they should answer the question, does the applicant group have the requisite skills and training to perform the services that they are asking to expand the scope of their practice? [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR CRAWFORD: And so you are envisioning a report that has... [LB402]

SENATOR HILKEMANN: And the question is then... [LB402]

SENATOR CRAWFORD: ...answers to a question. [LB402]

SENATOR HILKEMANN: That's correct. Yeah. That's part of the questions that go through the 407 process that came up: Does the applicant group have the prerequisite training and so forth to do that, and what are you trying to do? Do you have the capabilities of doing it and why should...why is it important for the state that this be done? And then is this...is it safe for the people of the state of Nebraska? Those are the questions that we need to be asking. [LB402]

SENATOR CRAWFORD: And so you would actually not want it for the committee to be recommending at all? [LB402]

SENATOR HILKEMANN: This is to...this is supposed to be an advisory board, that's right. [LB402]

SENATOR CRAWFORD: So we might talk about that because I think there still is a sort of a recommending approval language in, so we could talk about that if that's your intent,... [LB402]

SENATOR HILKEMANN: Okay. Yeah. It would be...we could... [LB402]

SENATOR CRAWFORD: ...if you what you really just want is answers to those... [LB402]

SENATOR HILKEMANN: Right. [LB402]

SENATOR CRAWFORD: ...standards, period, the end. (Laugh) [LB402]

SENATOR HILKEMANN: We shouldn't be...basically what this boils down to is for groups that want to have a scope of practice, they've got...not only do they have to go through the 407 process and educate that, they have to go through the legislative process anyway and educate the Legislature already because you are going to be making that final decision. And just because it comes from the 407 doesn't...that's not an automatic stamp of approval on this. [LB402]

SENATOR CRAWFORD: Okay, thank you. I appreciate you clarifying your intent there. [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR HILKEMANN: Okay. [LB402]

SENATOR CRAWFORD: Thank you. [LB402]

SENATOR RIEPE: Senator Linehan. [LB402]

SENATOR LINEHAN: I just want to make sure I understand. So you were involved originally with Dr. Schenken in setting this process up, so you had an... [LB402]

SENATOR HILKEMANN: That's correct. [LB402]

SENATOR LINEHAN: And you had an idea that it was to help inform the Legislature. [LB402]

SENATOR HILKEMANN: That's exactly right. [LB402]

SENATOR LINEHAN: But you are now fearful that it's gone from helping inform the Legislature to becoming a process that we just sign off on and that is...not that...I don't know. [LB402]

SENATOR HILKEMANN: Right. [LB402]

SENATOR LINEHAN: But you're afraid that it's...we're leaving the decision somewhere else besides the Legislature. [LB402]

SENATOR HILKEMANN: You're exactly right. That's part of it. Right. [LB402]

SENATOR LINEHAN: Okay. Thank you. [LB402]

SENATOR HILKEMANN: You explained that so well. Thank you. [LB402]

SENATOR RIEPE: Anything? Senator Erdman. [LB402]

SENATOR ERDMAN: One more. Thank you, Senator Riepe. So let me clarify this. And so if they to the 407 committee and they don't make the recommendation, we never see them? [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR HILKEMANN: No, they can still...you can get a no out of the 407 process and still come. [LB402]

SENATOR ERDMAN: Okay. [LB402]

SENATOR HILKEMANN: The applicant group can still apply. [LB402]

SENATOR ERDMAN: Okay, thank you. [LB402]

SENATOR RIEPE: Okay. Are there other questions? Well, we gave you a lot of questions and we appreciate it very much (inaudible). [LB402]

SENATOR HILKEMANN: Well, I'll stick around for closing. [LB402]

SENATOR RIEPE: That would be great. We appreciate that. Thank you. [LB402]

SENATOR HILKEMANN: Thank you. [LB402]

SENATOR RIEPE: Proponents, please. Welcome. You'll state your name and then spell it. [LB402]

NANCY GONDRINGER: (Exhibit 3) Good afternoon. My name is Nancy Gondringer, N-a-n-c-y G-o-o-n-d-r-i-n-g-e-r, and I'm here to testify in favor of LB402. I've been a practicing certified registered nurse anesthetist since 1974 and I have been part of many legislative bills. In fact, I was here testifying many years ago when Senator Wesely introduced LB407 to help remove the arguments by healthcare providers on the floor of the Legislature. The intent of LB402 has six major focuses. First, it's to make changes in the technical review process for scope-of-practice changes only. It really leaves the new credentialing processes alone. It removes the requirement that a vote be taken by anyone at any step of the way because those processes, although they're nay or yea, really don't seem to make a difference in the end. It removes most of the laypeople from the process. The pool of laypeople is small and redundant. It takes the director out the process, the Hilkemann amendment. It puts the applicant and affected groups back on the committee, which we need to have. It reinforces the intention that the process be fact finding in nature for the Legislature. As part of the Nebraska Association of Nurse Anesthetists who support this, we believe that the current process is extremely, extremely confusing. Nothing precludes a bill from being introduced into the Legislature regardless of the findings of the 407. This current process isn't working as intended. Historically, professional groups would apply for a change to their scope of practice and request a 407 committee hearing. All professionals were

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

Health and Human Services Committee
February 15, 2017

notified of the profession's group intent to change their scope and those organizations were allowed to submit individuals' names to sit on the 407 process. Currently it seems that there seems to be a small group of individuals that frequently serve on the 407 committee which was not the original intent of the 407 process. And as was noted before, it's a huge amount of time, effort, cost, not only to the applicant group but to the other professional groups who are trying to send their members to be there to be part of the hearing, as well as for the department. I have participated in many 407 processes--I think the original one when CRNAs changed their scope of practice and again in 2007 when we came for radiology assistants. I have participated with the nurse practitioners in 1994, with the nurse midwives in 2006, and last year I was an active participant in certified surgical technologists 407 process which gave licensure to the first assistants in 2016. It is a very time-consuming process, a very costly process, and I hope you will consider our comments and make...pass this out of the committee and pass it into law with the amendments. I'm open for questions. [LB402]

SENATOR RIEPE: Thank you very much. Are there questions? Let me start with Senator Linehan. [LB402]

SENATOR LINEHAN: Thank you, Mr. Chairman. Are you here representing yourself or a group? [LB402]

NANCY GONDRINGER: The Nebraska Association of Nurse Anesthetists as well as myself. [LB402]

SENATOR LINEHAN: Okay, thank you very much. [LB402]

SENATOR RIEPE: Okay. Senator Crawford. [LB402]

SENATOR CRAWFORD: Thank you. I just wanted to go back to your point about what you saw in terms of who was sitting on the committee previously to who you see sitting on the committee now. Can you talk just a little bit about what you thought was valuable in terms of previous practice of who was sitting on that committee? [LB402]

NANCY GONDRINGER: Historically when we...when the CRNAs were changing their scope of practice, it went out to like the podiatrists, to the anesthesiologists, to the medical community, to all nursing communities. And they had a wide variety of people who were interested in serving on the 407 process. And so it was our peers and other professionals who were helping to make the decision, people that were educated on what our practice was. And there was a layperson on there, but it was one of many, rather than a few of...you know, there were a lot more

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

Health and Human Services Committee
February 15, 2017

professionals who understood the practice and the educational requirements and the...and had focus on the safety for our citizens of Nebraska. And it seems like now there's a lot more laypeople on the committee and it seems like it's the same small group of people that show up on the 407 committee time and time again. [LB402]

SENATOR CRAWFORD: Because of restrictions on how many should be laypersons, is that...? [LB402]

NANCY GONDRINGER: I'm not quite sure exactly... [LB402]

SENATOR CRAWFORD: Okay, sure, sure. [LB402]

NANCY GONDRINGER: ...the reasons why. I just know that it seems like they say that there's a small pool of people that are interested, but I don't think that the committee or the department is sending out the letters to all the different professional organizations, allowing them the opportunity to send someone from their professional organization to be part of the 407 process. [LB402]

SENATOR CRAWFORD: Thank you. [LB402]

NANCY GONDRINGER: That's my personal interpretation. [LB402]

SENATOR CRAWFORD: Sure. Thank you. [LB402]

SENATOR RIEPE: Are there additional questions? Okay, Senator Williams. [LB402]

SENATOR WILLIAMS: Thank you, Chairman Riepe, and thank you for being here. Help me with one thing. Senator Hilkemann talked about the thought of maybe doing away with the process entirely or then with this modification, and you've been involved with this for a long time. It seems to me that the crux of the whole thing is the idea of protecting public safety from people that either aren't qualified, aren't educated to do...you know, whatever it is, to do these things. Which would protect public safety more, continuing the practice as it is currently in place and doing that, or doing away with it completely and knowing then that in one afternoon people are going to come in front of a committee like this that is filled with a banker, a lawyer, an insurance person, all kinds of different people, and testify in that one afternoon? So we would eliminate a lot of the cost and time, but do we protect public safety with that process? [LB402]

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

Health and Human Services Committee
February 15, 2017

NANCY GONDRINGER: Public safety, I served on the Board of Nursing for eight years and public safety is a very vital part of whatever the laws are of the state of Nebraska. I don't know if doing away completely with it, doing away completely, is the best mechanism. But you're still going to lobby not only maybe this group of people but the 49 senators that sit on the floor as to if their practice is safe or not. And so I think that it would be up to each one of us. I mean it's good to get all the...have people come together and be able to talk and find out where our likes...things that are alike and things that are different would lie so that we could try to come up with the best safety policy possible for our citizens. [LB402]

SENATOR WILLIAMS: Do you know, in your history of watching this happen over this period of time, have there been cases where the applicant was turned down in the 407 process and yet the Legislature approved that scope-of-practice change? [LB402]

NANCY GONDRINGER: I can't tell you that definitely. I know that there have been...many times there's been two negatives and one positive and they've gone ahead and pursued and have been able to pass legislation that supported their change in scope. But I don't know if it was completely an all negative and then it passed anyway. But again, as the senator said, we not only have to educate the 407 process committee group, but then you're going to have to come and you're going to have to lobby and work with your senators, again, because it has to get through the 49 senators that sit on the floor of the Legislature. [LB402]

SENATOR WILLIAMS: Thank you. [LB402]

SENATOR RIEPE: Senator Howard. [LB402]

SENATOR HOWARD: Thank you, Senator Riepe. Thank you for visiting with us today. And you noted that the process is extremely confusing. I think it's also confusing for us as well. [LB402]

NANCY GONDRINGER: I'm sure it is. [LB402]

SENATOR HOWARD: And I wanted to go back to the amendment removes the chief medical officer only from scope-of-practice changes for an existing profession, is that correct? [LB402]

NANCY GONDRINGER: That's my understanding. [LB402]

SENATOR HOWARD: And then it leaves his decision-making role intact for new professions entirely? [LB402]

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

Health and Human Services Committee
February 15, 2017

NANCY GONDRINGER: I would have to refer. I'm not 100 percent sure. I'm sorry. [LB402]

SENATOR HOWARD: Okay, I'll follow up with Senator Hilkemann on that but I did want to clarify that because it doesn't just remove the chief medical officer from... [LB402]

NANCY GONDRINGER: Completely. [LB402]

SENATOR HOWARD: ...completely. He's still in charge of regulation of new health professions. [LB402]

NANCY GONDRINGER: And I've not seen the amendment, so. [LB402]

SENATOR HOWARD: Well, that would make it more difficult then. Thank you for visiting with us today. [LB402]

NANCY GONDRINGER: Thank you. [LB402]

SENATOR RIEPE: Other questions? I'm sorry,... [LB402]

NANCY GONDRINGER: Thank you. [LB402]

SENATOR RIEPE: ...did you say that you had not seen the amendments? [LB402]

NANCY GONDRINGER: I have not; as of today, I did not see that. [LB402]

SENATOR RIEPE: Okay. The reason I ask that, I think when you concluded your original remarks you encouraged us to move the bill forward with the amendments. [LB402]

NANCY GONDRINGER: Well, as I heard them today. [LB402]

SENATOR RIEPE: Okay, fair enough. Is your biggest concern with the...is that we moved away from the sort of the proponents and opponents within the 407 review process of disciplines debating one another, challenging one another to get a better outcome? Was that...did that...I think I heard that went away. Is that your primary objection? [LB402]

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

Health and Human Services Committee
February 15, 2017

NANCY GONDRINGER: I think that's one of the major focuses. I think the confusion that goes along with the 407 process and the cost and the time. I know that Senator Crawford last year asked for an expedited review for the certified surgical technologist first assist and it still took six months. I mean it's very time consuming, it's very costly, and so I think we have to look at all three of those areas. [LB402]

SENATOR RIEPE: Are you thinking that we function much like the Food and Drug Administration? [LB402]

NANCY GONDRINGER: (Laugh) I will not comment on that. [LB402]

SENATOR RIEPE: Okay, thank you. Other questions or concerns? Thank you very much. Next opponent. [LB402]

_____: Proponent. [LB402]

SENATOR RIEPE: Oh, proponent. [LB402]

DAVE McBRIDE: (Exhibit 4) Good afternoon, Chairman Riepe and members of the committee. My name is Dave McBride, D-a-v-e M-c-B-r-i-d-e. I'm the executive director of the Nebraska Optometric Association and appearing on their behalf. Our association is comprised of about 275 licensed doctors of optometry across the state, which is about 80 percent of the practicing docs in the state. We've had the opportunity to go through about six, probably about six different credentialing reviews involving scope changes during my 27 years now at the association. We've been through the process under two different formats of the 407, or two different structures of the 407. And so our support for the bill and my testimony here is based on those experiences. And as I've outlined in the handout, I'm going to focus on really just the primary reasons why we feel this deserves your support. The process is intended, as you've heard, to be advisory to the Legislature. We think its effectiveness toward that objective is limited because of a couple of factors. One is that with the three-step process right now, as you've heard, there is often conflicting, conflicting advice coming from those three steps, so this would change from a three-step process to a one-step process and provide a single comprehensive report that we think would be of more value to the Legislature. Requiring a report--I'd be glad to talk a little bit more about this if there's time--I think changes the whole concept and approach to the process can save not only time and money, but also would allow input to the Legislature, better input on multiple components of many proposals. There are a number of proposals, including some of ours over the years, that have included multiple aspects of a scope change. And when you have a process, now it has to have an all-up or all-down vote on everything that's presented in the proposal. That's not probably as helpful as it could be to the Legislature, so a report I think would be more

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

Health and Human Services Committee
February 15, 2017

effective. The process by which the reviews are conducted is not consistent. The department has never promulgated rules and regs as to how the 407 reviews are conducted. As an example, rules and regs are needed from our perspective addressing how proponents and opponents are allowed to interact during the process, how they can participate, provide input to the deliberations, how they can communicate with the persons involved in the review during and preceding meetings, etcetera. I think also another example we need for rules and regs has to do with the process of selection of committee members and what opportunities are there for proponents or opponents to challenge or raise questions about impartiality of members. So promulgation of regs relative to how the process is conducted, which is part of this bill, is another important feature from our standpoint. And technical reviews in our opinion are really now heavily dependent on people who don't have necessarily any more technical expertise generally speaking than most of you in the Legislature. So putting more the reliance on the process on healthcare professionals with a better feel for the technical aspect of these proposals we think would be more useful to the Legislature instead of...the second issue in the handout talks about the emphasis and from this bill of having the process means that stakeholders would be participating in a research and a fact-finding exercise, not another three-stage lobbying process preceding going to the Legislature. Instead of seeking positive votes from the 407 process, the proponents and opponents would be participating with the objective of fact finding that would be useful to the Legislature. As it is right now, the fight that takes place in the 407 process is simply a precursor to whatever fight usually takes place in the Legislature. We think that the structure of the review committee can certainly be up for debate. You've been presented with an amendment here today that changes the original structure of the bill. We haven't had a chance to talk in great detail about the pros and cons of the specifics in the amendment. But from our experience, I think it is important that the review committee include some ample outside participation and expertise besides the proponents and opponents. What the right number is, what the right balance is, whether or not there are laypeople involved and to what extent, I'm not sure. We're certainly flexible in that regard. The last two points in my handout I think are probably relatively self-explanatory so I'll simply close with the notion that we'd be glad to provide any additional perspective we can. We've got some additional thoughts relative to the structure of this and changes in the process itself that would come about if this bill passes that I think would be helpful. But we would encourage you to support this bill, work with Senator Hilkemann on advancing it. And we think this makes some positive steps that would be helpful to the Legislature. And with that, I'd be glad to answer questions. [LB402]

SENATOR RIEPE: Any questions? Senator Howard. [LB402]

SENATOR HOWARD: Thank you, Senator Riepe. And thank you for visiting with us today. You and I had worked on a bill a few years ago and that had a split between the technical review committee and the Board of Health. I was just hoping you could maybe tell the story of that bill

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

Health and Human Services Committee
February 15, 2017

so that folks can see that, even if you don't get a unanimous vote, you can still move something legislatively. [LB402]

DAVE McBRIDE: Sure. The last 407 review we went through was, as you suggest or note, Senator Howard, a split in the recommendations from the three stages of the process. The technical review committee recommended no, although there were multiple components of that proposal and looking at the test...or the transcript of the committee's work, some aspects of the proposal didn't seem to draw much opposition or concern. Others did because it requires an all-up or all-down vote. The recommendation from the technical committee was no. The Board of Health recommended favorably on the proposal. The director recommended negatively, although, if you look at that particular report by the director, some of the comments that were made in there, from our perspective, weren't quite in line with what some of the information was that had been presented to the technical committee, so a very puzzling and confusing outcome and, I'm sure, relatively puzzling to the Legislature, too, for those members who looked at the three stages of the process. Despite the fact that we had two of the three recommendations negative, we went forward with the bill and with Senator Howard's help were able to pass it. So, you know, the requiring a vote, from our perspective, from 407 process, I'm not sure is much more helpful to the proponents or opponents or, frankly, the Legislature than it would be if you didn't have any report at all, because you all are making your own decisions anyway on the merits or lack of merits of any proposal. And the groups are going to bring a bill to the Legislature. You have the right and the responsibility to make your own judgments on that. So the judgments and the recommendations that we're getting in three steps of a process currently I'm not sure are necessarily in anybody's best interests. [LB402]

SENATOR RIEPE: You finished or conclude? [LB402]

DAVID McBRIDE: Yeah. [LB402]

SENATOR HOWARD: Yes. Thank you. [LB402]

SENATOR RIEPE: You ready for questions? [LB402]

DAVID McBRIDE: Sure. [LB402]

SENATOR RIEPE: Okay. Senator Crawford. [LB402]

SENATOR CRAWFORD: Thank you, Chair Riepe, and thank you for being here, Mr. McBride. I think this testimony that you handed out was very helpful in understanding the part of the

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

process and concern about the process as well as understanding the issue of the concern about a single up-or-down vote versus you would still be making recommendations but the recommendations is not a single up-or-down recommendation. But the committee would be making recommendations--we think this part of the proposal could move forward if...but we would raise this caution or concern. Is that your vision so it is the case that there's still some sense of recommendations in the work of the committee but it's not all boiling down to a yes/no vote that you say... [LB402]

DAVID McBRIDE: Right. [LB402]

SENATOR CRAWFORD: ...they approve or disapprove of the whole proposal? Is that correct? Is that... [LB402]

DAVE McBRIDE: Yeah, yeah, very much so. I mean from our perspective, as an example, thinking back to some of the reviews we've been through, and again most of them having multiple components, I would see the opportunity for the process based on the intent and structure of this bill being such that the technical committee's report could be, for example, you know, we reviewed this aspect of the proposal and we've studied it against other states and what they allow and we find relatively little risk involved to the public from these aspects of the proposal, we find slightly higher risk involved from this aspect of the proposal because of these things, or compared to other states, you know, here's where we are. This aspect over here, you know, you could evaluate and get comments and perspective and, if you will, a sense of how the proposal stacks up against the criteria in the statute, without having a, quote, vote that's all up or all down. [LB402]

SENATOR RIEPE: Are there other questions? I have a question. The optometrists have been seeking changes in scope of practice for a number of sessions. Is this simply a vehicle to, if that was not successful, to go to them and try to change the rules? [LB402]

DAVE McBRIDE: No, Senator, that's...I mean that's not the reason...or that's part of the reason that this was not our bill originally. We're happy to support it. I think whatever the process is, assuming there's a 407 process, quote unquote, that stays in place, we'll continue to be back through that process as necessary for additional updates to the scope of practice for the profession. I don't see this being intended to make things easier or more difficult for proponents or opponents. I think the intent here is to try to make a process that is going to provide better input to you all in the Legislature and be more advisory in nature. And if in the process we can simplify the time that's involved and reduce the resources that are involved, I think that's to everybody's benefit. There is a way to do these reviews conceptually, certainly, that would take far less time than what it takes now. And so for whoever is participating, proponents, opponents,

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

Board of Health members, laypeople, the resource commitment could be reduced quite a bit, and that's to everybody's advantage. But we'll play by whatever rules there are for the process. [LB402]

SENATOR RIEPE: Well, when bills come through hearings, you know, we get an afternoon to try to take a look at them. So, you know, I believe in being blunt, if you will, and going to the chase, so that's the reason for my question. [LB402]

DAVE McBRIDE: Sure. [LB402]

SENATOR RIEPE: Are there other questions of the committee? Senator Crawford. [LB402]

SENATOR CRAWFORD: Thank you, Chairman. Would you mind commenting on the having the chief medical officer not a part of the process? Is that a part of the bill that you support and, if so, what is your recommendation on that front? [LB402]

DAVE McBRIDE: I don't know that we have a strong feeling one way or the other. I mean we certainly don't disagree with that aspect of the proposal at all. I think our experience and our perception has been, more often than not, that the chief medical officer's opinion on scope proposals in general is negative. But beyond that, it's simply, I think from our perspective, removing that from the process is a means of simplifying and shortening the process because the chief medical officer obviously has got an opportunity to weigh in on any proposal anyway and often does when a bill comes to the Legislature. So you all are going to have the benefit of that person's opinion and could take advantage of that person's opinion anytime you choose on any kind of a proposal. So this would simply take it out as a formal step in an already lengthy process. [LB402]

SENATOR CRAWFORD: Thank you. That's very helpful. [LB402]

SENATOR RIEPE: Okay. Thank you. Other questions? Seeing none, thank you very much for being here. Additional proponents? [LB402]

JESSICA HARPER: Hello, Chairman and members of the Health and Human Services Committee. My name is Jessica Harper, J-e-s-s-i-c-a H-a-r-p-e-r. I am a practicing physician assistant in general surgery and I am testifying in support of LB402 on behalf of Nebraska Academy of Physician Assistants, known as NAPA. NAPA is the state professional organization for physician assistants. It is a constituent chapter of the national organization known as the American Academy of Physician Assistants. NAPA was started in 1975 by the first graduating

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

Health and Human Services Committee
February 15, 2017

class of the University of Nebraska Medical Center physician assistant program and today serves and represents PAs across the state. Our goal as PAs include transforming health through patient-centered, team-based medical practice. Physician assistants are licensed healthcare professionals with a strong interest in the 407 process. We appreciate the efforts on this bill. NAPA supports modernizing, streamlining, and standardizing the 407 process. As PAs work closely with others in the healthcare team, we care deeply about ensuring that all healthcare professionals are practicing to the fullest of their capabilities. A workable 407 process is key to the realization of that goal. NAPA respectfully requests the committee's support of the LB402 and thank you for your consideration. [LB402]

SENATOR RIEPE: Thank you. Questions? Questions? Questions? Seeing none, thank very much for your testimony. [LB402]

JESSICA HARPER: Thank you. [LB402]

SENATOR RIEPE: Other proponents, please. Proponents? Seeing none, opponents, those in opposition, if you're going to testify, if you'd please come up front. Please, go ahead. [LB402]

JENIFER ROBERTS-JOHNSON: (Exhibit 5) Okay. Good afternoon, Senator Riepe and members of the Health and Human Services Committee. My name is Jenifer Roberts-Johnson, J-e-n-i-f-e-r R-o-b-e-r-t-s, hyphen, J-o-h-n-s-o-n, and I am a deputy director with the Division of Public Health in the Department of Health and Human Services. I am here to testify in opposition to LB402 as this bill would change provisions to the Nebraska Regulation of Health Professions Act. I will say that I have not had an opportunity to see either the fiscal note or the amendment that you're looking at today, so my testimony will incorporate that as I can based on what I've heard so far. LB402 changes a number of technical review committee...the number of technical review committee members from seven to six, requiring the six committee members to be appointed from the membership of the Board of Health with one Board of Health member being designated as the chairperson of the technical review committee. This proposed legislation would greatly tax the members of the Board of Health, who volunteer their time. It has the potential to double or triple the amount of time they take away from their employment to perform additional services as technical review committee members. DHHS recommends maintaining the process whereby the technical review committee membership is appointed from a pool of volunteers representing both professionals and public consumers. Three professional members and three public consumers are appointed. In addition, one person from the Board of Health is appointed to serve as the chairperson, resulting in a seven-member technical review committee. This approach permits nonconflicted professionals with general subject matter expertise, as well as consumers, to participate in the deliberations. Now from what I've heard, the amendment might change that, but this is based on the bill as it was written at the time. This bill

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

Health and Human Services Committee
February 15, 2017

also states the technical review committee may recommend approval of an application for regulation of a health profession not currently regulated and strikes the technical review committee's ability to recommend denial of an application. The possible impact is that there is not specific action or direction for an action by the technical review committee if the committee does not recommend approval. DHHS would recommend including language that allows for the technical review committee to either support approval or not support approval of an application for regulation of a health profession not currently regulated. Finally, LB402 requires proponents and opponents of proposed changes to the scope of practice to "collaborate" with the technical review committee in order to best advise the Legislature. The technical review committee is a fact-finding body that reviews information and seeks to understand information presented by the applicant group, the proponents, and the opponents in regard to a change in scope of practice of a health profession. By requiring a technical review committee to collaborate with proponents and opponents, the role of the technical committee can become that of a mediator, rather than that of a fact-finding and decision-making body. In addition, the technical review committee could be viewed as taking a side instead of remaining neutral as a fact-finding body. As an alternative, DHHS would suggest encouraging stakeholders to collaborate prior to the beginning of the credentialing review process. The purpose of the stakeholder meetings would be to reach agreements, identify points of disagreement, and work to find common ground. The stakeholders would then be required to demonstrate to a technical review committee during the review the collaborative efforts that they have put forth to reach common ground. By requiring stakeholders to meet prior to the beginning of a credentialing review, the parties involved will understand the issues, understand the positions of the various parties, and potentially lessen the adversarial nature that may occur during a review. I did want to address a few things that came up earlier in regard to the time frame for 407s which actually, since changes were made in 2012 to help streamline this process, of the reviews that have been completed, the average time to complete those reviews is 10.6 months. The Department of Health and Human Services tracks the time from which we receive the request through the time a recommendation is made. Now I do understand the applicant groups probably invest time beforehand in order to get their information ready for that review, but I will tell you that the DHHS portion of that, which is required to take 12 months or less, takes an average of about 10 months. And as far as the fiscal note, I did not see the fiscal information that was provided, but I will tell you that sounds relatively high to me based on the work that we do with the 407 reviews. I do know that each applicant group submits a \$500 fee when they request the processing of their proposal. And so I'm not familiar with that fiscal but would be glad to look at it and get back with you with any additional information. So I appreciate the opportunity to testify before you in regard to LB402 and I'm happy to answer any questions that you may have. [LB402]

SENATOR RIEPE: Okay. Thank you very much. Senator Crawford. [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR CRAWFORD: Thank you, Chairman Riepe. And thank you for being here, Ms. Roberts-Johnson, and for your testimony. I wondered if when you're talk...just want to ask a question of clarification first. [LB402]

JENIFER ROBERTS-JOHNSON: Sure. [LB402]

SENATOR CRAWFORD: When you're talking about the average time is 10.6 months, does that include the chief medical officer approval step or is that the steps before that? [LB402]

JENIFER ROBERTS-JOHNSON: No, that does include that step. [LB402]

SENATOR CRAWFORD: Includes the chief medical officer? [LB402]

JENIFER ROBERTS-JOHNSON: Yes, it does. [LB402]

SENATOR RIEPE: Other questions? Senator Erdman. [LB402]

SENATOR ERDMAN: Yeah. Thank you, Chairman Riepe. I don't know if you're the correct person to ask this, but on page 8, "The director shall adopt and promulgate rules and regulations," do they not have rules and regulations now? [LB402]

JENIFER ROBERTS-JOHNSON: Yes, they do. [LB402]

SENATOR ERDMAN: So this says here they have until or before, on or before October 1, 2018. [LB402]

JENIFER ROBERTS-JOHNSON: I'm not sure if that's additional or updated rules... [LB402]

SENATOR ERDMAN: Yeah. [LB402]

JENIFER ROBERTS-JOHNSON: ...that they're referencing but they're the... [LB402]

SENATOR ERDMAN: But they do have regulations now. [LB402]

JENIFER ROBERTS-JOHNSON: Correct. [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR ERDMAN: Yeah, okay. Thank you. [LB402]

SENATOR RIEPE: Okay. My question would be is--it's been five years since the last review--is it time to...if you had an opportunity to go back, are there pieces that you would update since 2012 or...? [LB402]

JENIFER ROBERTS-JOHNSON: Well, what I can say is I think, since 2012, you know, it's been an iterative process trying to implement the changes that came in 2012. And as we've had roughly, I'm going to say, ten reviews since then, with each review we've looked at how we can proceed better in either training technical review members or setting, you know, ground rules for how those 407 hearings go and things like that. That has been a process. We're continuing to look at that and review it to make sure that we are making the best use of folks' time as they're coming in and obtaining the best information so that we can put together basically information for you all to review. If you've looked at a 407, you know that generally those reports by each--the technical review committee, the board, and the director--actually set out any concerns pretty specifically, so that hopefully you all can look at them, and any positive points as well. So they're pretty thorough. They include a lot of information from which you can work and that's the goal. [LB402]

SENATOR RIEPE: Senator Crawford. [LB402]

SENATOR CRAWFORD: Thank you, Chairman Riepe. And thank you. I wonder if the...you had laid out a process where there are three laypeople and three professionals. Is that spelled out in the rules and regs? [LB402]

JENIFER ROBERTS-JOHNSON: And, you know, I can't tell you that specifically. I believe so but I can check. That is the current process. It includes three medical professionals who actually volunteer to be on 407 technical review committees and then also three citizens. [LB402]

SENATOR CRAWFORD: So do the rules and regs cover all parts of this process or certain parts? [LB402]

JENIFER ROBERTS-JOHNSON: And let me check on that. [LB402]

SENATOR CRAWFORD: Okay. [LB402]

JENIFER ROBERTS-JOHNSON: And I'll get you all a copy of... [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR CRAWFORD: Thanks. [LB402]

SENATOR RIEPE: Senator Linehan. [LB402]

SENATOR LINEHAN: Thank you, Mr. Chairman. Thanks for being here today. On the three laypeople, is that a...is it a pool of people and they serve again and again or is...do they get randomly chosen? How do you come up with the three laypeople? [LB402]

JENIFER ROBERTS-JOHNSON: Right. So my understanding is that currently each pool, both the medical professional pool and the laypeople pool, have between 30 and 40 volunteers who we put out requests for volunteers and they put in their names and then are selected to serve on the various technical review committees. There may be times when somebody has served maybe on more than one of those. I'm not sure why the criteria or what the criteria is that that results, that causes that result. But there are both two pools of pretty large pools of folks to serve on these. Now when you go through ten of them and you have three of each, each time, you may get some duplication. [LB402]

SENATOR LINEHAN: I would like to know how many times people have served on them multiple times from the laypeople... [LB402]

JENIFER ROBERTS-JOHNSON: Sure. [LB402]

SENATOR LINEHAN: ...or both groups actually. [LB402]

JENIFER ROBERTS-JOHNSON: Okay, that's fine. [LB402]

SENATOR LINEHAN: Okay, thank you. [LB402]

SENATOR RIEPE: Are there other questions? Seeing none, thank you very much for being here. Additional opponents? Please state your name. [LB402]

TRAVIS TEETOR: (Exhibit 6) Mr. Chairman and members of the Health and Human Services Committee, thank you for allowing me to testify before you today. My name is Travis, T-r-a-v-i-s, Teetor, T-e-e-t-o-r. I'm a general pediatric anesthesiologist practicing in Omaha at Boys Town National Research Hospital. I'm testifying before you today on behalf of the Nebraska State Board of Health. I'm currently the vice chairman of the State Board of Health and previously served as the vice chairman of the credentialing review committee as well. First we would like to

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

Health and Human Services Committee
February 15, 2017

thank Senator Hilkemann for introducing LB402. We appreciate his efforts to improve upon the credentialing review process. The Board of Health would like to be involved in discussions regarding this process as we are the administrators or one of the administrators of the technical review process. As a point of reference, and a lot of this stuff we've...they've covered already, and I haven't seen the amendment, as well, so some of this stuff may be not necessarily relevant at this point in time. But as a point of reference, 79.5 percent of the technical reviews initiated passed the Unicameral since the inception of this process. This is a very successful process that involves all levels of Nebraskans with public and professional. The Board of Health has multiple concerns with LB402 as proposed. Our first concern is that it changes the number of technical committee members from seven to six and requires these six committee members to be appointed from the membership of the board with one individual serving as chairman. I know that there is an amendment that is changing this and, like I said, I have not seen that yet. In making a committee of six people, you're creating an even number, may create difficulties in case of, if you are still voting, a tie vote. This doesn't allow outside...any outside members to participate in the process; only the 17 members of the Board of Health would be the people who are continually serving in this role. So to kind of what Senator Linehan was asking earlier, instead of having a much larger pool of people that are doing this all the time, it would be 17 people that are continuously going to be pulled and those are going to be the 17 people that are doing this time in and time out. This also would, in turn, greatly tax the members of the Board of Health who volunteer their time to serve the state. I, myself, I practice in private practice. The time that I take off to come down to Board of Health meetings, I have to take time off from work to do that; and in order to serve on multiple technical review committees, that would be further taxing upon my practice that I have in Omaha. It has the potential to dramatically increase the amount of time you'd have to spend away from your primary employment. The technical review committee is currently made up of both professionals as well as public and consumer members. The committee is chaired by one of the members of the Board of Health and excluding public members from this process would be extremely disconcerting from a public health concern. Second, LB402 requires proponents and opponents of the proposed scope-of-practice changes to collaborate with the technical review committee to best advise the Legislature. The purpose of the technical review committee is to serve as a fact-finding body and to review information presented from the applicant group, the proponents, and the opponents. We would recommend having all stakeholders collaborate prior to the beginning of the credentialing review process. If all stakeholders met prior to the process commencing, parties involved would understand issues, positions of the various parties involved, and hopefully lessen the often intense and adversarial nature that may occur during a review process. Third, LB402 provides that a committee may approve an application but does not mention either denial, support, or not supporting the application or any reasoning behind that decision. We'd recommend the current process of approval, denial, support, nonsupport of the application should continue. It's unacceptable in our mind to remove the ability for denials. This leaves the only option for the committee to approve an application. This is incongruent with the entire credentialing review process. Currently,

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

Health and Human Services Committee
February 15, 2017

according to the director, the Statute 71-6226, and I have this listed here, but it states that this needs to be done within 12 months. As Jenifer stated earlier, there has been...our average has been 10.6 months. Since 2013 there has been nine different reviews that have taken place. Only one of them was longer than 12 months. In 2014 there was a dental auxiliary review that took place. It took 12.2 months so it was slightly over. That one was slightly unique, though, in the fact that there were actually two applicant groups applying at the same time so it was all condensed into one review, so it did take a touch longer than normal. But we essentially went through two applications in that amount of time. Overall, the review process is being completed within the statutory guidelines, has been on average of 10.6 months to complete. The Board of Health would recommend that if the Legislature feels this process needs to be changed, that an interim study be...is commenced to study the process and come up with an acceptable approach for all parties involved. I'd like to thank you for your time and be open to any questions you may have. [LB402]

SENATOR RIEPE: First of all, thank you for serving on the State Board of Health. [LB402]

TRAVIS TEETOR: Thanks. [LB402]

SENATOR RIEPE: We appreciate that. And thank you for coming down and testifying today. [LB402]

TRAVIS TEETOR: Thank you. [LB402]

SENATOR RIEPE: Are there questions? Senator Howard. [LB402]

SENATOR HOWARD: Thank you. Thank you, Dr. Teetor. I wanted to ask you, and I apologize for coming in a little bit late for your testimony, I wanted to ask you, is the...I heard complaints in the past about the timing for hearing from the chief medical officer. Is that sort of a part of the equation when you're looking at your yearlong time period? [LB402]

TRAVIS TEETOR: The numbers that we have come from DHHS. I know there for awhile there wasn't a chief medical officer, so I think that there were a few reviews that were held up, to some degree, because of that. But once again, they, like I said, they still were all in less than 12 months. I actually just chaired recently the dialysis technician or patient care technician technical review. I think it was either the last one or the second to last one that took place. And the, kind of, the turnover between the two chief medical officers, I know that there was some delay but I don't know how long that was. [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR HOWARD: Has there been a delay when a chief medical officer was currently serving? [LB402]

TRAVIS TEETOR: I don't recall any specific delays that we were informed of, that the Board of Health was informed of. I'm not exactly what...I'm not exactly sure, if you break it out step by step, how long each step takes. The process, essentially, it comes to the technical review committee. After that, once the technical review committee has made their decision or heard whatever, it goes to the credentialing review committee, which I was the vice chair of last year. Our committee actually meets, usually a special meeting outside of a regular Board of Health meeting, to review that application or that technical review process, and then we make our recommendations to the full Board of Health so that the next scheduled Board of Health meeting, then it's taken up there. And then from there, then it goes to the chief medical officer. [LB402]

SENATOR HOWARD: Thank you. [LB402]

SENATOR RIEPE: Okay. Thank you. Are there...Senator Linehan. [LB402]

SENATOR LINEHAN: Thank you for being here today. Thank you, Mr. Chairman. Is there...is part of the process now--and I'm sorry I'm new so I don't know all this as well--is part of the process now a written report or is it just we approve or we disapprove? [LB402]

TRAVIS TEETOR: There is a written report that's generated following the technical review committee. [LB402]

SENATOR LINEHAN: And in that report is there ability for someone who disagrees to write a, you know, five of us said this but there is one dissent or is it... [LB402]

TRAVIS TEETOR: It goes through each of the statutory points and it...there is a vote or people decide what, yes or no, based on those points. And then there are...there is some latitude for people to put in comments that they feel may be relevant for people to know further down the line, whether it's the credentialing review committee, the Board of Health, or the chief medical officer. [LB402]

SENATOR LINEHAN: Okay, so theirs is like comments...questions and then comments. There's not like a report this was the committee's findings and then there's a synth, so to speak. It's more form. [LB402]

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

Health and Human Services Committee
February 15, 2017

TRAVIS TEETOR: It's more of a kind of a formatted thing with comments following kind of each question, each...the questions that are spelled out in statute. [LB402]

SENATOR LINEHAN: Okay. Thank you for being here today. It's very helpful. [LB402]

TRAVIS TEETOR: Yes. Yes, ma'am. [LB402]

SENATOR LINEHAN: Thanks. [LB402]

SENATOR RIEPE: Senator Crawford. [LB402]

SENATOR CRAWFORD: Thank you, Chairman Riepe. And thank you for your work on the Board of Health and for your testimony today. I think, as somebody who has dug through the reports because of bills you're sponsoring or bills you're working on or reviewing that are sponsored by others, I can see the concern that sometimes in testimony or in lobbying or conversation it is...people talk about it was either approved or denied or approved by two or approved by two but not three, whereas, when you dig into, when you pull up the report itself and dig into it, you then do see the nuances of the actual meat of the recommendations, you know, and there's often really valuable insight in those that you miss by just the yes/no, so, in terms of what the committee was thinking. And an example, I mean, just the most recent bill, my understanding is, if you dig in terms of dialysis techs, kind of the way you kind of went through the process and there was the request for a yes/no on certification but the actual discussion and the meat was, well, we really think a registered would be better but you're asking us to say yes or no on a certification. [LB402]

TRAVIS TEETOR: Yep. [LB402]

SENATOR CRAWFORD: So I think that's an example of one of the issues that I think is worth us digging into in terms of is there something more useful to our committee than a simple yes/no. I think there is some value there. So I just wondered in terms of your experience with that process and understanding what some of that discussion is behind a yes/no or you have this conversation about which direction to go but then in the end you have to get to a yes/no, if you have any insights or recommendations in terms of how to help us see and understand some of that information behind a yes/no. [LB402]

TRAVIS TEETOR: And I appreciate your question. So a lot of the yes/nos that you're talking about and that people have brought up today, and I'll admit I, myself, a lot of times have to ask the staff, if I say yes, does this mean this or does this mean this, because the questions are pretty

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

Health and Human Services Committee
February 15, 2017

vague to some degree as far as what you're answering. And I do admit that. We...but at the same time, like you said, if you dig into the actual comments and the, kind of, the transcripts of the meetings and what took place, a lot of times that's to some degree more helpful than the yes/no votes. In the...one of the reviews that comes to mind is the surgical first assist bill that came out at the time. We...since...with the process that it went through, they were...there was...it was...it regarded delegation of a task to nonlicensed personnel so to some degree we didn't necessarily think that needed to take place but at the same time it did need to take place because we're delegating to nonlicensed personnel. So the comment or the questions are to some degree vague that they are valuable and they are helpful. But depending on...and each review is different. Some reviews it's very straightforward, the questions. The yes/no mean yes/no. In some of the reviews that we do, the questions are more vague. So I wouldn't say that it's 100 percent one way or another. [LB402]

SENATOR CRAWFORD: Right. Could you see how people from the outside though may take and grab on to a yes/no because it's the simple thing to grab? Yeah, yeah. [LB402]

TRAVIS TEETOR: It's the simple thing. It's at the top of the sheet. It's... [LB402]

SENATOR CRAWFORD: Right, right. [LB402]

TRAVIS TEETOR: ...three people said yes and two people said no and this is...we won or we lost. [LB402]

SENATOR CRAWFORD: Yeah. [LB402]

TRAVIS TEETOR: So I can see how, if you don't actually, like you said, read the report, read everything in the report and kind of see what the logic was of how people got to that conclusion. I think in some of the reports you'll see there's some hesitation even with votes. But at the same time, in order to vote, to make a vote based upon what the statute is trying to elicit, it is difficult at times. [LB402]

SENATOR CRAWFORD: Could you imagine, in your experience, if the emphasis was instead a consensus recommendation and so it was five points or a paragraph as opposed to a yes/no? Could you imagine that working in your experience? [LB402]

TRAVIS TEETOR: It would be difficult to I think get things to a concise paragraph or two paragraphs. Like you said, I think the point of the process is we're a fact-finding...we're more of a fact-finding body than anything and in order...essentially we do the process of going out and

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

Health and Human Services Committee
February 15, 2017

finding the facts from all the stakeholders involved and then we try and get this prepared into a somewhat concise report for you guys to read. Yes, there's questions and votes that are taken, but at the same time the meat of what we're doing is usually all contained within that report, so.
[LB402]

SENATOR CRAWFORD: Thank you. [LB402]

SENATOR RIEPE: Other questions? Seeing none, thank you very much for being here.
[LB402]

TRAVIS TEETOR: Thank you. [LB402]

SENATOR RIEPE: Additional opponents? [LB402]

KIM ROBAK: (Exhibit 7) Good afternoon, Senator Riepe and members of the committee. My name is Kim Robak, K-i-m R-o-b-a-k. I'm here today on behalf of the Nebraska Medical Association and the Nebraska Dental Association in opposition to the bill. First of all, I just want to start off by saying that 407s, or scope of practice or any licensure issues, are adversarial by nature. I wish they weren't. I wish that all the parties could get together and this would be an easy thing to do but it's...they are adversarial. And one of the goals of this bill is to make it less adversarial. One of the goals of the clean-up statute that took place four years ago was to make it less adversarial. I think part of the process of the 407 process in its very nature is to make it less adversarial. But once it gets out of that process and comes here to the Legislature, a lot of times, it is adversarial. But I do want to pass out to you a list of all of the 407s that took place since the bill was enacted over 30 years ago--I think it's over 30 years ago--and have highlighted for you some of those and some of the most recent ones actually and some of them are in yellow and some of them are in red. And what you will note is that in many, many instances, this process works. Is it the perfect process? Absolutely not. Is it a process that's a good process? I believe so, and the reason I say that is it goes through three processes where a tremendous amount of information is gathered that this group, this committee, this...the Legislature does not have the time and, in many instances, the inclination to gather and review. So what happens is, and having sat through a 407 process and if you have an opportunity to do so I would recommend that you not sit there and watch--it's a very painful process to go through--but you'll have a stack of materials that will be several inches thick and that material is reviewed by a number of individuals and they look it over and they study it. And what you'll find out is that the technical review committee often says yes, the Board of Health often says yes, the director often says yes, and in many cases those bills are either pending or have passed. And in fact, what I think is the best process, several people have recommended that the parties get that, sit down together and work it out--I think that the Dental Association that had a bill before you earlier this year did--I

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

think is the absolute best process. But that took ten years, ten years for the parties to sit down and work it out. And when people talk about taking time, going through that process takes a tremendous amount of time. The 407 process in some regards streamlines that process. You're not going to always get yeses and nos but most of the time the bill passes. The benefit of the 407 process is it also helps the participants figure out whether or not this is a good thing to do. They have to answer questions. They have to be able to defend the process. They have to be able to articulate it and draft it in such a way that it makes sense. And I'll give you an example when you talk about taking this directly to the Legislature. There were two 407s that came together, the dental and the assistants, the Dental Association and the assistants and the dental hygienists. The dental hygienists asked for the ability to prepare teeth. Sounds reasonable--you could put that in a statute and you can pass that--and it seems like a very simple thing to do. Members of the technical review committee said, we think that sounds good. Someone popped up from the back of the room and said, no, you have to understand that preparing teeth means that they get to drill. And the member of the technical review committee said, oh, that's not what they want, they don't really want to drill teeth. And the member of the hygienist association said, yes, yes, we do, we want to be able to drill on teeth. It's a complicated process. It's a process by which people need to delve into those aspects. So we think that while it's not a perfect process, we think it works. And we're not sure that the bill fixes it. I want to point out a couple of other things about...things that people have said. First of all, people have talked about a single up-and-down vote. It's not an up-and-down vote and the statute doesn't require an up-or-down vote. The statute requires that, and they do take a vote, but that they make a recommendation as to whether or not they support or oppose the credential change. And so what you do get is you get a vote: yes, we recommend, or, no, we don't. We refer to it, yes and no, in simplistic terms. But, Senator, what you're asking for is this summary and we recommend. And they're also allowed by statute to give recommendations and oftentimes do. If the process doesn't work the way it should, it's not because of the statute but it may be because of the way it's actually working through the process. There is nothing in the statute that says a member of each side can't be part of the process. Actually it says the member of each side cannot be the chair. But that six-person panel, according to statute, has to be fair and impartial and can include only one member of the adversary or the proponent side. So you can have those members there. We haven't done it recently. They haven't done it in the last four years. But the statute does allow members of each side. We actually think that's a good thing because then the knowledgeable people are sitting at the table. There was a question about the fee and the cost and the expense. The statute allows for the fee to be waived, the \$500 fee, and it is waived and actually the department does waive that fee from time to time when individuals have trouble paying the fee. So that \$500 should not be the expense. The time actually comes in when you bring it before the Legislature and oftentimes it takes years to get bills passed. In fact, I will...my time is up. I will finish this with this last comment. [LB402]

SENATOR RIEPE: Go ahead (inaudible). [LB402]

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

Health and Human Services Committee
February 15, 2017

KIM ROBAK: There was an instance where the hygienists actually brought a piece of a 407. They wanted to be able to go out independently, without dental supervision, to do public health. And some of you may remember that, that statute. They brought it. There was some opposition. And over time, because of working together and going through the 407 process, we had...the Nebraska Dental Association actually came in support of the bill. So I do think that the process has positive impacts. Can there be tweaks? Absolutely. This bill is not the tweak that makes those changes better. We think it actually makes it worse. But we would be happy to come to the table and work with anybody to make the process better. With that, I'd be happy to answer any questions. [LB402]

SENATOR RIEPE: Thank you. That was a good piece of history and information. Are there questions? Senator Erdman. [LB402]

SENATOR ERDMAN: Thank you, Chairman Riepe. So thank you for coming. So as you've seen, and you've given us a list of those that came before the committee, is there any possible way they could have spent \$310,000? [LB402]

KIM ROBAK: Well, my understanding is that the way that that amount was computed is it took all of the staff time of all of the people who work on a 407. And so if you take their staff time and you say I'm a \$75,000 employee and I spend 25 percent of my time doing 407 and there's ten of us, that that's maybe the way they came up with it. The process itself, paying for the volunteers, does not cost that...in fact, I don't think there's any payment to the Board of Health or any of the volunteers except for maybe your travel time. So the cost of the 407 process is not high. The cost of running a program in the department is what I think cost the \$300,000. So I would agree with Senator Riepe that if you eliminate the 407, that money will be spent doing other things in the department that need to be done. [LB402]

SENATOR ERDMAN: Thank you. [LB402]

SENATOR RIEPE: Other questions? Senator Crawford. [LB402]

SENATOR CRAWFORD: Thank you, Chairman Riepe. So I appreciate your comment that the statute itself would allow for the professional on both sides to be a part of that committee, so it sounds like it would be practice or regulation that might be standing in the way of that, or people stepping up to volunteer from those professions. [LB402]

KIM ROBAK: Before the changes four years ago, Senator...I'm sorry to interrupt you. [LB402]

SENATOR CRAWFORD: That's okay. [LB402]

KIM ROBAK: But before the changes four years ago, there used to be one on each side and people said it was too adversarial so they took it off. In fact, I believe the NMA--we didn't represent them at the time--came in, in opposition to that change, because it's important to have people on. And I think people have seen that that's actually what happened. But the statute when it was changed said...did still allow it to happen. It just...people have kept them off because they thought it made it adversarial to have them on the committee. I think people are seeing it doesn't work. [LB402]

SENATOR CRAWFORD: Do you think the process of recruiting physicians--in your case, that's who you're representing--to be in this pool is effective or do you think there's any change that's needed in practice or in regulation to make that work better? [LB402]

KIM ROBAK: See, I haven't heard that they have trouble finding people. I do know that people who spend time on it spend a tremendous amount of time. I mean they're incredibly dedicated. And if you read the report, you see that people give not only great amounts of time, but they're dedicated. I haven't heard that they have trouble finding people. I think the Board of Health members get burned out for chairing them, but...and I think that you may have trouble finding people to serve on the Board of Health because of that. But I haven't heard it from the other members of the committee. [LB402]

SENATOR CRAWFORD: Thank you. [LB402]

SENATOR RIEPE: Those who thought it was too adversarial, have they never been, visited the Chamber of the Unicameral? [LB402]

KIM ROBAK: (Laugh) That's a very good point. I would...I just...would you indulge me with a quick story? [LB402]

SENATOR RIEPE: Well, of course, if the committee will. [LB402]

KIM ROBAK: When Senator Campbell was here for her first year, I had a bill. It was exactly four lines long. And I took it to Senator...you've heard this story, some of you. I took it to Senator Campbell and said, this is a very simple bill, I hope that it'll help you to learn the process, I hope that you would be happy to carry this. She said she would. It turned out that it was a scope-of-practice bill. I didn't realize it because it's a four-sentence-long...it's four lines long. It's not even four sentences long. And this is the entire bill right here and it's at four lines that are underlined.

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

Health and Human Services Committee
February 15, 2017

That turned out to be the most contentious bill of the session. It was a scope-of-practice bill. People were angry. People were yelling. It ended up being a filibuster. There were people who didn't talk to each other for at least two years as a result of that bill. And so Senator Campbell never let me walk into her office again. I'm just slightly exaggerating. But scope-of-practice bills are adversarial and this particular bill had not gone through the 407. I don't think it makes a difference whether you go through it or not, 407s are going to be...they're going to be adversarial. Thank you. [LB402]

SENATOR RIEPE: Okay. So we're going to put you down as troublemaker. [LB402]

KIM ROBAK: (Laugh) Thank you. [LB402]

SENATOR RIEPE: Are there any other questions? Thank you very much for being here. [LB402]

KIM ROBAK: Thank you, Senator. [LB402]

SENATOR RIEPE: Any additional opponents? Seeing none, are there any that are testifying in a neutral capacity? And the father of the bill... [LB402]

SENATOR HILKEMANN: Oh, there he is. [LB402]

DON WESELY: Mr. Chairman, members of the Health and Human Services Committee--sorry--my name is Don Wesely, D-o-n W-e-s-e-l-y. Kim, this chair is so warm. [LB402]

KIM ROBAK: (Laugh) I was hot. I was in the hot seat. [LB402]

DON WESELY: Very comfortable. I'm here on behalf of the Nurses Association. We are neutral on the bill. I know you've had a long hearing on this. I am the father of the bill so there are moments I've been very proud and other moments I'm a little disappointed. This is one of those moments where I'm a little disappointed. I think it's worked really well all these years. When we first implemented it, it was because, I think, Senator Kolterman, you were talking about, you don't want a flood of eye wars, we used to call them, with optometrists and ophthalmologists. And we had maybe a dozen or more of these bills every year. It was just unbelievable in the '80s. Then we came up with this system so that we could resolve things and come hopefully into a consensus. And I think it worked for the most part. It's not working right now. It really needs to be studied. I'm not sure this bill is the answer and that's why I'm neutral, but I think Senator Hilkemann is exactly right to say we should look at this. What happened...I've sat through a lot

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

Health and Human Services Committee
February 15, 2017

of 407 processes. One of the things...when I was in office I passed the legislation. I worked at the Lincoln Telephone Company. I went back after the session and they assigned me to implement one of the bills I passed and it dealt with waste, hazardous waste disposal. It taught me a lesson about, you know, think about how this impacts people and I think that seeing the 407 up-front, it isn't working as it should be. Here's one example, and I mentioned it, when the dialysis patient care tech bill came through here. We came in with a bill, with a proposal to have registration. They were...the technical committee was advised registration wasn't enough, you need a license. So the technical committee said, well, we vote for licensure. And so they amended their proposal to licensure and then actually what was supposed to happen happened. The Board of Nursing was involved; Board of Health was involved. They went to work. They resolved this and they came back and said registration is the right answer. And so the Board of Health recommended registration. Well, you got just...when the hearing came up on the bill, then the director of medicine said, I'm against licensure but you should consider registration. Well, we'd already been way past that. We were already in consensus on a registry and yet he was like fighting a battle that had already been resolved. And the pain we went through on that, I can't tell you how many meetings we've sat through. And the same thing on the licensed practical nurses, they came in and wanted a registry and they wanted a didactic training but they didn't want to go to requiring everybody to have a competency training. But that darn technical committee said everybody should get the technical proficiency. It was overregulation. Ninety percent of the LPNs didn't need it and the proposal was for if they did need it then they'd get the competency testing. What I'm seeing right now is a desire by these technical committees to overregulate. The people wanting to get something done come in at the lowest level. That's what we want--the lowest level of regulation to protect the public--not licensure when you don't need it. But these technical committees have been proposing licensure and it's overregulation and we've had to fight them. It's bizarre. I don't know what's happened. The process has turned around and it really needs to be looked at. So I'm suggesting that. And I know there's lots of groups involved. This thing covers well over 100,000 Nebraskans who are licensed through the Uniform Credentialing Act so it affects a good part of the population. We should do a better job of dealing with it. So I know everybody is willing to talk and work on this. I think that's what we should do. [LB402]

SENATOR RIEPE: Are there questions from the committee? I have a question. When you set out LB402 (sic), did you establish rules to go with it? [LB402]

DON WESELY: You know, they...I don't think they implemented...yeah. [LB402]

SENATOR RIEPE: We're just...we're having fun talking about rules in this session that (inaudible). [LB402]

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

Health and Human Services Committee
February 15, 2017

DON WESELY: You know, I don't think they ever did implement. Yeah, it was, like, very strange, so. [LB402]

SENATOR RIEPE: If there are no other questions, thank you very much for being here. [LB402]

DON WESELY: You bet. Thank you. [LB402]

SENATOR RIEPE: Are there others that might wish to testify in the neutral capacity? Seeing none, Senator Hilkemann, you are welcome to close. [LB402]

SENATOR HILKEMANN: It was sure good to see Senator Wesely here. He's probably the reason I'm here today. I was so inspired working with senators like Senator Wesely and the group back in the '70s and '80s, I said someday I hope that I have the opportunity to serve in the Legislature, and so I'm here today. Well, I think the opponents of this did a good job exactly explaining why this is a problem, because, they said, well, we ought to get the stakeholders together before we start the 407 process. So I was thinking there now we're not going to have just the 407 process, we're going to have the 402 process to get ready for the 407 process. And Ms. Robak is exactly right. These are always adversarial-type relationships and so...and the whole thing of the overregulation, let's have a conversation. Let's make this a better process. The whole intent of this was to help senators be able to make better, more informed decisions, give opportunities for groups that want to expand the scope of their practice. And we're certainly...we're not dealing with the new groups. They still have to go through this process. We're not...we're talking more...so that's what I'm wanting. Let's have a good conversation and let's improve the process. And I think that's what we all want. We want Nebraska to be the safest place for practicing whatever you choose to practice. So that would be my closing and I'd take any other questions if you have them. [LB402]

SENATOR RIEPE: Are there any questions of Senator Hilkemann? Seeing none, do we have any letters? [LB402]

TYLER MAHOOD: (Exhibits 8-10) Yes. I have three letters of opposition. One is from the State Board of Health, signed by Diane Jackson. One is from the Nebraska Board of Medicine and Surgery, signed by Carl Smith. And one is from the Nebraska Psychological Association, signed by William Spaulding. [LB402]

SENATOR RIEPE: Okay. Thank you, Senator Hilkemann. [LB402]

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

Health and Human Services Committee
February 15, 2017

SENATOR HILKEMANN: Thank you. [LB402]

SENATOR RIEPE: This closes the hearing on LB402. I might add that we are going to have a briefing on 407 on the 24th of February in this office at 1:00, so, and that's open for people that would like to hear that. That will be made by the Department of Health and Human Services. So thank you. We will now proceed on to LB342 and that will be Senator Erdman. Senator Erdman, we are ready, and, whenever you are prepared, please state your name and go forward. [LB342]

SENATOR ERDMAN: (Exhibit 1) Thank you, Senator Riepe. My name is Steve, S-t-e-v-e, Erdman, E-r-d-m-a-n, and I'm here today to introduce LB342 and the purpose of this is the Nurse Licensure Compact. It allows the nurses to have a multistate license with the ability to practice in both their home state and other compact states. LB342 would amend the sections of the Nurse Practice Act to streamline licensure of military spouses and provide updated language for the adoption of the Enhanced Nurses Licensure Compact. What this bill would do would...what the bill does, the Nurse Licensure Compact allows nurses to have one multistate license with the ability to practice in both their home state and the other state that they live in. This bill would amend sections of the Nurse Practice Act to streamline licensure of military spouses to provide an updated language to adoption of the Enhanced Nurse Licensure Act (sic: Compact). And what is happening is the military spouses are being transferred to our state and their spouses that are nurses have to get more training or become licensed in our state before they can become a practicing nurse. And so this helps them become licensed if they're part of the state that belongs to the compact. Why is this legislation needed? It's because the original compact in 2000 underwent significant revisions resulting in a new model legislation to supersede the current statute that we now have and the new licensure becomes effective when no less than 26 states enact this legislation on or before December 31, 2018. And to date, there's 25 states in the current compact and they have already enhanced or enacted this legislation. The proposed language would repeal the current licensure act and the...which Nebraska is a member, and adopt the new act. So this legislation would benefit Nebraskans and it reduces the nurses shortage we...by allowing military spouses with nursing licenses who often relocate every two years to practice in the state of Nebraska. Those people in the military are transferred here and their tenure here is not long--perhaps two years--so this would allow them a scope of practice. The proposal extends the same waiver continuing competency requirements, in-service education for any two-year licensure renewal period for the military spouses as currently offered to the active military. It creates a model that allows the nurses to practice freely among member states while still allowing the states to retain autonomy and the authority to enforce the State Nurse Practice Act. It eliminates redundancy,... [LB342]

SENATOR RIEPE: We got you--duplicity. [LB342]

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

Health and Human Services Committee
February 15, 2017

SENATOR ERDMAN: ...duplicity, regulatory processes, and unnecessary fees. It improves the access to licensed nurses during a disaster and other times of great need for qualified nursing services. It gives them an opportunity to work here when they wouldn't be able to before. And once we become a member of this 26-state compact, those nurses can freely practice wherever their husband or their spouse is transferred. This act has been...the compact, why does it change the Nurse Licensure Compact now? Why change it? And it's because it has been in existence for 15 years with 25 participating states. The new compact enhances the Nursys, the only national database of verifying nurses' licensure, and adds discipline and practice privileges for nurses licensed and practicing in jurisdictions including all states in the compact. The compact is projected to create enhancements in the system by providing more rapid, efficient exchanges of information, and aid in faster verifications and more efficient licensure process. So in all, what this does, it gives us an opportunity to have more nurses available and it would give those people an opportunity to practice when they get here. I asked the question of...I'm carrying this bill for the Governor, by the way, and I asked the question whether this would be available to people who moved to my area, who are not in the military, and the answer was if those states were part of the licensure group it would also apply to them. So I think it gives us an opportunity to have more people come here and practice medicine as we would have a shortage in our part of the state as well as here. So I think this is an enhancement for us to get people to come to our state and be employed here and make the good life even better. So I would encourage you to advance LB342 and I'll try to answer any questions. There will be other people testifying behind me who have more technical expertise than I do. [LB342]

SENATOR RIEPE: Very good. Thank you. Are there questions from the committee? Senator Crawford. [LB342]

SENATOR CRAWFORD: Thank you. Thank you, Chairman Riepe. And thank you for bringing this bill for us. Was the...one of the things that I'm interested in is why...is the fact that it has the military spouse licensure component and then the compact component in it, in the same bill. It was...was that...did it come to you to carry with both of those pieces... [LB342]

SENATOR ERDMAN: It did. [LB342]

SENATOR CRAWFORD: ...or was your interest an interest in... [LB342]

SENATOR ERDMAN: No, I did. [LB342]

SENATOR CRAWFORD: ...adding the military spouse piece? [LB342]

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

Health and Human Services Committee
February 15, 2017

SENATOR ERDMAN: No, it came that way. [LB342]

SENATOR CRAWFORD: Okay. And what's your sense of why they're both in the same bill as opposed to those being two different bills? [LB342]

SENATOR ERDMAN: I can't answer that. I don't know. [LB342]

SENATOR CRAWFORD: Okay. Okay. All right, so. [LB342]

SENATOR RIEPE: Okay. Senator Howard. [LB342]

SENATOR HOWARD: Thank you. Thank you for bringing this bill. I wanted to ask you, so this would be the new compact, it's updating the old compact? [LB342]

SENATOR ERDMAN: Correct. [LB342]

SENATOR HOWARD: Should we be striking the language for the old compact? [LB342]

SENATOR ERDMAN: Say that again? [LB342]

SENATOR HOWARD: Should we be striking the language for the old compact? [LB342]

SENATOR ERDMAN: You know, I don't know that. I don't know the answer to that question. [LB342]

SENATOR HOWARD: Just for clarification, if we're updating the old compact,... [LB342]

SENATOR ERDMAN: It would make sense that if you were striking...putting a new one, you would strike the old one. [LB342]

SENATOR HOWARD: Okay. And then the other question that I had--it was a little bit vague on page 3, line 8--can you help me understand what priority processing looks like or what it would be like in practice? [LB342]

SENATOR ERDMAN: I cannot. [LB342]

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

Health and Human Services Committee
February 15, 2017

SENATOR HOWARD: Okay. [LB342]

SENATOR ERDMAN: I don't know what that is. You know, when I got the bill and its significant pages and I read through the bill, being here for 20...well, 30 days now... [LB342]

SENATOR HOWARD: Thirty days. [LB342]

SENATOR ERDMAN: ...and it's my first shot at it, I can't answer that question but perhaps someone else can. [LB342]

SENATOR HOWARD: And then I will ask you the question that Senator Chambers will ask you on the floor, which is the question that he asked in Business and Labor the other day, which...does a military spouse include a homosexual? [LB342]

SENATOR ERDMAN: I would assume that it would. [LB342]

SENATOR HOWARD: Okay, thank you. [LB342]

SENATOR ERDMAN: I can't answer that question but I would assume there is. I don't know. [LB342]

SENATOR HOWARD: Okay. Thank you. [LB342]

SENATOR RIEPE: Okay. Senator Crawford. [LB342]

SENATOR CRAWFORD: Thank you, Chairman. Is someone from the department coming after you to answer some of the other technical questions then? Are they coming here to testify? [LB342]

SENATOR ERDMAN: I would hope that to be the case. [LB342]

SENATOR CRAWFORD: You don't know if that will be the case. Okay. Okay. I was interested in learning a little bit more about the alternative program and how that fits into the bill. I don't know if you are familiar with that or feel comfortable talking about that. [LB342]

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

Health and Human Services Committee
February 15, 2017

SENATOR ERDMAN: When I...I was asked to carry this bill on behalf of the Governor as part of his plan to ease up on some of the restrictions and regulations that we have on several industries and several licensure people in the state and I was invited to bring this bill for that purpose and I'm not technically advised enough to answer that. [LB342]

SENATOR CRAWFORD: Okay. [LB342]

SENATOR RIEPE: Senator Crawford, go ahead. [LB342]

SENATOR CRAWFORD: Actually it's a different question. This is very similar to Senator Kolterman's bill for physicians. [LB342]

SENATOR ERDMAN: It is, you're correct. [LB342]

SENATOR CRAWFORD: So have you talked to him about that idea... [LB342]

SENATOR ERDMAN: I have. [LB342]

SENATOR CRAWFORD: ...or had any conversations about... [LB342]

SENATOR ERDMAN: Yep. [LB342]

SENATOR CRAWFORD: ...the way these two bills fit together or would work together? [LB342]

SENATOR ERDMAN: He and I have discussed that and I think that would be appropriate for that we continue that discussion because, if it works that we could put these two together, it would make sense. [LB342]

SENATOR CRAWFORD: All right. [LB342]

SENATOR RIEPE: Okay. Additional questions, concerns? Okay, thank you, Senator. We appreciate it. And you'll be staying around, we know, because you're a member of the committee. [LB342]

SENATOR ERDMAN: I live here. [LB342]

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

Health and Human Services Committee
February 15, 2017

SENATOR RIEPE: You live here, that's right. Thank you. Okay. Proponents, please. [LB342]

DAN DONOVAN: (Exhibit 2) Good afternoon, Senator Riepe and members of the committee. My name is Dan Donovan, D-a-n D-o-n-o-v-a-n. I'm a retired Air Force colonel and currently president of the Heartland of America Chapter of the Military Officers Association of America; MOAA is abbreviation. Our mission is to support a strong national defense and to advocate for the earned entitlements of military members of all types--veterans, active, retired, guard, reserve--their survivors, and their families. And it's under the purview of the families that I am testifying today. I have been a Papillion resident for almost 35 years. The Air Force brought me to Nebraska in 1982. I retired from the Air Force in 1988 then worked for two great Omaha companies, First Data and TD Ameritrade for 12. Since 2008 I've been a volunteer counselor at SCORE, formerly known as the Service Corps of Retired Executives, and it's a resource partner of the Small Business Administration. SCORE does the counseling for the SBA. The SBA guarantees loans. I became chairman of SCORE in 2009 for two years and in 2011 I became president of our MOAA chapter. We have more than 2,400 members in Nebraska and approximately 270 of them from across the state are also chapter members. I am here as a proponent of both LB88, introduced by Senator Blood--or will be, to be introduced--and LB342, introduced by Senator Erdman. Both bills will have a major impact on many spouses of military members in that they will have a streamlined process to obtain employment in certain vocations upon coming to Nebraska as soon as possible by which they are in a profession in which they have had experience at a previous duty station. We applaud both bills' intent and urge their approval. They will make Nebraska more accessible and friendly to military spouses and, therefore, the military member. It will further enhance our position as a good place to bring missions and people to our state. It could also help reduce the brain drain from Nebraska as a military spouse well established in her chosen vocation could be a prime factor in determining whether or not this military family would move away from Nebraska upon retirement or separation from the military. Senator, that concludes my testimony. Do you have any questions? [LB342]

SENATOR RIEPE: Thank you, sir. Thanks for your community involvement. Are there questions from the committee? Seeing none, again, thank you. [LB342]

DAN DONOVAN: You're welcome. [LB342]

SENATOR RIEPE: More proponents? [LB342]

JENIFER ROBERTS-JOHNSON: (Exhibit 3) Hello. Hello, Senator Riepe and members of the Health and Human Services Committee. My name is Jenifer Roberts-Johnson, J-e-n-i-f-e-r R-o-b-e-r-t-s, hyphen, J-o-h-n-s-o-n, and I am a deputy director with the Division of Public Health in

the Department of Health and Human Services. I'm here to testify in support of LB342. Thank you, Senator Erdman, for introducing this bill and for working with the department to adopt the Enhanced Nurse Licensure Compact and to streamline the licensure process for military spouses. LB342 will allow Nebraska to join the new Enhanced Nurse Licensure Compact, or e-compact. The goal of the Nurse Licensure Compact has always been to improve patient care by allowing nurses to practice freely across state lines with one license. Nebraska has been a member of the original Nurse Licensure Compact since its inception in 2000 and would like to continue to afford RNs and LPNs the ability to practice with one multistate license by adopting the Enhanced Nurse Licensure Compact. The Enhanced Nurse Licensure Compact will go into effect on December 31, 2018, or when 26 states have joined this compact. If Nebraska does not enact...does not act on this legislation, the state will remain in the current or old compact restricting compact licensure and its terms to only those states that remain under the original Nurse Licensure Compact. The Nurse Licensure Compact has many benefits to our state. During times of disaster, the Nurse Licensure Compact allows nurses to easily cross state lines to help patients in need. The Nurse Licensure Compact also helps military families. Military spouses are burdened with applying for a new nursing license each time the family must relocate. Under the Nurse Licensure Compact the spouse's employment can continue seamlessly. An added benefit of the Enhanced Nurse Licensure Compact is a higher level of interstate communication regarding disciplinary cases. Adoption of the Enhanced Nurse Licensure Compact by Nebraska will ensure that Nebraska licensed nurses continue to have mobility to practice in all participating states. The Division of Public Health licensure unit and the Nebraska Board of Nursing hosted a stakeholder meeting in October 2016 to hear the current administrator of the Nurse Licensure Compact speak about the current compact and outline the proposed changes with the Enhanced Nurse Licensure Compact. Stakeholders from nursing, medicine, hospitals, long-term care, and dialysis attended that. Thank you for the opportunity to testify before you today and for considering this very important issue for nurses and patients in Nebraska. We believe LB342 will help DHHS continue in our mission of helping people live better lives. I ask the committee to advance LB342 and I'm happy to answer any questions that you may have. [LB342]

SENATOR RIEPE: Senator Crawford. [LB342]

SENATOR CRAWFORD: Thank you, Chairman Riepe. And thank you for being here to testify on the bill. So in terms of moving from state to state, I wondered if we could look at some of that language in the bill. I don't know if you have the bill in front of you. Looks like some of that language is on page 10 to 11. So I guess a prior question for our conversation and thinking about language in the bill, is this a compact that requires that a state adopt language that's in the bill exactly in a particular form, or do states have an ability to adopt language similar or consistent with some kind of compact language? [LB342]

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

JENIFER ROBERTS-JOHNSON: And that I will need to check on for you. [LB342]

SENATOR CRAWFORD: Okay. [LB342]

JENIFER ROBERTS-JOHNSON: I know that some provide some leniency that way. I'm not sure as to this one. [LB342]

SENATOR CRAWFORD: Okay. All right. [LB342]

JENIFER ROBERTS-JOHNSON: I will get back with you. [LB342]

SENATOR CRAWFORD: Okay. So it looks like at the bottom of page 10 and top of page 11 talks about when a nurse...so you have your multistate license tied though to your host state. And it says that when you move between two party states you still do apply for that new license in the new state. [LB342]

JENIFER ROBERTS-JOHNSON: Correct. [LB342]

SENATOR CRAWFORD: Right. And your license by the prior state will be deactivated according to these rules. So what I guess is important for us to understand, if this is really going to make that seamless, then those rules must have to allow a window of time for that movement and...or it's not seamless. [LB342]

JENIFER ROBERTS-JOHNSON: Right, right. [LB342]

SENATOR CRAWFORD: I mean the language in the statute doesn't sound very seamless. [LB342]

JENIFER ROBERTS-JOHNSON: Right, so... [LB342]

SENATOR CRAWFORD: It sounds like it gets deactivated and, boom, you have to apply again. [LB342]

JENIFER ROBERTS-JOHNSON: Um-hum, so... [LB342]

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

SENATOR CRAWFORD: So I'm worried about that ability to make it seamless unless there is language behind the statute that really makes that happen. [LB342]

JENIFER ROBERTS-JOHNSON: Okay, so I think I can address that and I think maybe the representative from the Board of Nursing who is here to testify may be able to address it in even more detail. But essentially what that allows you to do is apply for a Nebraska license and come in under a temporary license. So you are coming in already licensed while your, what I'll say, your nontemporary license is being processed. So you can move from where you are here under that temporary license and continue to practice. [LB342]

SENATOR CRAWFORD: Which I think we have some provisions, similar provisions, already... [LB342]

JENIFER ROBERTS-JOHNSON: Yes. [LB342]

SENATOR CRAWFORD: ...in terms of what the compact does. [LB342]

JENIFER ROBERTS-JOHNSON: Yes. [LB342]

SENATOR CRAWFORD: Right. And that provision would be true for military members as well... [LB342]

JENIFER ROBERTS-JOHNSON: Correct. [LB342]

SENATOR CRAWFORD: ...moving from state to state. [LB342]

JENIFER ROBERTS-JOHNSON: Yes. [LB342]

SENATOR CRAWFORD: So the...there's some provision for trying to improve that for everybody moving across state lines. [LB342]

JENIFER ROBERTS-JOHNSON: Yes, that's correct. [LB342]

SENATOR CRAWFORD: But I guess...and I may be interested in finding out that process because, again, the statute language I think is disappointing on that front in terms of trying to make sure that's seamless and that people continue to practice through that process. But I'd be happy to learn more about what that looks like... [LB342]

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

JENIFER ROBERTS-JOHNSON: Okay. [LB342]

SENATOR CRAWFORD: ...and if there's other rules in place to make sure that that does, is seamless for people from state to state. [LB342]

SENATOR RIEPE: Are there other questions? Senator Linehan. [LB342]

SENATOR CRAWFORD: I have one. [LB342]

SENATOR LINEHAN: No, go ahead. Go ahead. [LB342]

SENATOR RIEPE: Oh. No, Senator Crawford, why don't you go ahead. [LB342]

SENATOR CRAWFORD: Okay. So the other question is, and I apologize if you indicated this before, in terms of the nurses that are covered, the different RN, LPN,... [LB342]

JENIFER ROBERTS-JOHNSON: Correct. [LB342]

SENATOR CRAWFORD: ...what is the scope of the nursing professions in our state that would be covered, this compact? [LB342]

JENIFER ROBERTS-JOHNSON: So it would be the RNs and the LPNs. [LB342]

SENATOR CRAWFORD: The RNs? [LB342]

JENIFER ROBERTS-JOHNSON: Correct. [LB342]

SENATOR CRAWFORD: Okay, the RNs and LPNs. Thank you. [LB342]

SENATOR RIEPE: Now, Senator Linehan. [LB342]

SENATOR LINEHAN: So not physician's assistants? That's a different... [LB342]

JENIFER ROBERTS-JOHNSON: Physician's assistants are actually covered under the...what would be the Board of Medicine or the...that board, so they would not fall under the nursing area, correct. [LB342]

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

SENATOR LINEHAN: So this is the same compact we're already in, just updating it. [LB342]

JENIFER ROBERTS-JOHNSON: Yes, it is. [LB342]

SENATOR LINEHAN: So it's 26 states. What happens if you're from one of the non-26 states? [LB342]

JENIFER ROBERTS-JOHNSON: Then you would have to go through a more tenuous process. [LB342]

SENATOR LINEHAN: And is there a compact? Are there like two compacts? There's just the 26 states in a compact and nobody else has a compact? [LB342]

JENIFER ROBERTS-JOHNSON: I'm not familiar as to whether there are other compact options out there. I do know that this is...we have been a member of this compact and right now there are ten states that are a member of this Enhanced Compact. There are 14 states, including Nebraska, with pending legislation. I think to answer Senator Howard's question from earlier, part of the reason that language remains in here is because this compact has not yet become active until there are those number of states or that date is why the old...the Nurse Licensure Compact language is still there. [LB342]

SENATOR LINEHAN: Um-hum. Okay. [LB342]

SENATOR RIEPE: Other questions? [LB342]

SENATOR LINEHAN: Thank you. [LB342]

SENATOR RIEPE: I have a question. In a compact, all of those have this set training hours required so that there would...or would a situation someone is coming into the state but then have to go back and get more training hours? [LB342]

JENIFER ROBERTS-JOHNSON: Yes. So if they are licensed in a state already coming to Nebraska that's a compact state, they would be able to come in under that temporary license in Nebraska. I think that the wording is something to the effect of it has to be equivalent to or similar to the training that is required in the state. [LB342]

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

Health and Human Services Committee
February 15, 2017

SENATOR RIEPE: Okay. Are there other questions? Hearing none, thank you very much. [LB342]

JENIFER ROBERTS-JOHNSON: Thank you. [LB342]

SENATOR RIEPE: We will take additional proponents. [LB342]

KARI WADE: (Exhibit 4) Good afternoon, Senator Riepe and members of the Health and Human Services Committee. My name is Kari Wade, K-a-r-i W-a-d-e, and I am a registered nurse here in Nebraska and I'm speaking today on behalf of the Nebraska Nurses Association. The Nebraska Nurses Association is the voice of registered nurses in Nebraska and we come to you today in support of LB342 to adopt the Nurse Licensure Compact and provide for temporary nursing license for military spouses. This bill is important to nurses of Nebraska. I'm not going to be repetitive telling you exactly what it does, because that's been covered. But as the previous testifier indicated, Nebraska has been a party state to the current Nurse Licensure Compact since its inception. The original compact has served Nebraska nurses well, as well as those nurses who are coming in from other compact states. However, it is also recognized that changes needed to be made in order for that licensure compact to continue to grow and serve both nurses and patients. The Enhanced Nurse Licensure Compact was developed by the National Council of State Boards of Nursing in 2015 and it states that it creates a model that allows nurses to practice freely among member states while still allowing states to retain their autonomy and authority to enforce their own nurse state practice acts. The NLC reduces barriers to cross-border nursing practice by eliminating the need for nurses to meet the licensing requirements and pay the additional fees for licensing across multiple states. The Enhanced Compact supports mobility in the nursing work force by reducing barriers to licensure for military spouses and for authorization of practice in times of disaster or increased need. The Enhanced Nurse Licensure Compact is an update of the current Nurse Licensure Compact to make the regulatory control tighter and the multistate privilege safer. One important addition to the Enhanced Nurse Licensure Compact was the additional requirement of a federal criminal background check to determine eligibility for multistate licensure. An additional provision is the creation of an interstate commission to oversee the Enhanced Licensure Compact. The commission will be responsible for future rule making regarding the Enhanced Licensure Compact. The current Nurse Licensure Compact will be dissolved in 2018. This makes passage of LB342 especially important as our nurses cannot lose their current ability to hold a multistate license. With the changes in the healthcare system and the advances in telehealth and mobility of the healthcare work force, it is important to enact the Enhanced Nurse Licensure Compact, LB342. The Nebraska Nurses Association respectfully asks for your support of LB342 Thank you. [LB342]

SENATOR RIEPE: Thank you. Are there questions? [LB342]

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

KARI WADE: Yes. Sorry. [LB342]

SENATOR RIEPE: Senator Crawford. [LB342]

SENATOR CRAWFORD: (Laugh) Thank you. That's fine. [LB342]

SENATOR RIEPE: It's okay. [LB342]

SENATOR CRAWFORD: For our transcribers (inaudible). I appreciate your enthusiasm. [LB342]

KARI WADE: I'm an educator. I'm used to calling on people. [LB342]

SENATOR CRAWFORD: Absolutely. So when we're talking about the fact the commission will have rule-making authority, the rule-making authority of the interstate commission, is that rule-making authority for the multistate license that you have only and each state would still have its home state license and we'll have our own rules and regs on our home state license so that a nurse would have a home state license and a multistate license? Is that correct? [LB342]

KARI WADE: Correct. That is the understanding, correct. [LB342]

SENATOR CRAWFORD: So the interstate commission licensure, interstate commission rule-making authority that we're allowing them to have does not impede on the state of Nebraska's ability to create its own regulations on licensure in our own home state. [LB342]

KARI WADE: Correct. Correct. If nurses from outside of Nebraska come in to practice in Nebraska and under the compact and they're from a compact state, they will have to abide to our Nebraska State (Nurse) Practice Act even if their regulatory or home state has a different, you know, they may be able to do something different in their state. But while they're in Nebraska, they cannot do that here if our Nurse Practice Act is...says something differently regarding that particular skill. [LB342]

SENATOR CRAWFORD: Okay, so just to clarify then, the authority we'd be giving them for rule making, it would not really be authority in terms of practice because wherever they're practicing they're supposed to follow that state's regulations. [LB342]

KARI WADE: Correct. [LB342]

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

SENATOR CRAWFORD: So the rule making we're giving them authority to do has more to do...must have to do with... [LB342]

KARI WADE: It's the umbrella over it. [LB342]

SENATOR CRAWFORD: ...the umbrella but not the actual nursing practice... [LB342]

KARI WADE: Correct. [LB342]

SENATOR CRAWFORD: ...because you have to follow the regulations in the state where you're practicing. [LB342]

KARI WADE: That is correct. [LB342]

SENATOR CRAWFORD: Okay. Thank you. I appreciate that clarification. [LB342]

KARI WADE: Sure. [LB342]

SENATOR RIEPE: Okay. Thank you very much. Senator Linehan. [LB342]

SENATOR LINEHAN: Thank you, Mr. Chairman. I don't have a question about the specifics but more general. Why do you suppose the nurses have a compact like this when so many other professions we don't seem to make it this easy? [LB342]

KARI WADE: There are other professions that do have some sort of compact amongst states. That's an excellent question. You know, I think of the example of, you know, if you live in Omaha and you work in Council Bluffs as a nurse and you may even work for the same particular health industry, for example, like CHI. [LB342]

SENATOR LINEHAN: Right. [LB342]

KARI WADE: So, you know, I realize there are physicians that do that as well, but the nurses have always agreed upon...I'm thinking education in my head. We have pretty much the same standardized education across curriculum, across, you know,... [LB342]

SENATOR LINEHAN: The country. [LB342]

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

KARI WADE: ...the country. And so this is, you know, the state practice might be slightly different. There really is not that much different unless you get into the more advanced practice nursing regulations. But this nursing... [LB342]

SENATOR LINEHAN: So you think it's more about the education being uniform across the country,... [LB342]

KARI WADE: Correct. [LB342]

SENATOR LINEHAN: ...therefore, there's...okay, that's very helpful. Thank you very much. [LB342]

SENATOR RIEPE: Okay. Any questions? Seeing none, thank you very much for being here. [LB342]

KARI WADE: Thank you. [LB342]

SENATOR RIEPE: We'll take additional proponents. [LB342]

DAWN STRAUB: (Exhibit 5) Hello. Senator Riepe and members of the committee, I am Dawn Straub, D-a-w-n S-t-r-a-u-b. I am president of the State Board of Nursing and I'm also currently employed at Nebraska Medicine as an executive director for nursing professional practice and informatics. I'm speaking to you today on behalf of the Board of Nursing and Nebraska Medicine in support of this bill which, as we've talked about, revises and will eventually replace the current Nurse Licensure Compact with the Enhanced. The Nurse Licensure Compact, both of them, just to add some clarity, allows nurses who are members, who have a license, in a compact state to have one multistate license. That allows that nurse to practice in any of the compact states temporarily. So if on an assignment I go to practice in a compact state, I can practice on that license. I don't have to get another one. I think your question, Senator Crawford, about movement is that if I change my primary state of residence that's when I need to apply for a new license to be in that state, may or may not be a compact state, but that currently in a compact state I can go to practice temporarily in any of those other states or across a border, which we have miles and miles of borders in Nebraska, on my multistate license. As we know, advances in technology are really breaking down a lot of borders and we need to have nurses to have that mobility and that licensure to practice in those other states. Lawful practice does require that the nurse have a license in the state where the patient resides at the time the services are rendered, so that's why this is important as well for that very reason. Interstate practice is becoming the new normal, as we've heard, with the development of technologies. Nurses accompany patients to

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

Health and Human Services Committee
February 15, 2017

other states, oftentimes, for transportation, emergency transport, for higher levels of care. Nurses are employed by agencies in other states. Compact multistate licensing privileges improve that access to nurses during disaster and other times when that kind of mobility is really required. Multistate licensing also eliminates redundancy, duplicative processes, and unnecessary fees for nurses who practice in multiple states. All participating members...member states of the current NLC, which includes Nebraska, participate in a national licensure database, Nursys, as we call it, which shares this licensure information and disciplinary information between compact states. So LB342 would enable an upgrade to this database and access to it from people who belong to the Enhanced Licensure Compact to have that information. The ultimate goal, obviously, is for nursing licensure, is to protect the consumer from placement of unqualified healthcare practitioners in the work force. LB342 also proposes that extension of the same waiver for continuing competency for the requirements to military spouses and we think we've heard a lot of conversation about that, but that's an important aspect, too, to expedite that process for people who are relocating often. The Enhanced Nurse Licensure Compact will become effective when 26 states have passed that legislation or by December 31, 2018, whichever occurs first. So the Enhanced Nurse Licensure Compact is not effective yet. But if we do not enact legislation to join that we will remain a member of the old NLC, the old compact which the membership is already, with the legislation that's out there from other states to join the enhanced, is decreasing, which then basically makes interstate mobility for nurses in Nebraska to other states negligible. So on behalf of the Board of Nursing I'd like to thank you for your interest and respectfully request your support. This position, I am speaking to you as a member...or the president of the Board of Nursing as well as a nurse at Nebraska Medicine. So thank you. I'm open to questions. [LB342]

SENATOR RIEPE: Thank you very much. Any questions? Seeing none, thank you very much. Are there additional proponents? [LB342]

TERRY DALTON: (Exhibit 6) Good afternoon, Chairman Riepe and committee members. Thank you for your time. My name is Terry Dalton, T-e-r-r-y D-a-l-t-o-n. I'm here on behalf of the Nebraska Kidney Coalition. Might have also a unique perspective as I'm also a registered nurse practicing in Omaha, living in Iowa. There are over 1,600 people with end-stage renal disease that receive life-sustaining dialysis treatments in Nebraska. Individuals with end-stage renal disease are a chronic, complex patient group with multiple co-morbid conditions such as diabetes, hypertension, congestive heart failure, and cardiovascular disease. We support and we encourage you to adopt LB342, the Enhanced Nurse Licensure Compact, for Nebraska. Our interest in the adoption of the compact relates to three very important matters: (1) a seamless staffing of dialysis facilities during times of natural disasters. In the event of severe weather, power outages, or other disaster-related occurrences, our ability to provide dialysis staff even when an affected facility is...its function may be impaired. Since dialysis is a complicated procedure that requires specialized nurse training and with a small window of time in which to get the patients dialyzed, nursing...nurse staffing is critical. It is important that dialysis nurses

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

Health and Human Services Committee
February 15, 2017

from states that are a part of a compact are able to come quickly to the aid of patients who are in need of this lifesaving treatment. Two, is the ability for nurses to practice across state lines--and because Iowa is also a compact state, nurses who live in Iowa have been able to practice in Nebraska, and this has been especially helpful in fulfilling the nursing positions in our dialysis facilities in the Omaha area--and then (3) the use of specialized registered nurses to deliver supportive nursing services to patients telephonically. At least one of the dialysis providers in Nebraska provides specialized nursing care to patients remotely via telephone, and some of the supports for the patients include patient education, review of medication, and arrangements for transportation to prevent hospitalizations, emergency room visits, or missed dialysis treatments. Nebraska dialysis patients are able to access this service because of the Nurse Licensure Compact. It is for these reasons we ask for your support of the Enhanced Nurse Licensure Compact. Thank you. I'll take questions. [LB342]

SENATOR RIEPE: Are there questions? [LB342]

TERRY DALTON: Yep. [LB342]

SENATOR RIEPE: Senator Crawford. [LB342]

SENATOR CRAWFORD: Thank you, Chairman Riepe. So we're currently in a compact and has that practice been working to meet all of these needs that you currently have now? [LB342]

TERRY DALTON: Yes, that's true. [LB342]

SENATOR CRAWFORD: Yes? Thank you. [LB342]

SENATOR RIEPE: Other questions? I have a question. You said that you're in Nebraska and Iowa. Does Iowa have the...are they participants in the compact? [LB342]

TERRY DALTON: Iowa is participating in the compact and I just saw that they are introducing to get into the Enhanced Compact, so. [LB342]

SENATOR RIEPE: They're...they're...I'm sorry, what was the last one? [LB342]

TERRY DALTON: They are...they're working on getting into the Enhanced Compact, so. [LB342]

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

SENATOR RIEPE: Oh, okay. Very good. Okay, thank you. [LB342]

TERRY DALTON: Thank you. [LB342]

SENATOR RIEPE: Are there other proponents? Senator Fox, welcome home. [LB342]

NICOLE FOX: (Exhibit 7) Good afternoon. Chairman Riepe, members of the Health and Human Services Committee, my name is Nicole Fox, N-i-c-o-l-e F-o-x, and I'm director of government relations for the Platte Institute for Economic Research. Thank you, Senator Erdman, for introducing LB342. I'm here today to testify in support of this bill. Currently Nebraska is one of 25 member states of the Nurse Licensure Compact which was originally formed in 2000. The Nurse Licensure Compact allows nurses to have one multistate license allowing them to practice in their home state as well as other state...as another state belonging to the compact. Nurses moving across state lines from one compact state to another are spared having to fill out additional license applications and pay additional licensing fees. Since that time, the compact has undergone multiple revisions resulting in new model legislation known as the Enhanced Nurse Licensure Compact. The new compact updates Nursys, the only national database for verification of nurse licensure, by providing more rapid and efficient exchanges of information to aid in faster verifications for a more efficient licensure process. Nebraska faces a work force shortage, and occupational licensing creates a significant labor force issue. Like the entire United States, Nebraska faces a critical shortage of nurses. The aging baby-boomer population is dramatically increasing the demand for nurses. According to the Nebraska Center for Nursing, it is anticipated that about half of all Nebraska nurses will retire in the next ten years. The state's current shortfall is projected to be nearly 4,000 nurses by 2020. Reform of occupational licensing laws to lessen burdensome regulation is a critical work-force issue that needs to be addressed. LB342 will amend sections of the Nurse Practice Act to streamline nurse licensure for military spouses moving to Nebraska and provide updated language for adoption of the Enhanced Nurse Licensure Compact. This is a step in the right direction to both allow these nurses to be able to work and earn an income sooner, as well as help address the nursing shortage crisis facing our state. Colorado, South Dakota, Iowa, and Missouri are bordering states that belong to the original 25 states which make up the current NLC but to date only South Dakota stands as the only border state of the nine states that have adopted the Enhanced Nurse Licensure Compact. Advancing LB342 will make Nebraska competitive and raise the bar for the rest of the original compact states to adopt the enhancements to the compact. The Platte Institute strongly supports occupational licensing reform as a means of lessening burdens to those trying to enter the state's work force. I ask that you advance LB342 out of committee. And with that, I thank you for the opportunity to testify and be happy to answer any questions. [LB342]

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

SENATOR RIEPE: Thank you very much. Are there questions? Well, you must have done a good job. There don't seem to be questions. Thank you. More proponents? Welcome. [LB342]

ELISABETH HURST: Good afternoon, Chairman Riepe and members of the Health and Human Services Committee. My name is Elisabeth Hurst, E-l-i-s-a-b-e-t-h H-u-r-s-t, and I am director of advocacy for the Nebraska Hospital Association here supporting LB342. As Senator Fox mentioned, we are facing a national healthcare work force shortage. Over the last two years the healthcare industry has experienced the largest growth ever in employment; however, the pool of available professionals fails to meet the demand nationally and is particularly evident here in Nebraska. As she mentioned as well, we're looking at an estimation by the year 2020 of about 4,000 unfilled nursing positions which is a significant number when you look at the number of Nebraskans that there are requiring care. And so with such a high demand of qualified professionals, LB342 specifically has that pragmatic means of addressing the shortfall in work force development. And that goes to speak to both the credentialing of the military spouses, as well as implementation of the Enhanced Nurse Compact. You've already heard the technical aspects of the bill as well as many wonderful reasons that the bill should be advanced. I'll speak to what Senator Linehan had asked about in, are we doing this for other professions? And I would like to request the committee to look again to LB61 in considering advancement from the committee, perhaps look at what the administration is trying to accomplish in reducing regulation as well as increasing the work force pool and perhaps advancing those to the body as a package deal, so, and that's the Interstate Medical Licensure Compact. And with that, I am happy to answer any questions that you may have. [LB342]

SENATOR RIEPE: Okay, very good. Are there questions? Seeing none, thank you very much. [LB342]

ELISABETH HURST: Thank you. [LB342]

SENATOR RIEPE: Additional proponents? Seeing none, do we have any opponents, any opposition? Seeing none, Tyler, do we have any letters? [LB342]

TYLER MAHOOD: (Exhibits 8-10) Yes. I have three letters of support. One is from Americans for Prosperity of Nebraska, signed by Matt Litt; one letter is signed by the...or is from the Nebraska Chapter of Military Officers Association of America, signed by Paul Cohen; and the final letter is from the Nebraska Veterans Association, signed by Dean Kenkel. [LB342]

SENATOR RIEPE: Okay. I failed to ask if there are any testifying in a neutral position. Yes, please come forward. I apologize. Please state your name and spell it and then we'll go. [LB342]

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

NATHAN LEACH: Mr. Chairman, members of the committee, my name is Nathan Leach; that's N-a-t-h-a-n L-e-a-c-h. I reside in District 27 but I grew up in Kearney and graduated from Kearney High School in 2015. I'm here representing strictly myself and speaking in a neutral capacity. I went back and forth about whether I wanted to support or oppose the underlying bill but I did feel like there were some statements that ought to be read into the Legislative Journal relevant to the way that this committee deliberates on this bill and the behavior of the Legislature when the...if the bill is to advance from the committee and go on to the floor. And in 1937 the late U.S. Senator George Norris missed the opening day of the Senate to speak to the Unicameral at its first meeting. And he said, this is recorded in the Legislative Journal of 1937 and I quote, "You are members of the first legislature of Nebraska to hold your positions without any partisan obligation to any machine, to any boss, or to any alleged political leader. Your constituents do not expect perfection. They know that it is human to err but they do expect, and have the right to expect, absolute honesty, ultimate (sic: unlimited) courage, and a reasonable degree of efficiency and wisdom. The people of Nebraska will not condemn you even if they do not agree with (all of) your official actions. We realize that honest...disagreement on things which are not fundamental is an evidence of courage and independence. We expect an economical and efficient administration and, above all, an honest administration free from any partisan, bias, political prejudice, or improper motives." Thank you, again, Mr. Chairman, for your time. And members of the committee, I felt that these statements in light of the inability of the Legislature to adopt its rules and some behavior that, to me, seems as if the Legislature has departed from these words of Senator Norris, I felt that they ought to be read into the record. So thank you for your time. [LB342]

SENATOR RIEPE: Okay. Thank you for sharing your input. Other questions from the committee? Seeing none, again, thank you. We appreciate it. Are there any other neutral testifiers? Seeing none, Senator Erdman, would you like to close? [LB342]

SENATOR ERDMAN: Thank you, Senator Riepe. Senator Crawford, I noticed on page 6 at the bottom they talked about definitions on line 26. And it says, "Licensing board means a party state's regulatory board (sic: body) responsible for issuing nurse licenses," so I would assume that that's correct. We have two separate organizations or bodies looking at that. And, Senator Howard, I was amused. I have learned from Senator Chambers to listen and I heard the comment that you made that when this gets to the floor Senator Chambers is going to ask me a question. So I appreciate your enthusiasm for the bill. So I also appreciate those people who came and testified today. If you have any other questions that I may try to answer, I would. I have heard from some of these people about, for example, they can work in Iowa and Nebraska and work back and forth across state lines. That is an important thing for me in my district because we are close to Wyoming and we have a lot of people who live in Torrington, Wyoming, who work in Scottsbluff. And so if Wyoming becomes a part of that, that will be beneficial to us as well. So

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Transcriber's Office

Health and Human Services Committee
February 15, 2017

we have borders all around so it makes a difference there too. But thank you for your time and I hope you advance LB342. Thank you. [LB342]

SENATOR RIEPE: Thank you. Are there questions from the committee? Seeing none, thank you, Senator Erdman. [LB342]

SENATOR ERDMAN: Thank you. [LB342]

SENATOR RIEPE: This closes the hearing on LB342. We will now proceed on with LB88 and that is Senator Blood. Welcome, Senator Blood. [LB88]

SENATOR BLOOD: (Exhibit 1) Thank you, Senator Riepe. Good late afternoon, all, Senator Riepe and Health and Human Services Committee. My name is Senator Carol Blood, C-a-r-o-l B-l-o-o-d, and I represent District 3 in Sarpy County, Nebraska's fastest growing county. LB88 is the second of two bills pertaining to military spouses that I've brought forward this year. If passed, it would help to reduce the hurdles many military spouses experience upon transferring to our great state. Specifically, the bill deals with a large number of different professions, almost all based in the medical field, such as chiropractors, nurses, massage and physical therapy, drug and alcohol counselors, nutrition specialists, mental health specialists, veterinarians, and many more, where Nebraska is experiencing a concerning deficit when it comes to finding qualified candidates and not just from one medical profession. This bill would allow military spouses who are the spouse of an officer or enlisted person on active duty in the Armed Forces of the United States that practice in more than 30 areas covered in this legislation to receive a temporary license that would allow them to do the jobs they love while also working toward getting the proper certification to make these licenses permanent. Now I want to be really clear that LB88 does not lower the bar for getting licensed in any of these professions. I believe the medical field is one where we should have the expectation that the quality of care should never be compromised. Those who seek a temporary license will still need to have been licensed in the state where they previously resided and that state will need to have comparable education or certification requirements for a professional license in order to qualify for the temporary license in my bill. By passing LB88 we will be stimulating the state's economy in a very positive way. Fifty-five percent of service members are married and there tends to be a current shift in expectations, especially among the millennials. This expectation is that marriage is really an egalitarian enterprise. Both spouses want and expect to have meaningful careers. This is borne in recent studies which show 68 percent of married service members have said their spouse's ability to maintain a career greatly impacts their decision to reenlist and remain in the military long term. Another study shows that 77 percent of military spouses report that they want to find work or feel they need to find work, but the inability of military spouses to work because they have to wait for their license affects more than just the family they are a part of. A May 2016 report

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

Health and Human Services Committee
February 15, 2017

published by the Military Times showed that unemployment and underemployment of military spouses costs the U.S. economy anywhere from \$710 million to \$1 billion a year. While some places may view these numbers as something they can't understand because they're far removed from a military base or installation, it's not the case here in Nebraska or in the Bellevue/Papillion area that I represent. Offutt carries an economic impact of more than \$1.6 billion. It's important that the people who live and work in and around the base have the best opportunities possible to both live and work in and around the area and that they are able to hit the ground running in their chosen careers. Finally, with such a large population of military service members and their families, thanks to Offutt, I believe it is incredibly important that Nebraska be known as one that is a military-friendly state. I believe LB88 is a big step forward in that designation, a designation that military families look for as one of the many amenities a state may or may not offer that encourages them to transfer, stay, or retire here in Nebraska. So having said all of that, I also want to point out that I have brought an amendment to this bill. This amendment does a couple different things. First, it fixes a typo that affected the grammar in one section. Secondly, I've had a bit of a push back from some dentist groups and, because of their valid licensing concerns, I've removed dentists from the list of more than the 30 professions covered here. I do hope to revisit it, however, next year to ensure that they are included. Thirdly, we added a clear definition of military spouses. And finally, and most importantly, I've changed the way the temporary licenses work just a little bit. My original draft allowed for a six-month temporary license and, to be frank, that was based on the research that I had done in Florida, New Jersey, New York State. And their guidelines have been working well for them in their states. But Nebraska, the Department of Health and Human Services correctly pointed out that if for some reason a person could not secure their permanent license in that period of time, there was no mechanism to renew and they might be stuck in limbo, which of course is what I'm trying to avoid here with the bill. So this amendment changes the focus so that temporary license holders should be able to be covered until they receive their permanent license; however, I have added that it should not exceed more than 12 months, as that should be plenty of time to go through the process. And so in closing, I urge the committee to advance LB88, along with the proposed amendment, to the floor for debate in front of the full Legislature. If truly Offutt Air Force Base and our military families are the valued force that we continue to say we support here in Nebraska, then it's time to put our good intentions into action. This is why it is my hope that this important piece of legislation will also become my priority bill. And I have to apologize. We had quite a few people here to testify and it got late and many had families and kids they had to pick up from school, so I apologize that we are missing quite a few now. [LB88]

SENATOR RIEPE: Thank you. They heard that we didn't serve dinner. [LB88]

SENATOR BLOOD: Or...(laugh) or they had to go pick up their kids for soccer practice or whatever, yeah. [LB88]

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

Health and Human Services Committee
February 15, 2017

SENATOR RIEPE: Okay. Thank you very much. Are there questions from the committee? Let me start over here with Senator Howard. [LB88]

SENATOR HOWARD: Thank you, Senator Riepe. Thank you for bringing this bill to us. I'll ask you the same question, because you'll get it from Senator Chambers. Does this include homosexual spouses and gay marriage? [LB88]

SENATOR BLOOD: It includes all spouses, and so that would include homosexual. [LB88]

SENATOR HOWARD: Thank you. [LB88]

SENATOR BLOOD: Um-hum. [LB88]

SENATOR RIEPE: Okay. Senator Erdman. [LB88]

SENATOR ERDMAN: Thank you, Senator Riepe. Senator Blood, do you know, does this...will this include spouses of people who move to my area who are not in the military? [LB88]

SENATOR BLOOD: Spouses of military who moved here that aren't military? [LB88]

SENATOR ERDMAN: People that move to my area... [LB88]

SENATOR BLOOD: Okay. [LB88]

SENATOR ERDMAN: ...who would like to apply for these same licenses but their husband or wife is not in the military, would this apply to them? [LB88]

SENATOR BLOOD: That would not apply to them because the people that are moving to this area that are not military spouses don't have the same issues that military spouses do. Military spouses, and we'll have hopefully at least one or two people still left that can tell you about this, but military spouses face different problems than the normal people that somebody like you and I would. So for instance, they're going to have multiple homes in multiple years. Were you military? I can't remember. Okay. So it's not unusual to move every two to three years depending on what type of service entity that you're participating in within the military. And because of that, what they're finding is that these people are not able to find employment because by the time they get certified it's time for them to move on again. Unlike somebody like you and I where we're going to be staying in the state, we have the ability to pursue and push forward. So

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

Health and Human Services Committee
February 15, 2017

do I think that we could expedite other types of certification? Absolutely. But in my case, when I went door to door knocking in my district and when I meet people in Senator Crawford's district, I would say consistently one out of three homes complained about this issue with the military. And what I'm trying to do is bring forward legislation that designates us as a state that is military friendly and if we don't offer bills like this we can't get that designation. And so I don't disagree that there may, indeed, be other issues but that's not what I'm trying to do with my bill. [LB88]

SENATOR ERDMAN: And I'm not insinuating you shouldn't do this. I understand and I appreciate it. What I'm asking is one time in years back we hired a hospital administrator on a contract for a year and he moved there and his spouse was a teacher,... [LB88]

SENATOR BLOOD: Um-hum. [LB88]

SENATOR ERDMAN: ...and so it would be applicable to him, it would be good to him if his wife could have had that temporary permit as well. So I would say that maybe this ought to be available to everybody that moves here if they apply...if their situation is applicable, they ought to be able to do this. [LB88]

SENATOR BLOOD: Well, again, sir, my bill's intent is to address only the military and so I'd certainly encourage you to bring forward a bill of your own to do something like that. But for me, I'm representing District 3... [LB88]

SENATOR ERDMAN: Yeah. [LB88]

SENATOR BLOOD: ...and this is a huge need in District 3. [LB88]

SENATOR ERDMAN: What I find is peculiar being here is, from where I'm from, my issues aren't like your issues... [LB88]

SENATOR BLOOD: Right. [LB88]

SENATOR ERDMAN: ...and yours aren't like mine. I understand that. And it's like when I have a blizzard at my house, I assume every in the state is having a blizzard. And so the issues in my location seem to be everybody's issues but they're not, and the same with you. So that's why we need to try to bring each other up to speed as to what affects us differently. So that's... [LB88]

SENATOR BLOOD: Well, and I can say, sir, too, is... [LB88]

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

Health and Human Services Committee
February 15, 2017

SENATOR ERDMAN: That's why I brought it up. [LB88]

SENATOR BLOOD: I'm sorry. I didn't mean to speak over you. [LB88]

SENATOR ERDMAN: That's okay. [LB88]

SENATOR BLOOD: I can also say, sir, that, you know, you're going to have people in the National Guard that this would apply to. [LB88]

SENATOR ERDMAN: Yeah. [LB88]

SENATOR BLOOD: So it actually will apply to your area when...in reference to people like that. And you'll see a lot of our retired military or people that want to retire moving in your direction. So I think you'd be surprised you've got quite a few people in that part of the state that are actually active military, different weather installations and other areas in Nebraska. [LB88]

SENATOR RIEPE: We just heard the compact bill that supposedly expedites the process. Does this still apply then or is this a shorter bridge? [LB88]

SENATOR BLOOD: You know, this doesn't pertain to the compact issue. What you're talking really is a multistate certification which is a wonderful thing. And actually, if you were to compare the two bills, I would almost think that you could take the word "military spouses" out of that bill because it's going to...it's going to apply to them regardless because they're a nurse. In my bill, if you look at I think it's page 4 and 5, it goes through the process. Mine is really talking about process and expediting it not just for nurses, but for well over 30. I know last year they had I think it was like braiding hair bill for military spouses maybe. That's great, but I think there's probably a pretty small percentage of people braiding hair that are military spouses. This is going to take a big chunk out of the areas of...and that's what I looked for. I looked for what careers was I hearing about when I went door to door, and you'll see it's nurses, nurse practitioners, and physical therapists, massage therapists, beauticians, people who--I can't think of the word right now--people who transfer fluid through your circulatory system into your organs--perfusion, that's what it's called--podiatry, psychology, respiratory care, surgical first assistant, water well standards and contractors. You know, we're...I am purposely including all of these because I didn't want a one-stop bill. I didn't want us to keep having to come back year after year after year because having one or two careers designated as military friendly or military spouses friendly does not make our state designated as military friendly. We have to have a comprehensive bill that addresses many fields and this is, I feel, this is one of those. [LB88]

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

Health and Human Services Committee
February 15, 2017

SENATOR RIEPE: This is one that I will probably ask you on closing; if we don't have proponents and opponents, I'm going to ask you if you had contacts from a number of different professional disciplines that had a keen interest in this that may not have been able to stay, so. [LB88]

SENATOR BLOOD: So you want me to wait until closing? Okay. I hear what you're saying. [LB88]

SENATOR RIEPE: I'll wait until closing. That way, you can contemplate on that. [LB88]

SENATOR BLOOD: I know we have a few families left. [LB88]

SENATOR RIEPE: Okay. Are there other questions from the committee on the open? Okay. Yes, Senator Crawford. [LB88]

SENATOR CRAWFORD: Well, I don't want to take too much time. [LB88]

SENATOR BLOOD: I thought she was waving at me. I... [LB88]

SENATOR CRAWFORD: No, I'll ask it at closing so that people can go home. [LB88]

SENATOR BLOOD: Thank you, ma'am. [LB88]

SENATOR CRAWFORD: Yes. [LB88]

SENATOR RIEPE: Okay, thank you very much. Are there additional proponents? Are you Miss Nebraska? [LB88]

PHOENIX STANFORD: No, I'm Miss Sarpy County's Outstanding Teen. [LB88]

SENATOR RIEPE: Oh, okay, very good. Please state your name and spell it for us and then let go. [LB88]

PHOENIX STANFORD: My name is Phoenix Stanford, P-h-o-e-n-i-x; surname, Stanford, S-t-a-n-f-o-r-d. And I'm from Papillion, Nebraska. I am here to speak of LB88. As a daughter of a retired Air Force member, I am Miss Sarpy's Outstanding Teen. I am here to support military

Health and Human Services Committee
February 15, 2017

dependents of Nebraska. As a local title holder, my platform is "Beyond the Yellow Ribbon: Support for Military Children." My goal is to help boost the morale and welfare of the military family. The life of the military family can be difficult. When the military family comes to mind, most people think of the service member and the hardship they face to give us our freedom but the spouse is often forgotten. I would like to shed some light on how permanent change of station, or PCS, as they say in the military, affects families. Most families move every two to four years, saying goodbye to friends and family. Familiarizing themselves to a new place and having to make friends is stressful. Some children don't adjust well to these changes. These constant moves can lead to anxiety, depression, developmental regression, behavior disorders, and a decline in school grades. Now imagine you are a military spouse having to watch your children go through this while at the same time you yourself is having to deal with looking for a new place to live, researching for a good school to enroll your children in, and at the same time searching for a place of employment because you know that in order to stay financially afloat you will need that second income. When military families relocate to a new duty station, the spouse often has a difficult time trying to find a job dealing with their current profession. They often find themselves having to recertify in their new state because the current license that they hold does not meet the new state's requirements. These requirements may be extra training, more security background checks, and recommendations. These requirements can be lengthy process, thereby hurting the military spouse's ability to provide financially for their family. I believe that it's unfair and unnecessary to place more stress on them. Families incur moving expenses beyond that military compensates them for. They are often faced with unexpected expenses while having to continue making their regular bill payments. Families cannot financially afford to lose time waiting for certification to go through. As much as military families prep for relocation and save what money they have just for the moving purposes, they don't have the luxury to be without a job for such an extended amount of time. They need to provide straightaway with the bill and spouses will be able to start working more quickly. Passing LB88 would greatly benefit Nebraska. This state is already an amazing place for military families but by passing this bill it would make it even more military friendly. It would help spouses enter the work force more quickly by issuing temporary certification. This could also be a great incentive for military members who are close to retirement. Retiring here would be great for Nebraska's economy. By retaining workers and encouraging a bigger work force, it will draw more attention to this amazing area and the wonderful things there is to do here. My parents have often stated that of the 24 years in their service, no place compares to Nebraska when it comes to the community showing their pride to the men and women who served and continue to serve this area. The support for the military is very strong here. To this day, my dad is still being thanked for his service and during his active-duty days, while in uniform, people would personally seek him out to shake his hand. Offutt Air Force Base is considered by the military community one of the best stations to be stationed at. Former military members and their families who were once stationed in this base speak highly of the low unemployment rate, low crime rate, and the good school systems. They say it's a very family friendly place and perfect for raising children. Many of these

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

Health and Human Services Committee
February 15, 2017

former residents hope their last duty station will be here because they say it's a great place to retire. The United States is a superpower thanks to its armed forces. But if these service members don't feel that their families' needs aren't being addressed on the home front, they cannot function effectively, they may consider a decision to leave the armed forces. We cannot allow such brain drain to endanger our nation's formidable fighting force. This is dangerous to our national security. I will, and have, continue to spread the word to the public that it's not just the active-duty member who serves. We children and spouses serve too. Thank you for listening and thank you for your time. [LB88]

SENATOR RIEPE: Thank you. You did a marvelous job. You have a little bit of a British accent, is it? [LB88]

PHOENIX STANFORD: We...my family was stationed in England for seven years. [LB88]

SENATOR RIEPE: Okay, thank you. Are there other questions or even observations? [LB88]

SENATOR ERDMAN: Well done. [LB88]

SENATOR RIEPE: Well done. Thank you very much for being here. Additional proponents? [LB88]

ANDREW RAINBOLT: Good afternoon, Chairman Riepe, members of the Health and Human Services Committee. For the record, my name is Andrew Rainbolt, A-n-d-r-e-w R-a-i-n-b-o-l-t. I serve as the executive director for the Sarpy County Economic Development Corporation and I am appearing before you today on behalf of Sarpy EDC and the Greater Omaha Chamber. We are here in support of LB88 and we appreciate Senator Blood introducing the bill and her interest in helping military families. The chamber is also supporting LB109 this session, Senator Blood's similar bill that specifically addresses teaching certificates. Our efforts in Sarpy County and at the chamber are all aimed at making Nebraska the most military-friendly state in the nation. LB88 is another step in that direction. In addition to expanding our work force, a critical and ongoing need in this state, the bill carries the message that our state welcomes not only our servicemen and -women but their families as well. We do hear anecdotally that Nebraska could make some additional strides in the area of becoming more accommodating to military spouses and their professional needs. To that extent, we would encourage you to advance LB88 and continue this important conversation. Thank you for your time and I'd be happy to answer any questions. [LB88]

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

Health and Human Services Committee
February 15, 2017

SENATOR RIEPE: Very good, thank you. Any questions? Not seeing any, we appreciate your being here. [LB88]

ANDREW RAINBOLT: Thank you. [LB88]

SENATOR RIEPE: Additional proponents. Any proponents? Any opponents, any in opposition? Seeing none, are there any in a neutral capacity? Seeing none, Tyler, do we have any letters? [LB88]

TYLER MAHOOD: Yes. I have 20 letters altogether. First... [LB88]

SENATOR RIEPE: 20? [LB88]

TYLER MAHOOD: 20. [LB88]

SENATOR RIEPE: Okay. [LB88]

TYLER MAHOOD: (Exhibits 2-21) So the following are letters of support: Nebraska chapter of the Military Officers Association of America, signed by Paul Cohen; Nebraska Democratic Party Veterans and Military Families Caucus, signed by Bryon Line and Bud Clouse; Nebraska Pharmacists Association, signed by Joni Cover; Nebraska Veterinary Medical Association, signed by Bruce Brodersen; Nebraska Veterans Coalition, signed by Dean Kenkel; Nebraska Speech-Language-Hearing Association, signed by Marc Brennan; the Nebraska State Volunteer Firefighters Association and Nebraska Fire Chiefs Association, signed by Gerald Stilmock; Nebraska Chiropractic Physicians Association, signed by Louis Andersen; Nebraska Nurse Practitioners submitted a letter; the State of Nebraska Board of Dentistry, signed by Dennis Anderson; a letter representing themselves by "Mike" and Janice Smith; letter representing themselves, signed by Julie Copley; letter representing themselves, signed by Rusty Hike; letter signed by themselves...or signed by Suzanne Kaufman-McNamara; a letter of the record from the Department of Defense State Liaison Office, signed by Martin Dempsey; a letter from the Greater Bellevue Area Chamber of Commerce, signed by James Ristow; a letter from the UNMC, University of Nebraska Medical College (sic)...UNMC College of Nursing, signed by Juliann Sebastian; letter from Dan Donovan of the Nebraska chapter of the Military Officers Association of America; a letter from the Nebraska Hospital Association, signed by Andy Hale and Elisabeth Hurst; a letter from the Nebraska Medical Association, signed by Dr. Todd Pankratz. And I do have one letter of opposition from the...correction: The letter from the State Board of Dentistry, signed by Dennis Anderson, was in opposition. [LB88]

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

Health and Human Services Committee
February 15, 2017

SENATOR RIEPE: Okay. Thank you. With that, Senator Blood, would you like to close, please. [LB88]

SENATOR BLOOD: I would. [LB88]

SENATOR RIEPE: You may have answered my question already. [LB88]

SENATOR BLOOD: I...as you saw, we reached out to everybody that was involved in the bill, explained the bill, sent them copies, made sure they were all right with it. The dentist organization was not and after discussion we respect that. We are going to revisit it but really their process was more complicated than the others that are mentioned in the bill and we were happy to take it out. I can't stress enough how important it is for us to have a comprehensive bill that truly gets us on the path of being designated as a military-friendly state. You heard our lovely princess talk about how military friendly the eastern part of Nebraska is. And Bellevue, of which Senator Crawford and I are from, we pride ourselves in that. But Bellevue is not the state of Nebraska. And if you're military and you're transferring, the first thing you're going to do is get on the Internet. And if you go on the Internet you will see that there are many, many, many areas that we are not designated as being military friendly. We need that designation. We're going to need that when BRAC happens again too. You know, there...I know there's been predecessors that have instilled that fear in you that the base could go at any time. Well, one of the deciding factors is how military friendly this state happens to be, as Senator Linehan knows from working at the federal level. So again, I'm passionate about this bill. I would truly like to see it get out of committee because I would like to make this my priority bill. With that, I always write down what constituents say to me as I go door to door and we talk about issues like this. And somebody said something really touching to me once that has always stuck in my head and I wrote it down in case I get emotional. It's very short, though, so don't worry, I shouldn't cry: Where you go, we will go; where you stay, we will stay. That's all there is to it--pretty simple but powerful. [LB88]

SENATOR RIEPE: Yeah. [LB88]

SENATOR BLOOD: Let's make sure they stay in Nebraska. [LB88]

SENATOR RIEPE: Okay, thank you very much. Are there questions? Senator Crawford. [LB88]

SENATOR CRAWFORD: Thank you. And I appreciate your amendments and testimony answered several of my questions already. One is, I was concerned about the six months and I was interested that you were...went to 12 months. I guess I'm still just a little worried somebody

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

Health and Human Services Committee
February 15, 2017

might get caught and so I wondered if there was...it was a concern of the stakeholders that it have a key time line on it, as opposed to language that is more like until they are approved or denied. We could... [LB88]

SENATOR BLOOD: Well, there's...oh, I'm sorry, I didn't mean to speak over you. [LB88]

SENATOR CRAWFORD: ...which would allow them not to get stuck in that. [LB88]

SENATOR BLOOD: There's several purposes to creating that window. Creating that window also creates a greater window of urgency. The window was really created discussing it with Department of Health and Human Services and how much time they felt going through the specific certifications that we have within our bill, how much time it would logically take. Twelve months should and, with our research, is ample time. [LB88]

SENATOR CRAWFORD: Right. [LB88]

SENATOR BLOOD: And I don't, I really don't feel there's going to be anybody that gets stuck in any kind of loop beyond that. And truly, are we expediting it if it takes longer than 12 months? So... [LB88]

SENATOR CRAWFORD: Well, you're making sure they can practice. [LB88]

SENATOR BLOOD: Right. [LB88]

SENATOR CRAWFORD: But I really do appreciate your thorough research in terms of checking those licenses with the department to ensure they get done in 12 months. And that makes me feel good about putting that in the bill, so I appreciate that research to do that. [LB88]

SENATOR BLOOD: Thank you. I have to say, as you know, I love to do research. [LB88]

SENATOR CRAWFORD: Right, right. [LB88]

SENATOR BLOOD: And I like to know what I'm talking about, so. [LB88]

SENATOR CRAWFORD: Right, right, absolutely. So I do have one other question on that front... [LB88]

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

Health and Human Services Committee
February 15, 2017

SENATOR BLOOD: Yes, ma'am. [LB88]

SENATOR CRAWFORD: ...in terms of...which I'm sure is a well-researched choice, but I want to understand it. And that is the language says "similar standards" and some bills like this say "meet or exceed," and I just was curious if you would tell us why you chose the language "similar standards" and so that we can understand that choice. [LB88]

SENATOR BLOOD: And I believe I used "meet or exceed" in my teachers bill. It was really based on a conversation that I had with the Drafting, the people who drafted the bill. [LB88]

SENATOR CRAWFORD: Okay. [LB88]

SENATOR BLOOD: I brought in comparable bills from other states and shared what the language was in there and they felt that "similar" made it less of an expectation that it had to be above and beyond. But I had/have absolutely no problem with changing the language to "meet and/or exceed" if, indeed, that's what it would take to get my bill to go through. [LB88]

SENATOR CRAWFORD: Okay. Well, I appreciate that. I... [LB88]

SENATOR RIEPE: Are there other questions? I think I'd like to say, too, that, you know, we're, as Nebraskans, we're really proud of the people that serve, have served our country... [LB88]

SENATOR BLOOD: Absolutely. [LB88]

SENATOR RIEPE: ...those that are currently. And we are very eager to be a friendly military place for those same people that serve, so. [LB88]

SENATOR BLOOD: So with all due respect, sir, it's time for us to put our money where our mouth is. [LB88]

SENATOR RIEPE: That is true. Thank you. Okay, this closes the hearing on LB88. Thank you all for coming, and thank you, Miss Sarpy County. [LB88]