

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

HOWARD: [RECORDER MALFUNCTION] Howard and I represent the 9th Legislative District in Omaha and I serve as Chair of this committee. I'll invite the members of the committee to introduce themselves starting on my left with Senator Cavanaugh.

CAVANAUGH: Senator Machaela Cavanaugh, District 6, west-central Omaha, Douglas County.

B. HANSEN: Senator Ben Hansen, District 16, Washington, Burt, and Cuming Counties.

HOWARD: Also assisting the committee is our legal counsel, Jennifer Carter and our committee clerk, Sherry Shaffer and our committee pages, Maddy and Erika. And Senator Murman has joined us. We will open our hearings today with our gubernatorial appointments and we'll start with Randy Boldt from the board-- for the Board of Emergency Medical Services.

RANDY BOLDT: Afternoon, Chairman [INAUDIBLE]

HOWARD: If you could state and spell your name for the record, that would be wonderful.

RANDY BOLDT: Yes. My name is Randy, R-a-n-d-y, Boldt, B as in "boy," o-l-d, like in "dog," "t," as in "Tom." And I am a-- I'm an EMT, a volunteer EMT from Omaha.

HOWARD: Do you want to tell us a little bit about yourself and your service on the EMS Board?

RANDY BOLDT: Yes, just-- sure. As I said, I'm retired from Blue Cross and Blue Shield, so I've spent a lot of time in this Chamber. But I-- I'm a nationally registered EMT and I've been on the board now, oh, gosh, I'm wanting-- thinking six or seven years. I have a-- I have an interest as a volunteer in taking care of the Special Olympic activities in eastern Nebraska. I-- I attend all of their-- their meets, their tournaments, and so forth. I'm their medic. I'm also a medic with the Lancaster County Red Cross, and so you'll see us at the football games and a number of other venues, about 300 of them in this county. I also take care of the Cub Scouts at Little Sioux, Iowa. Not much more than that. I'm an old man, still-- still cutting and pasting, so.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

HOWARD: Are there questions from the committee? Do you want to tell us a little bit about your international exchange to Kenya? I noticed that on-- on your resume.

RANDY BOLDT: Oh. I-- I'm a-- I am the out-of-hospital member of the International Medical Exchange. It's a group of physicians primarily, and nurses and advanced-practice providers, under the tutelage of Dr. Coleen Stice from Omaha, a plastic surgeon, and two of her colleagues. And they've been travelling the world for many years. Essentially, we'd go into a hospital and show them the new techniques, learn-- learn from them the things that they wanted to know, try and improve their practice, practice patterns. But they'd never had a-- an out-of-hospital person. So we-- we located in-- in Nakuru, Kenya, and I came very close to learn two things. One was wonderful: that Kenya Scouting Association is one of the largest in the world; there's a million and a half scouts in Kenya and they take their-- their oath and they're charged very seriously. So I'm an Eagle Scout and it was natural for me to come in and start teaching wilderness first aid to them so that we could improve the lot of the people that they were finding and transporting. Up to then, they were essentially putting them in the back of a thing you might call an ambulance-- I don't know I would-- put them in an ambulance and it was called, you know, shovel and go and get them to the hospital. And so now we have-- in Nakuru and the surrounding area we have something in the neighborhood of 450 Scouts that are-- that are well-trained in wilderness first aid. And we've provided backpacks full of first-aid gear now to augment the police department in-- in Nakuru, so when the police department opens their cell phone and calls for help, these kids come running on bikes and scooters and things like that. So it's probably-- I'm very proud of it. It's probably the first first-responder corps down there.

HOWARD: That's wonderful.

RANDY BOLDT: The-- the rest of them work in the hospital. They deliver children. Coleen as a reconstructive surgeon will probably do 60 major surgical procedures in the two weeks we're with them. It is just one of those things.

HOWARD: That's wonderful. Are there any other questions from the committee? Seeing none, thank you for your willingness to serve.

RANDY BOLDT: Oh, thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

HOWARD: Our next gubernatorial appointment is Dr. John Bonta. Dr. Bonta wasn't able to join us today. He had a family emergency, a death in the family. Is there anybody who would like to speak on his behalf?

_____ : One of us.

_____ : Yeah, I think-- I think all four of us would.

HOWARD: Would-- would one of you like to come up and tell us a little bit about Dr. Bonta?

_____ : [INAUDIBLE]

HOWARD: Come on, Mike.

_____ : Vice Chair.

_____ : Ladies and gentlemen, he has the biggest letters after his name.

HOWARD: Oh, he has the biggest-- [LAUGHTER] thank you for speaking on behalf of Dr. Bonta.

MIKE MILLER: Absolutely. Good afternoon, Senators. My name is Mike Miller; the last name is M-i-l-l-e-r. As far as Dr. Bonta goes, John has been a member of the Nebraska Board of EMS-- I think he and I both came on about the same time with Karen, about six years ago, so this is his reappointment about a year into his second term. He's an emergency physician, provides medical oversight to a number of EMS agencies throughout the state of Nebraska as well as works clinically as an emergency physician here in Lincoln. He is very involved with CAS accreditation for ambulance services nationally, a great guy, very engaged with EMS throughout the state.

HOWARD: Are there any questions from the committee on-- for Dr. Bonta? Seeing none, thank you for covering for him.

MIKE MILLER: My pleasure.

HOWARD: We appreciate it.

MIKE MILLER: You bet.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

HOWARD: This will close the gubernatorial appointment hearing for Dr. Bonta and open it for Karen Bowlin-- Bowlin?

KAREN BOWLIN: Bowlin.

HOWARD: Bowlin.

KAREN BOWLIN: Yeah--

HOWARD: Thank you, Karen.

KAREN BOWLIN: --like the bowling alley [INAUDIBLE] That's what I tell everybody. Good afternoon. It's Karen Bowlin, K-a-r-e-n B-o-w-l-i-n.

HOWARD: Do you just want to tell us a little bit about yourself and a little bit about that?

KAREN BOWLIN: Well, I've been an EMT since '86 and I've been teaching since '89. And that's kind of my-- the spot that I work with, with the board, is-- is training agencies, because I was a training coordinator for Mid-Plains Community College in North Platte for-- since 2004. So that's the component that I fulfill on the board. I've been very active all the way across the state for teaching. Nationally registered EMT. Most of my stuff goes to the teaching side. I am not on a squad, but I am actively involved in conferences and any kind of education across the state, so that's what I'm doing, still doing. I'm actively teaching two full EMT classes right now, so.

HOWARD: Oh, my gosh. Are there any issues coming up on the board that you're interested in or worried about?

KAREN BOWLIN: Yes, the education pieces. Every time-- you know, we were doing the town halls and every time we went to a town hall, it all comes back to national registry and are they being educated well enough to pass that exam. It's a major stumbling block for a lot of places and we're trying to get a grasp of that and figure out how to help everybody. And we have kind of come across the emphasis that we need to do better with our instructors across the state, that that's kind of where we need to fix some of the issues, so.

HOWARD: OK. Where are most of our instructors in the state?

KAREN BOWLIN: I'm going to guess most of them are in the Lincoln and Omaha, the central area of the state. I know for Mid-Plains Community College, it's an 18-county and I supervised 51 instructors, but part

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

of those were CPR and not EMS. So act-- there's a lot of people that have the license but not lot a lot of them that are fulfilling the instructor role. So that's kind of the other problem we have. There's not enough of us, and that's why we see a lot of instructors doing duplicate classes. And then when you get to the paramedic side of the classes, there's definitely not enough paramedic instructors around, especially once you hit like Grand Island, west. It's a-- it's an issue finding instructors.

HOWARD: Thank you.

KAREN BOWLIN: We're working on it.

HOWARD: Thank you for your work on that.

KAREN BOWLIN: Thank you.

HOWARD: Are there questions from the committee? Seeing none--

KAREN BOWLIN: Thank you.

HOWARD: --thank you for your willingness to serve.

KAREN BOWLIN: Thanks.

HOWARD: This will close the gubernatorial appointment hearing for Karen Bowling [SIC]-- Bowlin and open it for Ann Fiala.

ANN FIALA: Good afternoon.

HOWARD: Good afternoon.

ANN FIALA: I'm Ann Fiala; that's A-n-n F, as in "Frank," i-a-l-a, and I'm an EMT out of Ainsworth and have been serving on the board for about 11 years.

HOWARD: Do you want to tell us about your background and maybe how you became an EMT?

ANN FIALA: Yeah. I've been an EMT for about 21 years. My husband has been an EMT for 36 years, and so I just kind of grew into it by osmosis, I suppose. [LAUGH] I'm also a volunteer firefighter up in Ainsworth and we're both very involved with the volunteer services in that area. And I just was asked if I'd be interested in being on the

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

board 11 years ago and I thought I would be and it has been a very interesting and enlightening position to be a part of, so.

HOWARD: Is there anything that you've worked on, on the board, that-- that you'd like to share with us or that you're particularly proud of?

ANN FIALA: Well, I think we all should be very proud of the recent rewrite or proposed regulations and-- rules and regulations that we're putting forward this year. And we spent a couple years rewriting those, these last couple years; have spent a number of hours and miles meeting and meeting across the state with our people that we represent, the EMS community out there, and getting them to help us figure out what we need to help make EMS better in the state of Nebraska. And we really feel strongly that this set of regulations is doing just that; it's helping open the door to advances in medicine so that we aren't so constricted to the regulations and can only do these things, just opening it up and-- and helping us not have to rewrite the regs every four or five years just to keep up with medical science. And the education piece, as Karen talked about, is a huge component of it so that we can keep our volunteers in place, keep them trained, help them pass the test, and some of the components that we've put into the rules and regulations this time I feel really strengthen that area.

HOWARD: That's great. Thank you.

ANN FIALA: So we're pretty excited about it.

HOWARD: Are there any questions from the committee? Seeing none, thank you for your willingness to serve.

ANN FIALA: Thank you.

HOWARD: This will close the hearing for Ann Fiala and open the hearing for Michael Miller.

MIKE MILLER: Round two. Mike Miller, again, last name is M-i-l-l-e-r.

HOWARD: Just do you want to tell us a little bit about yourself and--

MIKE MILLER: Absolutely.

HOWARD: --your time on the board?

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

MIKE MILLER: You bet. So my full-time job, I am assistant professor and director of the EMS education program at Creighton University. I've been in the state of Nebraska for 16.5 years now, all of that time working at Creighton University in EMS education. By background, I am a paramedic and a registered nurse and have spent-- I'm working on year number 35 in emergency medicine in some capacity, either in the out-of-hospital or in-hospital environment, in emergency department, trauma, critical care, and-- and EMS.

HOWARD: So I was reading some of your background information and in September of 2017, you sent a letter talking about the work of the education committee--

MIKE MILLER: Yeah.

HOWARD: --the education subcommittee for the EMS. And you talked about the strategic planning initiative that you'd worked on for the EMS committee. Do you want to tell us a little bit about that?

MIKE MILLER: Sure. So the EMS Board is currently led by an emergency physician, Jim Smith. And he was instrumental in organizing the 17-member EMS Board if all are present and accounted for, as far as all the positions are filled. Public membership on the committee is-- is a little bit of a-- of a struggle and challenge. But it was viewed that we needed to be a group that was more engaged with the constituency or the stakeholders that are involved with EMS throughout the state. It's a pretty diverse state when you start to think about the frontier communities and-- and places that have limited access to emergency services and the critical-access hospitals and those kinds of things, so we wanted to make sure that we were listening to them. So literally listening sessions were covered throughout the-- were-- were held throughout the entire state that literally covered border to border. And the intent was then to also have a strategic planning process that was-- was completed to identify and it was facilitated by some outside external consultants to come in and help us identify a plan forward and what were the things that we needed to focus in on and establish some priorities. And I think we've done that. You heard Ann speak to some of the items that came from the strategic planning process were addressing things like education and the educational infrastructure to better meet the needs of educating EMS personnel throughout the state, whether or not it be in a municipal environment like a city like Lincoln or Omaha, as well as in more rural communities, in volunteer places in the state as well. So that was just one facet of that. I think that ultimately culminated with the

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

new EMS Act that was part of LB1034 last year, in 2018, was passed by the Legislature, Governor Ricketts signed, which has paved the way for a lot of exciting things we hope to come through the promulgation of rules and regulations, which we are still in the process of working on with DHHS.

HOWARD: That's wonderful. Thank you.

MIKE MILLER: Sure.

HOWARD: Are there questions? Wonderful. Thank you for your willingness to serve.

MIKE MILLER: My pleasure. Thank you all.

HOWARD: This will close the hearing for Michael Miller and open the hearing for Carl Rennerfeldt. Good afternoon.

CARL RENNERFELDT: Good afternoon. I'm Carl, C-a-r-l, Rennerfeldt, R-e-n-n-e-r-f-e-l-d-t. I've been a 43-year member of the Blair rescue squad and fire department and I serve as served as an EMS chief. My position on the board is technically the original one was as an intermediate EMT which that license now is going into recession and 2025 it'll be sunset so I am still working on getting my advanced EMT.

HOWARD: You want to tell us a little bit about your background and how you became an EMT?

CARL RENNERFELDT: I grew up with it. My father was a member of the Oakland rescue squad and I was 12 years old when I went on my first multiple-fatality car wreck. So I kind of grew real quickly through that and as it turned out, it was all family members that were in that accident. So I've been around it and that's been-- you know, I'm 72 years old, so it's been a lot of years ago that that happened. You don't forget some of those things. And so the willingness to-- to be involved in that is difficult at times, but--- and it does take a certain individual to be able to do that. I sometimes wonder about myself, but I've managed to stay with it.

HOWARD: And we're glad of that. Thank you. Are there questions?
Senator Hansen.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

B. HANSEN: I don't have a question, but I think I can vouch for Carl since he's been-- he's been pretty involved with the city of-- I think you were on the city council, weren't you? [INAUDIBLE]

CARL RENNERFELDT: Yes, I was, city council member, yes.

B. HANSEN: Yep. And it-- I didn't know. I was reading through the-- some of the bio that you got instructor of the year for the Nebraska Fire Fighters Association in '95. I thought that was--

CARL RENNERFELDT: Yes, I did.

B. HANSEN: --thought that was pretty cool. I didn't know that about him, so.

CARL RENNERFELDT: I-- I worked in adult education. I retired from Omaha Public Power District. I started out in operations at the nuclear power plant and then went into the educational side of it for the last 13 years that I worked for the power company, so I have a little experience with that. I know that those students are no easier than the younger ones. I find that. And the Cavanaugh family we know quite well. I think we may have baby-sat you or one of your siblings a few years ago, so.

CAVANAUGH: I'm sure I was a perfect angel.

CARL RENNERFELDT: My wife loves babies. She was a Lamaze instructor for years. And so, yeah, she would never have a difficulty. So it's-- it's always-- it's a pleasure to be able to visit with-- with the individuals on this board, especially the senators. It's-- you know, your job is no much-- not really any easier than ours is sometimes. You don't have to pick up parts and pieces but-- in-- in bodily sense, but you do other parts and pieces, and I thank you for all your work that you do.

B. HANSEN: Thanks for taking care of us the last couple weeks too, so [INAUDIBLE]

CARL RENNERFELDT: It's been a busy few days.

B. HANSEN: Yes.

CARL RENNERFELDT: That's for sure.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

B. HANSEN: Well, we're lucky to have you on the board.

CARL RENNERFELDT: Thank you.

HOWARD: Any other questions? Thank you--

CARL RENNERFELDT: Thank you.

HOWARD: --for your willingness to serve. Would anyone like to speak as a proponent for these--

JERRY STILMOCK: Thank you.

HOWARD: --individuals?

JERRY STILMOCK: I would. Madam-- Madam Chair, members of the committee, my name is Jerry Stilmock, J-e-r-r-y, Stilmock, S-t-i-l-m-o-c-k, testifying on behalf of my clients, the Nebraska State Volunteer Firefighters Association and the Nebraska Fire Chiefs Association, in support of all the candidates. They-- they tell you pieces. They won't pat themselves on the back. So just for a moment, if-- if-- if I may, I-- I see Senator Stinner is here with the bill and you're ready to keep moving. What these ladies and gentlemen do has been tremendous in-- in order to assist the volunteer EMS. And of course, it transpires their work as a board, transpires all EMS, paid and volunteer. But for the volunteer piece of it, let me share with you two really quick items. Ms. Fiala shared with you the work that they did in going about and having meetings as a broadcast to deal with the stakeholders, primarily the volunteer rescue personnel. And even though the name-- the name, Volunteer-- the Nebraska State Volunteer Firefighters Association, it does encompass both EMS and fire on the volunteer side throughout Nebraska. What she didn't share with you though in the-- in the way of pat all of them on the back is they-- they traveled about the state. They set up meetings. They did this all on their own. They did not have finance to do it. There's no state funding to do it but yet they saw the importance of reaching out to the volunteers when they were going to do the rewrite for the-- for the regulatory items in three different chapters that are-- that govern emergency medical services in Nebraska. And they did it over two weeks, three weeks. They did a tremendous job on their own time, on their own dime, because they're-- every one of these people that came before you this afternoon, they're passionate. And those people that aren't with you this afternoon, they're passionate. Second quick piece, and I can't speak in relation to Ann Fiala, and-- and Carl just

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

referenced, Senator Hansen, you just referenced what's been going on, you know, throughout this past week, for Ann Fiala and her husband Brad in 2012. And I just tell you this because it's a picture, it's a small microcosm of such a dramatic role the volunteers are playing. And when those 2012 wildfires were happening in Nebraska, the Fialas were out there, morning, noon, and night. Her husband Brad was out there more than 48 hours, 48 hours straight, OK? And-- and these are the men and ladies throughout Nebraska that we sometimes assume are just going to be there, when the call is made, that they'll answer the call. But it was just an opportunity to say the-- the people in this board-- on the board, on the EMS Board provide such a tremendous liaison between the volunteer EMS and the Department of Health Human Services; they do a tremendous job. And thank you for allowing me to come up in the-- to share that with you, Senators.

HOWARD: Thank you. Are there questions? Thank you, Mr. Stilmock.

JERRY STILMOCK: Thank you.

HOWARD: Is there anyone else wishing to testify as a proponent for these gubernatorial appointments? Anyone wishing to testify in opposition? Anyone wishing to testify in a neutral capacity? Seeing none, this will close the hearing for our gubernatorial appointments today and we will begin hearings at 1:30. Thank you.

[BREAK]

HOWARD: My name is Senator Sara Howard and I represent the 9th Legislative District in Omaha and I serve as Chair of the HHS Committee. I'd like to invite the members of the committee to introduce themselves starting on my right with Senator Murman.

MURMAN: Hi. I'm Senator Dave Murman from Glenvil, District 38, Clay, Webster, Nuckolls, Franklin, Kearney, Phelps, and southwest Buffalo County.

ARCH: John Arch, Legislative District 14, Sarpy County, Papillion, La Vista.

CAVANAUGH: Machaela Cavanaugh, District 6, west-central Omaha, Douglas County.

B. HANSEN: Senator Ben Hansen, District 16, Washington, Burt, and Cuming Counties.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

HOWARD: Also assisting our committee is our legal counsel, Jennifer Carter and our committee clerk, Sherry Shaffer and our committee pages, Maddy and Erika. A few notes about our policies and procedures: Please turn off or silence your cell phones. This afternoon we'll be hearing three bills and we'll be taking them in the order listed on the agenda outside of the room. On each of the tables near the doors to the hearing room, you will find green testifier sheets. If you are planning to testify today, please fill one out and hand it to Sherry when you come up to testify. If you are not 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. Also, I would note, if you are not testifying but-- but have written testimony to submit, the Legislature's policy is that all letters for the record must be received by the committee by 5:00 p.m. the day prior to the hearing. Any handouts submitted by testifiers will also be included as part of the record as exhibits. We would ask, if you do have any handouts, that you please bring ten copies when you come up to testify and give them to the page. We do use a light system in this committee. Each testifier will have five minutes to testify. When you begin, the light will be green. When the light turns yellow, that means you have one minute left. And when the light turns red, it's time to wrap up your final thoughts. When you come up to testify, please begin by stating your name clearly into the microphone and then spell both your first and last name. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we will hear from supporters of the bill, then from those in opposition, and followed by those wishing to speak in a neutral capacity. The introducer of the bill will be given the opportunity to make closing statements if they wish to do so. We do have a strict no-prop policy in this committee. And with that, we'll begin today's hearing with LB135, Senator Stinner's bill to change provisions relating to students and emergency medical services training. Welcome, Senator Stinner.

STINNER: Good afternoon. Good afternoon, Senator Howard and members of the Health and Human Service Committee. For the record, my name is John, J-o-h-n, Stinner, S-t-i-n-n-e-r, and I represent the 48th District, which is comprised of all of Scotts Bluff County. LB135 would allow students who are enrolled in out-of-state emergency medical service education programs to practice clinical training rotations in the state of Nebraska. The bill accomplishes this by allowing students to practice without a license under supervision of

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

an organization accredited by the Commission on Accredited-- Accreditation of Allied Health Education Programs for the level of training the student is completing. As you can see, this bill is pretty straightforward. It puts another tool in the toolbox of our EMS providers to attract and retain an adequate work force to the state of Nebraska. Under current law, only students can practice their clinical rotations in state. The EMS profession in Nebraska has a very limited work force with under 1,000 being reported by the-- in the Bureau of Statistics' occupation employment estimates. That leaves the EMS profession with one of the lowest-- low-- low-- the lowest location quotients in the state, meaning that our work force pool for profession lags substantially behind our peers' in other states. While this bill is certainly not a silver bullet for our work force needs, it would give our providers the chance to recruit students from out of state and begin to address this issue. Randy Meininger is here from Valley Ambulance in Scottsbluff. He can speak a little more on the work force needs he faces in the EMS industry out in the Panhandle and why this bill is needed. With that, I would be happy to take any questions you may have. Thank you.

HOWARD: Thank you. Are there questions? Senator Arch.

ARCH: Thank you. As is often the case when somebody comes in and does their training, they tend to stay, right? I mean they get--

STINNER: Yes.

ARCH: --they develop a network, they learn the system, they learn the-- the community, all of that. So the benefit would be that-- that they would not only get training in the state, but they would stay and-- and-- and work in that community.

STINNER: That is correct, yes.

ARCH: Right. OK.

HOWARD: Thank you. Other questions? All right. Seeing none, Senator Stinner, will you be saying to close?

STINNER: I-- I may. I'll stay. We'll see how it goes. If I need to answer any additional questions, I'll come up.

HOWARD: OK, thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

STINNER: But this is pretty straightforward stuff.

_____: Thanks.

HOWARD: Our first proponent for LB135. Good afternoon.

RANDY MEININGER: Good afternoon. Senator Howard-- Howard and respected senators, thank you for the opportunity to be able to testify in front of you today. My name is Randy, R-a-n-d-y, Meininger, M-e-i-n-i-n-g-e-r. I'm the president of Valley Ambulance Services, Incorporated, in Scottsbluff, Nebraska, and also the vice president of the Rural Nebraska Regional Ambulance Network. Today, in front of you is LB135. And having practiced EMS in the state of Nebraska for going on 40 years now, the-- the needs are changing. There isn't-- if you-- if you talk with any volunteer or paid service across the state of Nebraska, they're all working for members. One of the problems that we have and we've had for some time is not being able to recruit from other training programs outside of the state of Nebraska. We're one of the few states that has restrictions on that and this bill would take those restrictions away. If I go back right at five years, Brandon lives in Chappell, Nebraska. Brandon found a program that met his needs to become a paramedic, traveled to Rapid City, and took his training through Rapid City, which meets all the national requirements, the same as the training programs in Nebraska, to find out when he finished his clinical-- or finished his didactic, he was not allowed to come into Nebraska to train. So in my career, I have over 25,000 patient contacts, and I was not allowed to precept him in the field, nor could he take his clinical at a Level 2 trauma center in Scottsbluff because the law did not allow that. We have Amanda and we have Stephanie, single moms, and they found a program in Cheyenne, Wyoming, LCCC, also meets the same national standards as those training programs in Nebraska. And because of the program that met their needs as a single mom, they took their program there. They passed their didactic only to find out, again, that they couldn't do their clinicals in their hometown with a Level 2 trauma center, nor precept with any ambulance in the state in Nebraska. So that forces all of them to travel, spend time overnight, spend time away from their families, spend money in other states, and it does not allow them to then function in the state in Nebraska. The ironic thing is, after they finish their clinicals in these other states, after they finish their field time, they are allowed to sit for the National Registry, which is a national exam. Upon completing that, they send in an application to the state of Nebraska and they're immediately,

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

through reciprocity, allowed to practice in the state of Nebraska, but they couldn't train here as a student. That makes no sense. When we're looking at trying to retain, recruit, whether it's a volunteer or a paid person in the EMS field, when we're looking at creating jobs, when we're looking at trying to bring people into Nebraska to practice, this bill is essential and it meets all of those qualifications to retain, recruit, and be able to create jobs. In a session where you're going to have a tight budget this year and probably the next year after that, this is one that doesn't have an appropriations bill attached to it because there is no cost to the legislation, no cost to the taxpayers. The-- the only monies really that are associated with this are the monies that stay in Nebraska and don't go to the other states or the money that is created here by allowing them to have the jobs. You're well aware that in medicine, medicine is almost like an industry or-- or a manufacturer. Medicine is one of the few things in the state of Nebraska that, you know, every one of us, every month, has money that goes to the federal government through FICA and through MD that at some point maybe we'll be able to receive it as Medicare and Medicaid benefits. However, when that money goes out, medicine is the only way that allows that money to come back into your community. This bill would help us retain, recruit, and-- and keep those individuals in the state of Nebraska to create-- to get those dollars. I'd be open for any questions.

HOWARD: Thank you. Are there questions? Seeing none, thank you for your testimony today.

RANDY MEININGER: OK, thank you.

HOWARD: Our next proponent testifier.

JERRY STILMOCK: Madam Chair, members of the committee, my name is Jerry Stilmock, J-e-r-r-y, Stilmock, S-t-i-l-m-o-c-k, testifying on behalf of my clients, the Nebraska State Volunteer Firefighters Association and the Nebraska Fire Chiefs Association, in support of Senator-- Senator Stinner's legislation, LB135. Three quick points I wanted to make. Anything that you all can do to help in this-- in this sense, volunteer EMS, is greatly needed, frankly. I pick somewhat on the senators from Omaha, say, well-- and not that you wouldn't support it. That's not what I mean. But if you think in terms of Omaha to Lincoln, I get my vehicle in-- in Omaha. I travel down Interstate 80, so I have to traverse and go by, in case I would be involved in a collision, volunteer services in Gretna, Ashland, Waverly, and Greenwood. I want to take a nice summer weekend with my family in

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

Mahoney, Ashland. If what is happening on the revenue and budget side in Nebraska would come into play for-- for the communities that now have the services of volunteer EMS, I can't even imagine what it would be like in terms of the difficulty. So would Senator Stinner's bill give us a little bit more room to bring those-- those students in to be able to do what LB135 does is-- is great. Senator Arch, you made a comment and it stuck with me. How many times have we heard in our lives, you know, I was only going to be there for a couple of years, my wife and I or my husband and I, and it turns out we, my spouse and I, it turns out, you know, it's 30 years later, you know? And that rang true with what you said, and I think it's so real, that once, you know, those roots start digging a little bit, you're there. And I think this will help. I think this will help, and thanks to Senator Stinner for bringing it. And those are my comments, Senators. Thank you.

HOWARD: Thank you. Are there questions? Seeing none, thank you for your testimony today.

JERRY STILMOCK: Thank you, Senators. Yes.

HOWARD: Our next proponent testifier for LB135. Is there anyone wishing to testify in opposite-- oh, we have one proponent letter, I apologize, from Greg Adams from the Nebraska Community College Association. Is there anyone wishing to testify in opposition? Anyone wishing to testify in a neutral capacity? Seeing none, Senator Stinner, you are welcome to close. Senator Stinner waives closing and this closes the hearing for LB135. All right, we will open the hearing for LB701, Senator Bostelman's-- Senator Bostelman's bill to require billing for emergency medical services. Welcome, Senator Bostelman. Good afternoon.

BOSTELMAN: Good afternoon. Good afternoon, Chairwoman Howard and the Health and Human Services Committee members. My name is Bruce Bostelman; that's B-r-u-c-e B-o-s-t-e-l-m-a-n, and I represent Legislative District 23. I am here today to introduce LB701. LB701 would-- would require that EMS services transmit and request of payment where a recipient-- recipient of services involving transportation of the recipient to a healthcare facility licensed under the Health Care Facility Licensure Act or to his or her parent or legal guardian if the recipient is a minor or under guardianship. LB701 does not require that EMS services actually collect such payment if the recipient-- the recipient of services is unable or does not pay the requested amount, but it simply requires that fee be requested.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

EMS services across Nebraska, especially volunteer EMS services across Nebraska which make up a majority of the EMS services across the state, struggle with remaining solvent. And if you're not aware, EMS services, volunteer EMS services have no taxing authority, have no revenue stream coming into them. Many do not bill for services provided. This often leaves available income for these services on the table and uncollected. Oftentimes, this payment would be covered by a patient's insurance, but that payment request is simply never made. Currently, the only source of revenue for volunteer EMS comes from donations and billing patients after they receive medical care, yet there are reasons a service may not-- there are reasons a service may not request such payment, including lack of time or knowledge in patient collections and an unwillingness or reluctance to request such payments from members of the community. LB70-- LB701 requires services to request payment for their service-- services, making requests for payments consistent across the board for all EMS while still following services-- while still allowing services the autonomy and flexibility to forego actual collection of payment for services when necessary or appropriate. The reason I brought this bill is to start a conversation about the state of EMS services across Nebraska, especially volunteer EMS services. Over the interim, several senators and myself conducted a study, LR395, to examine the issues facing volunteer EMS providers, especially volunteer services in more rural areas of our state. What we discovered is that-- discovered is that many of these volunteer EMS providers are face-- facing a multitude of difficulties, such as lack of personnel due to time constraints, inexperience with using the e-NARSIS system, and a lack of capital to update equipment. We also discovered approximately half of all volunteer providers fail to bill the individual they are providing services to. Whether it is because they are friends, family, donors, or members of the community, this then results in a loss of revenue for providers. Let me explain this a little bit further. So what we're-- what we see in some of our smaller communities is they transport for an individual in town who probably is a good-- may give them a donation every year, say \$500, but they may or may not have insurance and they don't always send a bill to them if you are-- use a billing service for them, because they don't want to upset them. They don't want-- they want that-- continue to come. But if they have insurance, there's still a revenue stream there. They pay for insurance, they pay for that coverage, but they're not collecting that. So that's one area that we see happening where they could, but they don't just because maybe they don't want to-- they feel it's a volunteer service that they provide to the community so they shouldn't file for those or seek those recoveries. This then

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

results in loss of revenue for the providers. These problems sometimes lead to the service being closed completely, which has happened to approximately 21 rural services in the state of Nebraska. And if you're not aware right now, if-- when you travel across the state of Nebraska, there may or may not be that local EMS unit available to respond to your need. It may be-- that 15-minute response may now be an hour because now it's the EMS unit that's another district away, another service center away. So we do not always have full coverage in the state. The closure of these services puts members of our communities at risk in the case of emergencies and can leave people waiting over an hour for emergency response. This bill will lighten the financial burden these EMS providers face while also starting a larger conversation how to better equip volunteer EMS providers. I would be happy to work with the committee and any interest interested parties on this bill-- excuse me-- and EMS matters to satisfy the intent of this bill in supporting our EMS, especially our volunteer EMS services within the state, in a manner that still provides those services-- services the necessary autonomy and flexibility in billing practices and throughout their-- and throughout their services. I have also provided-- provided you with AM764 which clarifies language. This is an amendment that DHHS has requested and, therefore, I ask for your support on LB701 and its advance-- advancement to General File and I'd be glad to answer any questions you may have.

HOWARD: Thank you. Senator Arch.

ARCH: Thank you. This-- I don't want to get down into the weeds too far here, but just-- just to question it, the language reads, "An emergency medical service shall transmit a request for payment to a recipient of services." I'm assuming that doesn't preclude billing insurance. If they have insurance--

BOSTELMAN: Correct.

ARCH: --that would still be the billing of the recipient.

BOSTELMAN: Correct.

ARCH: It-- it's not all self-pay. There could be insurance involved?

BOSTELMAN: Correct.

ARCH: OK.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

BOSTELMAN: And that-- and really-- and that's kind of the gist of this is that there is insurance out there, so they're not seeking-- a lot of these services aren't seeking that insurance. So it does go through the individual to the insurance, like any other billing would do.

ARCH: It-- it means an attempt is made to collect. It doesn't necessarily mean you'd take the person's car, house, and-- and dog, you know, to pay for it.

BOSTELMAN: Exactly. Exactly, and when I--

ARCH: Doesn't require collection; it requires billing.

BOSTELMAN: Exactly. And what I found happens, and I've talked to different EMS chiefs in my district, volunteer ones, they say, well, what we do is we send-- the billing goes out through a billing service a lot of them use, and that person will come in and say, I don't have insurance and I can't-- but-- and so they-- there's two responses. One is that billing service continues to send those, they're required to send the billing, but they don't collect-- seek collection on that, and that direction comes from that EMS, that-- the chief. And a lot of times sometimes they'll come and say, here's \$25 or \$50, and it's, thank you very much, we appreciate it, or we're not going to pursue this at all. The collection isn't mandatory.

ARCH: Thank you.

BOSTELMAN: Um-hum.

HOWARD: Senator Murman.

MURMAN: Yeah. Thanks a lot for bringing it in, Senator Bostelman. I do agree that EMS needs all the support we can give them. So is there any kind of-- you said-- this is like a mand-- a requirement. So is there any kind of req-- well, what's the term for it? Structured-- they can bill them any way they-- any amount, any way the local jurisdiction would want to do it. They don't--

BOSTELMAN: Sure, they can handle it however they want.

MURMAN: OK.

BOSTELMAN: And there will be, I think, testifiers behind me that can answer a little bit more on the billing side if you want.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

MURMAN: OK [INAUDIBLE]

BOSTELMAN: But, yeah, this is totally up to them. You know, this is-- the conversation needs to be had because a lot of, I think, departments or units just do not know how to do this or that opportunity or that they should be doing it. And-- and-- and there is significant dollars. If you think about it, if you have a major highway going through your-- your district or your area and there's a vehicle accident and you're providing service to that to transport people to a hospital and you don't bill for that service, that's money that you should be collecting because there's insurance out there and these are people outside of your district that-- that you could collect funds for to help pay for the services that-- that you're providing. It's not something that your-- that your people in town, in that district have to be providing for. It's nice that they do, but there's some funds out there that sure could help them out.

MURMAN: And also-- maybe this will be answered later, but in-- the amount can be in any amount also?

BOSTELMAN: I would-- I-- if there's someone behind me that-- that is in this world, I would ask them.

MURMAN: OK, thank you.

HOWARD: Senator Cavanaugh.

CAVANAUGH: Thank you, Senator Howard. Thank you, Senator Bostelman, for being here. So initially I was going to ask this question, and then you kind of were talking about this. So currently they can bill?

BOSTELMAN: Um-hum.

CAVANAUGH: So this requires them to bill?

BOSTELMAN: This will make it mandatory, yes.

CAVANAUGH: OK. And then it-- but it doesn't make it mandatory for them to follow up on that?

BOSTELMAN: To collect, correct.

CAVANAUGH: Right. OK. So my concern, and you-- you kind of addressed it already, is some of these are-- I-- all-- really, all of them are sort of small voluntary organizations. So the infrastructure, there

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

are companies that they can contract with to do this for them because--

BOSTELMAN: Yes.

CAVANAUGH: --because health insurance billing is complicated.

BOSTELMAN: Um-hum, yes.

CAVANAUGH: And if they don't want to be sort of actively pursuing the individuals, if the insurance turns it down or, as insurance often does, does an automatic discount and says then, in addition to that, we're only paying this percent. Is it understood that the company that they're contracting with would not then continue to pursue?

BOSTELMAN: You know, I think that's completely between the-- the-- the unit and that billing agency.

CAVANAUGH: OK.

BOSTELMAN: I think if that's what their desire is, then I think that could be communicated. And again, someone coming up behind me may be able to answer that more fully with you but--

CAVANAUGH: OK. All right.

BOSTELMAN: OK.

CAVANAUGH: Well, thank you.

BOSTELMAN: Sure.

HOWARD: Other questions? I just-- a point of clarification. This is the first time I have seen the amendment. When-- when the department said that this section doesn't apply to recipients who are wards of the state or anybody who's receiving services through the Medical Assistance Program or Medicaid, Medicaid I believe covers emergency transportation. And so if this language goes in, does this mean that-- that an EMS could never bill?

BOSTELMAN: My understanding is no, from-- I talked to Bryson this morning--

HOWARD: OK.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

BOSTELMAN: --or yesterday what it was.

HOWARD: OK.

BOSTELMAN: And if he's here, if there's someone from HHS, maybe they can help clarify that.

HOWARD: OK.

BOSTELMAN: But my understanding is that you could still bill. This would not preclude that.

HOWARD: OK.

BOSTELMAN: But you're not going to collect from certain areas. So I think that's something we could talk with HHS about to flesh out a little bit more, sure.

HOWARD: OK, perfect. Thank you.

BOSTELMAN: Yep, um-hum.

HOWARD: Any other questions? Seeing none, will you be staying to close?

BOSTELMAN: Yes, I will.

HOWARD: Thank you. Our first proponent testifier for LB701. Good afternoon.

LESLIE VAUGHN: Good afternoon. I'm Leslie Vaughn. I am--

HOWARD: Would you spell your name for us?

LESLIE VAUGHN: I'm so sorry.

HOWARD: Thank you.

LESLIE VAUGHN: Leslie, L-e-s-l-i-e, Vaughn, V-a-u-g-h-n.

HOWARD: Thank you.

LESLIE VAUGHN: I apologize. So I own EMS Billing Services out of Omaha, Nebraska. We bill for over 400 small volunteer ambulance services in 21 states. We, through our phone calls and conversations through patients and clients, we hear the decline in the struggles

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

that these souls are having to stay afloat. We've lost several of our clients due to disbanding, loss of volunteers, loss of funding. So I wanted to maybe hopefully put some of you at ease with some of your questions. You are right with your question once you follow the guidelines, because the majority of those transports are going to be Medicare/Medicaid patients, so a good 75 percent of those transports are that. The rest, then, are in the private sector, and of that private sector, probably less than 10 percent would be uninsured. Insurance companies will pay for these type of transports. You accept only what Medicare and Medicaid will pay. And like they were saying also with the private, private is generally more generous with what they will pay. You make up the difference in the loss of revenue in those private industries. But if there is a high deductible, if there is a 80/20 plan, the rules when you're going after federal money and after insurance money, you make your attempts to collect, but there's nothing forcing you to send them to collections. I'm going to tell you, probably about 60 percent of my clients do not send to collections. You make your attempts. If the patients pay, they're done. And-- and so very true that there is enough insurance money out there. We know there's three sources of revenue for these individual units that-- it's either through tax money, which the majority of the states we bill in have no tax support, fee for service, which is what we do to help our clients, and donations. Well, I suppose there's a fourth. You have your tax-- or your funding through grant money. But we know the grant money is not there and the tax money is not there, so there's only two other viable sources. Donations are slowing up and dying off. The-- the fear they had in the beginning was that if I start billing, I'm going to lose my donations. And in fact, when I went back and did my research after signing clients, their donations didn't drop off. In fact, if anything, they could have dropped off and the fee for service would have been more. But as it was, the majority of the clients we researched, they got both. So the more money we can get out there to help these units to do whatever they need to do, I was using the example a lot of the community members had no idea that an EpiPen: \$600. They have no idea that when that EpiPen, if they're a service that runs three transports a month, they have no idea that when that becomes expired, they don't just throw it away. There's a cost to even expose-- dispose, sorry, the-- the unit. There's so much cost now that is tied up just to have them ready to run that my fear-- what we're seeing is a lot of these services disbanding. Actually, quite honestly, my heart breaks for those community members and especially our baby boomers that are coming into this era. We're hitting this mark where the volunteer services are disappearing and

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

our baby boomers are aging out and their transports-- some of our transports are 80 miles to the closest hospital; you're past your golden hour. So I'm hoping maybe I can answer some questions about that process, whether they bill in house, whether they outsource it to a company to do that billing. I started this company 25 years ago, and at first it was a job and it was a company. But after about five years into it, you-- you start to turn, learning how these people give up their lives to go out and help their neighbors and help somebody I don't even know. It has become more of a passion at this point in my life, so I'm hoping I can provide some education that might help with what needs to really happen. So that's all.

HOWARD: Thank you. Are there questions? Senator Cavanaugh.

CAVANAUGH: Thank you, Chairwoman Howard. Thank you, Ms. Vaughn, for being here today. I'm not sure if you've seen the amendment, but I guess my concern, and you sort of touched on it, is the recipients who are wards of the state or receive Medicaid. So they-- we-- we cannot bill them?

LESLIE VAUGHN: No. When you receive your provider number to bill, to do that billing, you cannot private bill or you cannot bill to a Medicaid recipient, so you collect what the state pays and you're done.

CAVANAUGH: So-- but the state does pay you, does pay the-- the ambulance?

LESLIE VAUGHN: We probably have one of the better states that pays, but yes.

CAVANAUGH: So the state will pay for the service?

LESLIE VAUGHN: It-- now it det-- it will pay for the majority of the 911-type services.

CAVANAUGH: OK.

LESLIE VAUGHN: Now if you have somebody that's just going to a doctor's visit, it has to meet the necessity, the need for a trauma unit to pick up that patient and take them, so-- but even in those cases, you cannot bill.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

CAVANAUGH: So we're not exempting the state from paying for the services. We're--

LESLIE VAUGHN: No, they will pay their portion and then you're done.

CAVANAUGH: OK. Thank you.

HOWARD: Any other questions? Seeing none, thank you for your testimony today.

LESLIE VAUGHN: Thank you.

HOWARD: Our next proponent testifier.

JERRY STILMOCK: Madam Chair, members of the committee, my name is Jerry Stilmock, J-e-r-r-y, Stilmock, S-t-i-l-m-o-c-k, testifying on behalf of my clients, the Nebraska State Volunteer Firefighters and the Nebraska Fire Chiefs Association, in support of LB701. EMS is a huge issue. I think this is a small part of what Senator Bostelman has seen based upon a survey that he ran during the interim, a tremendous volume of information and mountains and mountains of data, and this is just one area where he could-- he-- he felt he could do some help. Primarily, Senator Arch, yes, it goes to try to bring in revenue primarily focused, as senator said, for-- from insurance. If I have insurance in play, let's-- let's go get a-- let's go get them. I'm paying a premium. My employer is paying me a premium-- somebody is paying a premium for me to have health insurance or Medicare/Medicaid. Let's make sure those funds are being supplied into the small communities. I called Ms. Vaughn last week and-- the previous testifier, and I knew of her business, I knew the nature of the bill, and I said, if I'm sitting where Senator Cavanaugh is sitting, I'm thinking, well, she's here because she runs a business that does billing. And I said, you know, I just wanted to make sure you knew that the bill was out there. I know of her because of my work with the clients. And the more I listened to her, I said, no, really, you should be there, not because of what-- her business, but she's just so passionate about it, and unfortunately, time constraints and so forth, she did not get into that part of the personality and the person that she is. And I-- it's like I'm cheerleading for her. It's not what I-- she is here because she realizes the dire need of rural EMS in Nebraska. And if you were to ask her about other states, she would say the other rural states, as well, we all face some significant issues right now and those are going to continue. That's why she's here. The last point is this. If I'm in a small community-- if I'm in any

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

community, but I'll use a small community. If I'm receiving utilities, electrical and water from the-- from the-- from the village, from the city, I'm going to pay for those services, right? You kind of expect it. Utilities, men and ladies, they don't go out and do fund-raising so that they can have a utility truck to get to the wires and so forth, your electrical. They don't do any of that. Go to the volunteer side: Yeah, some of them aren't billing for these services. Should they? I think so. Do they go out and do fund-raising so they can have an ambulance? Absolutely, they do. So it's like, well, wait a minute. One part of life is utilities we get, we expect pay for. Ambulance services, we get and some we do and some we don't pay for, and so why not? Particularly, if the focus, what Senator Bostelman said, is insurance, Medicare, Medicaid, and Cavanaugh-- Senator Cavanaugh, I'm so glad you asked that question of Ms. Vaughn. I wouldn't have been able to answer it, but-- but she did in a way that makes sense. It's, look, whatever Medicaid and Medicare pay, that's it, you can't look to the recipient of those services, and that just makes sense and I-- my assumption is that's why the department asked for that type of amendment. Senators, that concludes my testimony. I'd be happy to answer any questions that I'm able.

HOWARD: Thank you. Are there questions? Seeing none, thank you for your testimony today.

JERRY STILLMOCK: Very good. Thank you again, Senators. I will not come up again.

HOWARD: Good afternoon.

KATIE ZULKOSKI: Good afternoon, Chairman Howard, members of the committee. My name is Katie Zulkoski, K-a-t-i-e Z-u-l-k-o-s-k-i. I'm testifying this afternoon on behalf of the Nebraska Emergency Medical Services Association. NEMSA members are made up of both career and volunteer emergency responders, including emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics. NEMSA, of course, is very grateful to Senator Bostelman and the work that he's done over the years in-- to strengthen and support and study the work of emergency care providers. We agree that improving the financial position of these emergency medical services is a critical piece of maintaining the strength of EMS across our state. NEMSA as an association is working with services to-- on best practices and ways to do the billing and offering resources for billing so the collections can happen. But we do see that Senator Bostelman's bill could be an additional way to-- to get

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

more of this moving. We do also understand that there are sensitivities in communities. Each community across our state is different and those living in those communities know them best. So we do appreciate Senator Bostelman's comments and the way that the bill is written such that the bill would-- the first bill is required, but how services determine that they themselves follow up on those bills is left to them to make those decisions. With that, I'll be happy to answer any questions.

HOWARD: Thank you. Are there questions? Seeing none, thank you for your testimony today.

KATIE ZULKOSKI: Thank you.

HOWARD: Our next proponent testifier for LB701. Is there anyone wishing to testify in opposition to LB701? Good afternoon.

JON ELLER: Good afternoon. Madam Chair and duly elected senators, my name is Jon Eller, J-o-n E-l-l-e-r. I'm the fire chief of the Shelby rural fire district, also known as the Shelby Fire and Rescue. I am a member of the state Nebraska association and the Fire Chiefs Association. I am a Fire Fighter 1, certified, and I am an EMT. I've been on our volunteer fire department for 30 years and I've served as the fire chief the last 20. I'm here today on behalf of the residents of the Shelby Rural Fire District and the duly elected rural board. I would like to address LB701 for-- for concerns. The rural board and I feel if this bill is made law, it would be outreach of our state government. The people of the Shelby fire district have elected a board to govern our district and make decisions that best fit the residents of our district. By passing LB701 and requiring rescue units to charge would be bypassing duly elected boards that govern fire departments and rescue units at the local level. At this time, many units across our great state do bill and those decisions are made by county boards, city or village boards, or rural fire boards that govern them, not because they were ordered to by-- to do so by a law. There are also rescue units that do not bill because their boards have chosen to run rescue units out of budgeted monies. Second, I have been a volunteer on the Shelby Fire/Rescue unit for 30 years. I have witnessed elderly people in rural areas that have called our rescue unit for help and on arrival, the first words out of the rescue-- to our rescue personnel is, how much will this cost me? You see, some people would rather stay home and suffer than have to pay for a service to help them. Thirdly, volunteer rescue units and fire departments are volunteer; we are also nonprofit organizations. If we

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

are forced to bill, don't we stop being volunteer, non-profit organizations? This can and will affect fund drives, donations to our organization, and possible grant money. Many departments have fund drives each year that bring donate-- donated monies to help run our rescue units. If we start billing, this will directly affect these fund drives. And I assure you, departments bring in way more money on fund drives than they will by billing the three to four rescue calls they have a month that will require-- that we'll be required to bill if LB701 becomes law. Fourthly, if a law must be passed, the wording should be changed from "require"-- "requiring" to "may" bill for rescue calls. At least then you are allowing local governments to make the decision based on their needs. Thank you for listening to my concerns of the Shelby rural fire district. If you have any questions, I would be glad to try to answer them.

HOWARD: Thank you. Are there questions? Senator Cavanaugh.

CAVANAUGH: Thank you, Chairwoman Howard. Thank you, Mr. Eller, for being here today and for your work. First of all, I'm not familiar with where Shelby is. Are you im--

JON ELLER: OK, so--

CAVANAUGH: Are you impacted by the flooding that's happening?

JON ELLER: Shelby is about 18 miles straight south of Columbus and I live 11 miles south of 81, so other than our roads are really destroyed in Polk County-- I mean extremely destroyed. And I farm, so I'm here because I felt this was really important because we're really behind in farming right now.

CAVANAUGH: Yeah.

JON ELLER: But I felt taking the day off was important to be here for this.

CAVANAUGH: I appreciate that. I appreciate your comments and I share your concern about elderly people passing up service for fear of cost. What I heard from Senator Bostelman and my interpretation of the intent is to not have that happen but to have insurance companies that-- be billed that currently aren't being billed. I'm not sure in looking at the language if that's clear enough here, but if-- if that were strictly how it was, would you have that opposition still?

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

JON ELLER: I still would. My concern is that even if we are-- are billing, that word of mouth gets out. So, you know, I spoke with my 80-year-old father this morning before I came down here about this and he said, I ain't calling you guys if I got to pay a \$700 bill, and he has quite a bit of money. His-- he just said that ain't worth that, you know, unless he's got a deathly illness. So if you've got someone that's just sick or, you know, maybe has pneumonia, they're going to say, well, I'm just going to stay home if no one can get me because I'm not going to bill. I understand that we can bill insurance companies and I myself have a \$12,000 deductible. So if you bill my insurance company, they're not going to pay it until my \$12,000 deductible is met, right?

CAVANAUGH: Um-hum.

JON ELLER: So I'm still going to have that bill and because of the person I am, I'm going to feel obligated to pay that bill, like I think most people would. It is a bill. I pay my bills, so.

CAVANAUGH: So if there were some sort of public information campaign, I know a lot of communities have public papers, and especially when it comes to the elderly--

JON ELLER: Sure.

CAVANAUGH: --I think they're pretty avidly read. If there were a public information campaign that informed people that this was happening but that they-- I guess--

JON ELLER: Yeah.

CAVANAUGH: I don't think we want to leave money on the tables for these communities and so--

JON ELLER: Yeah, I understand that, but I--

CAVANAUGH: --is there an-- I guess I'm asking, is there an opportunity for you to work with Senator Bostelman on some of these concerns?

JON ELLER: Well, we can talk, but-- but also my big concern is once you require them to do this, we have boards that run these fire departments. A lot like my fire department, our rescue unit is ran out of our fire department budget. If you go to the neighboring town, they're rescue unit is actually owned by their city and it's run

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

through tax dollars to their city. Their fire department is separate. So, you know, every town is a little bit different.

CAVANAUGH: Sure.

JON ELLER: But there's still govern-- tax dollars that are helping pay for that rescue unit. And you have boards that make those decisions. You know, my thoughts are don't re-- if the language, to me, was changed from required to they may bill, that gives the rural boards that govern these entities-- say, hey, I can say we're going to bill because we have that ability. You're not overriding those boards by requiring them to bill. I think that's my biggest hang-up is you're requiring elected boards-- just like you guys are all elected, you're requiring local boards that were elected by the people to govern those rescue units and-- and stuff to make those decisions. I mean, do you follow what I'm saying there?

CAVANAUGH: I-- I do, yes.

JON ELLER: Yeah.

CAVANAUGH: Thank you.

HOWARD: Any other questions? Senator Murman.

MURMAN: Yeah, thanks for coming in. So if the language was changed to-- from-- or to allowed or-- instead of required, you-- would you support it then?

JON ELLER: I would support it, I believe, in that process, because I just-- requiring that just overrides rural boards. And my-- I talked to my president of the rural board yesterday afternoon and they strongly feel that they are being told what to do and they're supposed to govern that, so.

MURMAN: And I assume there would be a big difference too. I mean communities that are along major highways and so forth get called out-- or are different circumstances to get called out a lot more often than other communities--

JON ELLER: Yep.

MURMAN: --that are kind of out of the way.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

JON ELLER: Correct. And we-- and Shelby is right on 81. We have a lot of car accidents and stuff, probably more car accidents and rescue calls than we even have fires anymore, to be honest. And so, yes, so just yesterday, actually, I got a \$200 donation to our department from people in Arizona who we did not bill but her-- his wife was going through Shelby and had a-- an episode and we hauled them in. That was last July, July 17, and they sent us a donation yesterday of \$200 for doing that. If we would have billed them, we would have never received that donation. Now I don't know what we would bill if we were a billing service. I-- sounds like there ain't a requirement of how much you have to bill. I suppose, as we've talked in Shelby, if we do have to bill, we'll charge them a penny and go from there, you know, but it's just-- I think the language needs to be changed a little bit so we don't override them rural boards. I think that's really important.

MURMAN: Thanks a lot, yep.

HOWARD: Any other questions? Seeing none, thank you for your testimony today.

JON ELLER: Yes. Thank you guys.

HOWARD: Our next opponent testifier for LB701.

PAT McNAUGHT: Afternoon, Senators.

HOWARD: Good afternoon.

PAT McNAUGHT: Thank you for allowing me to testify before the committee. My name is Pat McNaught, P-a-t M-c-N-a-u-g-h-t, and I am the fire chief of Polk fire and rescue. And much like Jon Eller, it is the position of our fire department and also of our rural board to hold opposition against this bill for many of the same reasons. Our rural fire board governs our-- not only our fire department but our ambulance service. We're all wrapped up under one roof, so our mill levy tax dollars for the fire department are also supporting our ambulance. And it is the belief of our board that if we bill for a service that we're already providing, the constituents of our rural fire district are paying for this service in their tax dollars already, so why should we force them to pay a second time for something that they're already paying for? The other concern I have, and many of my-- our concerns are similar to Jon's, so I won't reiterate what he had to say, but my other concern is we already ask a lot of our volunteers. We ask them to run calls; we ask them to attend

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

training; we ask them to perform public events such as rural provider-- or rural fire prevention week and-- and things at the schools in that nature, and now we're going to add one more thing there to their plate: to chase down billing information to provide EMS billing services. And I could not in good conscience ask the members of our department, who commit an obscene amount of time to the help of others selflessly, to-- to add one more thing to their plate. And other than that, I mirror almost exactly what Jon says and our rural fire district mirrors almost exactly what Jon says. And the other question I have about the bill, from what I've read, it seems as if there's no penalty. So if the bill passes and we were forced to bill, there is no penalty if we choose not to? I don't quite understand how that works, so that would be something to address. But that being said, I'll take your questions.

HOWARD: Thank you. Are there questions? When you say that your constituents are already paying with their tax dollars, where does the-- where does the funding come from for your fire and rescue?

PAT McNAUGHT: So we-- we receive funding from quite a few different sources. Obviously, our mill levy, our local mill levy, provides funding for the rural fire district, and our ambulance service is run under the umbrella of the rural fire district. Also, we participate in the MFO money coming from the state. We have several fund-raisers. We write several grants. And it may be odd for you to hear this from a rural fire and EMS squad. But if you came to Polk at any time and I showed you through our fire station, we're pretty blessed with the amount of equipment we have and-- and late-model trucks and late-model equipment and gear. We're-- I hate to say we went for nothing, but the truth is we really do want for nothing and our rural board has done a very good job of allocating money where needed and not in a wasteful manner. And so truthfully, adding a stream of revenue through billing is not something that we need to do at this present time. Now I reserve the right to change my opinion ten years down the road. And the way-- the-- the way the-- the situation-- situation is right now, I could turn around tomorrow and start billing if I wanted to. If we needed that source of revenue and our-- our rural fire board decided that they needed it, we sure could do that. But as of right now, I don't see it as-- as something that we need to do and I see it as an undue load on our members of more work for people who are not getting paid for it. And I-- and like John, we are elected to the rural fire

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

board for a reason and ours has done an outstanding job, so-- my thoughts.

HOWARD: Is your funding scenario typical for most fire and rescue?

PAT McNAUGHT: Honestly, I don't know. I think we're-- I think Polk is-- is somewhat atypical in that the ambulance is underneath the rural fire district. Stromsburg, Osceola are in between myself and Jon and their ambulances are run by the city and the city bills for their services. Shelby's ambulance, our ambulance, Clark's, to the north, is run by the rural fire district and the village of Polk is completely out of the equation. That was done some time ago because of it's far easier to work with one board than it is with two. So I can't honestly say whether our situation is common throughout the state of Nebraska. I don't know, in all honesty.

HOWARD: Thank you. Any other questions from the committee? Seeing none, thank you for your testimony today.

PAT McNAUGHT: Thank you.

HOWARD: Our next opponent testifier for LB701. Seeing none, is there anyone wishing to testify in a neutral capacity? Seeing none, Senator Bostelman, you are welcome to close.

BOSTELMAN: Thank you, Chairwoman Howard, appreciate the opportunity. And I want to thank the testifiers who came in today. I knew this would not be a-- one that we would not have-- you know, those who agree and those who disagree on this, and that's part of the conversation we need to have because the reality is, is we are losing EMS service units across the state. That is happening. We are losing people, EMTs paramedics, EMRs across the state. Funding is part of the reason. This bill does not require anyone to have to pay. This is a billing to insurance companies or those who have the funds that can do it. This is something that potentially could lower the mill levies. This is a revenue stream that could come in. That would help the community actually provide funding that isn't there anymore so, you know, taxes potentially could be reduced. The individuality of different services across the state differ. I'm right down the road, where I'm at, from Rising City, Shelby, Rising City from Polk County. Our local EMS unit, volunteer, does bill, and we don't have a problem with that. I've talked with them quite a bit. And part of it's education; part of it's communication, just understanding how it all works. It's there to-- to provide an opportunity to receive funding

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

that-- that's there, like, you know, Highway 92 runs right down, right past town. There's a lot of accidents there. There's a lot of people from Omaha, Lincoln, Columbus that drive through the area that's not part of our district. And if you don't bill for that insurance, that money is money that you could collect and help your services out that you're just leaving on the table and not seeking. Again, I think it is-- well, this is a really important topic. That's why it's here. That's why we're-- we're-- we have a hearing today. That's why we're talking about it. This is one of the things that-- that did-- was glaring that came out in-- in my-- in the survey that we did. And we have-- we have people out there that's not attending classes that-- going to college, becoming an EMT, becoming an EMR, becoming a paramedic-- paramedic because they don't have the money. Well, perhaps then, if there's services coming in or they're receiving funds from insurance companies for something, that would give them enough money to perhaps maybe help fund a stipend or something to help fund that education so we have additional people coming in to provide those type of-- those needed services in our area. I get it completely with what the chiefs have said about, you know, there will be some folks in town that may not understand or like it, but I think once we talk about it, once it's explained, I think people understand a lot better. And I think our previous testifier also, from the billing entity, mentioned that, you know, there really has not been as-- she has not seen over the years big push back in that area. I think it all is local-- can still remain a local control area, but it's a tool that can be added to them if they so desire to use on the collection end of it. And with that, I'd be glad to answer any other questions you may have.

HOWARD: Thank you. Are there questions? Senator Cavanaugh.

BOSTELMAN: Thank you, Chairwoman Howard. Thank you again, Senator Bostelman. I'm curious, and you might not know this answer, but how much are we not collecting that we could from insurance companies?

BOSTELMAN: That's a good question. I don't know.

CAVANAUGH: OK.

BOSTELMAN: I know the local-- it's tens of thousands of dollars from a small unit if you're located along a major highway.

CAVANAUGH: OK.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

BOSTELMAN: I mean, it-- there's significant funding in there that-- that is available or more. So it depends upon where you're located at, depends what-- you know, really, what your--

CAVANAUGH: Yeah.

BOSTELMAN: --you know, what highways come through and just where you're at in the-- in the state. It makes a big difference.

CAVANAUGH: I wasn't sure if maybe in your discussions you had gotten an estimate from--

BOSTELMAN: I don't have that exact number, no, uh-uh.

CAVANAUGH: That's OK. Thank you.

BOSTELMAN: Yeah, sure.

HOWARD: Any other questions? Seeing none, thank you, Senator Bostelman. This will close the hearing for LB701. We will open the hearing for LB347, Senator Murman's bill to exempt reflexology from licensure under the Massage Therapy Practice Act.

MURMAN: Little different perspective here.

HOWARD: Isn't it? Good afternoon, Senator Murman.

MURMAN: Good afternoon. Chairwoman-- Chairwoman Howard and members of the Health and Human Services Committee, my name is Dave Murman, for the record, spelled D-a-v-e M-u-r-m-a-n. I represent District 38, the counties of Clay, Nuckolls, Webster, Franklin, Kearney, Phelps and a quarter of Buffalo County. Today I bring LB347 for your consideration. LB347 provides that individuals engaged in the practice of reflexology and whose services are not designated or implied to be massage or massage therapy are not required to hold a license under the Massage Therapy Act. The practice of reflexology is the manipulation with specific pressures to the hands, feet, and outer ears. Reflexologists' scope of practice is only on extremities. Massage therapy and reflexology are substantially different, and in this bill it states that reflexologists' services are not designated or implied to be massage or massage therapy. Licensed massage therapists in Nebraska are required to complete at least 1,000 hours over a term of not less than nine months. Courses covering reflexology aren't required but, when taken, are only a few hours. Reflexology is exempt from massage therapy licensure in 32 states, including four of our neighboring

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

states: Iowa, South Dakota, Missouri, and Colorado. I have passed out the director's report from July of 2018 on a proposal to license reflexologists separate from massage therapists. At that time Director Williams mentioned that he saw no reason reflexology should not become an independent profession separate from massage therapy.

Reflexologists may work in a local chiropractic office, a spa, or in their homes, although it is important to remember that even though this bill exempts from massage therapy licensing, they still need to follow local business and zoning requirements when practicing. As you may have read in some of the letters sent to committee, there are reflexologists that have had to move-- have had to move to practice. This goes against our goal of growing Nebraska. We need to be encouraging individuals to start businesses and create jobs. We need to work to reduce barriers for these individuals to do so. I think you will also hear testimony today that points to this as well. Due to Nebraska's rigorous massage therapy license requirements, our state is close-- closing the door for reflexologists who want to work.

Completing 1,000 hours of course work for an occupation that you don't practice is a costly and burdensome-- burdensome roadblock. The ability to work without meddlesome licenses will help our state grow. I feel that-- feel that it's important to open those doors for people to pursue the occupation of their choice. I'm happy to take questions, but I would like to mention that a nationally recognized expert in reflexology, as well as Platte Institute, will also be testifying today. They will likely address additional information that I have not-- that I have not discussed in my testimony.

HOWARD: Thank you. Are there questions? Will you be staying to close?

MURMAN: Yes.

HOWARD: Wonderful. All right, our first proponent for LB347. Good afternoon.

CYNDI SMITH: Good afternoon. My name is Cyndi Smith, C-y-n-d-i S-m-i-t-h. Reflexology and massage may have touch in common, but they should be treated differently. Reflexologists work from the ankle down to the tips of the toes, from the wrist down to the tips of the fingers, and on the outer ear. The client is fully clothed with only socks and shoes removed. This is important to members of the public who want the benefit of stress reduction but don't want to disrobe because of religious convictions or modesty. Licensing reflexology under massage is unconstitutional. It is a restraint of trade. It is illegal to force practitioners to invest their time and money in an

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

education they don't want in order to practice in the way that they do want. A dental hygienist and oral surgeon can't be placed in the same category though they both perform dental services. They require different scope of practices, education, standards and licensing requirements, and so do reflexology and massage. The reflexology field has separate educational standards with hours of reflexology training that surpass what is taught in massage schools. There is a national certification program designed to protect the public through the recognition of competent practitioners meeting certain standards. Reflexology has its own state, national, and international organizations. Reflexology benefits are seen at a distance from where the pressure is applied. Its intent is not to change soft tissue or practice medicine in any form. It works primarily with reflexes through the nervous systems versus the musculature. The performance of reflexology is not massage; therefore, I request it be exempt from the Massage Therapy Practice Act and not governed by the Massage Board but, rather, a separate board. Now I went before the committee in 2010 and we discussed this issue, and it was approved and sent on to the Health and Human Services Committee-- and-- or, I mean, Health and Human Services. I worked with, I believe his name was, Ron Pryle [PHONETIC] for several months and I gave them many examples of how other states had worded their bills for reflexology, and after several months I stopped hearing from them. They just dropped the ball. So I'm hoping that this time something can happen, follow through on-- on this change.

HOWARD: Thank you. Are there questions? Seeing none, thank you for your testimony today.

CYNDI SMITH: OK. Thank you.

HOWARD: Our next proponent testifier. Good afternoon.

MARY ANN SOLTIS: Good afternoon. I'm Mary Ann Soltis, M-a-r-y A-n-n-- it's two words-- Soltis, S-o-l-t-i-s. I have experienced firsthand how reflexology can improve the outcome of medical procedures and chemo. I feel, because of reflexology, my health and feeling of well-being during that time and still today continues to improve. Because of what I learned about the benefits of reflexology and what it can do to help someone's health, I started taking classes and being mentored so eventually I would be able to help people as well. Shortly after I started the process of reading materials and being mentored by Connie Young, I found out about the threat that hangs over all reflexologists in Nebraska. I was told if I practiced in Nebraska, I would be

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

committing a felony, I could be jailed and fined \$20,000, all for helping people in the most unobtrusive fashion. What a shock. This is the third year of hearings I've attended and given testimony for. Today I am before you to ask why this is happening and why the massage people are so intent on creating so much distress over something they obviously don't seem to understand. The things they have said are beyond belief and I wonder where they get their information. All I have are questions. What are they afraid of? Reflexologists use fingers and thumbs on feet and hands. There are no instruments and no invasive procedures. Why do they think they should be able to dictate the education and licensing guidelines for reflexologists? Why are they so concerned about more people getting into reflexology when there are so many more people in the massage industry? It's not like our numbers will affect their business. Any questions?

HOWARD: Thank you. Are there questions? Senator Cavanaugh.

CAVANAUGH: Thank you for being here today. Where did you go for your reflexology when you were going through your medical treatment?

MARY ANN SOLTIS: I started reading and doing classes with Connie Young and--

CAVANAUGH: I mean where did you personally experience it yourself, like--

MARY ANN SOLTIS: Here in Omaha with Connie Young.

CAVANAUGH: Oh, OK.

MARY ANN SOLTIS: Yeah--

CAVANAUGH: She's a--

MARY ANN SOLTIS: --while I went through chemo and procedures and-- yeah.

CAVANAUGH: OK. I just know of some places in Omaha that do that, so I was curious.

MARY ANN SOLTIS: Yeah, I was-- I found her-- somebody I was working with knew about her and that's how I found her.

CAVANAUGH: OK.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

MARY ANN SOLTIS: And unfortunately, since then, about the time I was interested in getting into it, she got-- was threatened and-- with, you know, a felony and all that. And it scared her, so she moved her practice to Council Bluffs for a little while, and then she ultimately moved to Indiana, back with her family, because-- because there it's not a problem. So, yeah, she had fought a lot, I think back in 2009, 2010, to try to get it changed, so.

CAVANAUGH: Thank you.

MARY ANN SOLTIS: OK, thank you.

HOWARD: Thank you. Good afternoon.

CHRISTINE ISSEL: Good afternoon. My name is Christine Issel, and that's C-h-r-i-s-t-i-n-e; last name is I-s-s-e-l. And I'm representing the American Reflexology Certification Board, which is the national testing agency for reflexology. It's the-- since 1991, it sets the highest standard for testing in which the professional reflexologist aspires. A little history that's already been alluded to was that reflexology first was before the Health and Human Services Committee in 2009, and we were going for an exemption then. And the massage-- I'm sorry, reflexology bill died in committee and I believe the committee has already heard testimony from Cyndi Smith, who was involved in that process as long-- along with Connie Young. And it was because of Connie that the-- and the impact that it was going to have on her business that the-- I'm sorry, the Platte Institute for Economic Research got involved in this in 2017, and there was a bill. LB588 was introduced by Senator Sue Crawford, again, once attempting to exempt reflexology from licensure under the Massage Therapy Act, as it is in 33 other states. After a hearing, the committee requested reflexologists file a 4 0 7 process before rendering a vote in the next, which would have been 2018 Session. During 2018, reflexologists, working with the Platte Institute for Economic Research, appeared before the Technical Review Committee of the 4 0 7 process at public hearings. The review committee concluded that a separate law for reflexology was not warranted; however, the recommendation did not state it was opposed to an exemption from the massage law. They felt that certification or registration was a better way to go, rather than a law itself. Today LB347 provides that individuals engaged in the practice of reflexology and whose service are not designated or implied to be massage or massage therapy are not required to hold a license under the Massage Therapy Practice Act. To quote Senator Merman: This will eliminate a needless occupational licensing hurdle

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

and help create jobs for reflexologists in the state. Just to give you some idea from the certification board, 200 hours of reflexology-focused, specific education are required to sit for the certification exam, and the typical certificant is 57 years old, has-- 25 percent have college degrees, and everyone has life experience behind them at that age. They-- they don't want to spend thousands of dollars in the massage education that they're not going to use, especially not at that time in their life. They want to pay as they go and they don't want to take out student loans. So our education is very focused. All across the nation, public safety has not been an issue with reflexologists since it's a noninvasive, complementary therapy. It's only our hands and the client's feet, hands, or outer ears. There's no \$5 million worth of high-tech equipment or anything like that involved. It's felt by the field that because reflexology is not massage, the public and reflexologists are best served if reflexology is excluded from the massage law and the jurisdiction of the Massage Board. Please vote LB347 out of committee with a yes vote, and I thank you. Does anybody have any questions?

HOWARD: Thank you. Are there questions?

CHRISTINE ISSEL: You have some information to refer back to, so hopefully that'll help you when you deliberate.

HOWARD: Great. Thank you for your testimony today.

CHRISTINE ISSEL: Thank you.

HOWARD: Our next proponent testifier for LB347. Good afternoon.

JANE BIES: Good afternoon. I'm Jane Bies, J-a-n-e B-i-e-s. Thank you, Senator Murman, for sponsoring this bill. I'm here in support of LB347. I'm proud to say I'm a native of this amazing state, growing up in Hebron, Nebraska. I currently live in La Vista. This bill would help me because it would allow me to receive further reflexology treatments. I have received reflexology treatments in the past and it has greatly enriched my health and life. For example, I had a health issue that was affecting my ability to work as a nurse. I love caring for others in this way and just the thought of me not being able to work as a nurse puts a lump in my throat. I believe the reflexology treatments I received played a big part in my return to health and getting back to work, to the work that I love. Being healthy myself helps me give better care to the patients. One particular day, I had a reflexology treatment in the morning and I had an evening shift that I

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

worked. It was a very busy and challenging shift that included one of my patients that I was caring for nearly going into cardiac arrest. I handled the situation with calm ease and mental clarity. After things had settled I remember thinking, phew, I am super glad I had a reflexology treatment this morning. It helped me remain calm and give optimal care to the patient. I appreciate how reflexology treatments are a noninvasive, gentle way toward greater health. I appreciate the extensive training my reflexologist has. I am thankful for her expertise. I know massage therapists received some training in reflexology, but it's not as extensive as a reflexologist. I personally have had a reflexology treatment done by my massage therapist and did not receive as many benefits in this regard. My massage therapist is very good and helps me, but the reflexology treatments from her do not compare to the reflexology treatments that I receive from my reflexologist. They have their-- they each have their specialty. In summary, I'd like to again support LB347. By doing so, it will further benefit my health. This in turn helps me provide better care to the-- to others, which can help optimize their health and well-being. This bill will help the state of Nebraska in other ways too. It would allow the reflexologists to practice in Nebraska, thereby helping more people with their health. Having healthy Nebraskans is a plus to this great state. It would also be beneficial to have more reflexologists here, good tax-paying citizens, and then more treatments could be provided. Sometimes I have to wait more than a month to get in for an appointment. The reflexologists I have met are really good people. Passing this bill will bring even more abundance to this great state of Nebraska.

HOWARD: Thank you. Are there questions? Seeing none, thank you for your testimony today.

JANE BIES: Thank you.

HOWARD: Our next proponent testifier. Good afternoon.

ANNE STEINHOFF: Good afternoon, and thank you, Senator Howard and other members of the committee. My name is Anne Steinhoff, A-n-n-e, Steinhoff, S-t-e-i-n-h-o-f-f. I am a consultant to nonprofits. I am not here as an expert of any kind other than I'm here representing myself. I would consider myself an educated consumer of complementary healthcare, including reflexology, massage, and reiki, all of which I have had extensively. I have incurred many benefits from all of these. Three years ago, I asked my massage therapist what she thought about me pursuing reiki to augment my massage therapy, and I had been with

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

her 19 years. I've now been with her 22. We have a very healthy, respectful relationship. She said, I think you should pursue it, I think you should go for it and find a good reflexologist. I talked to a mutual friend who was a yoga teacher. I said, who is the best reflexologist in the state of Nebraska, in Omaha? I was told Connie Young. You've heard that name repeatedly today. Connie was the preeminent reflexologist in the state of Nebraska. I developed a wonderful relationship, professional and personal relationship with Connie. I sought reflexology every other week for two years and I sought massage therapy every other week in the off weeks for those-- those years. It was a very compatible, complementary relationship to have some form of therapy, healing touch every single week. I had a busy, stressful life at the time. I'm pretty sure that part of the reason I survived as well as I did is because of my reflexology and massage. One thing that I-- that I think gets lost a little bit is that my reflexologist received countless hours of training in Hong Kong from an expert. She has thousands of hours of reflexology experience, thousands. OK? That's all she did. She was a reflexologist. She had no desire to be a massage therapist. My massage therapist had no desire to be a reflexologist. Funny how that works. There was room for both. Two years into my wonderful relationship with Connie Young, my reflexologist, she received a cease-and-desist letter informing her that practicing reflexology without a massage license would be considered a Class IV felony. Her life was thrown into an absolute scramble. She had commitments to people who had paid for months in advance. She did the honorable thing. She sought legal advice, saw there was no legal remedy in sight. She took on a temporary office in Council Bluffs so she could fulfill her commitments to all the people before. Be-- shortly before she left, for my last appointment I said, I'd like to take you to lunch, Connie. We went to lunch near her house where she performed the reflexology. After eating lunch, we got into our respective cars and we drove, each of us, 30 minutes to Council Bluffs. There I received the same reflexology from the same reflexologist, only this time it was legal. I have to ask, who benefited from Connie receiving a cease-and-desist order and being forced to leave the state? Who really benefited? We lost. Her clients did not benefit. The next generation of reflexologists, who remain to be trained, did not benefit. Who benefited? Her new clientele in Goshen, Indiana, that's who benefited. I appreciate-- I encourage your full support of LB347.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

HOWARD: Thank you. Are there questions? Seeing none, thank you for your testimony today.

ANNE STEINHOFF: Thank you.

HOWARD: Our next proponent testifier for LB347. Good afternoon.

NICOLE FOX: Good afternoon, Chairman Howard. Members of HHS Committee, my name is Nicole Fox, N-i-c-o-l-e F-o-x, and I'm representing the Platte Institute. I'd like to thank Senator Murman for introducing this bill and I'm here to testify in support. A few years ago, a reflexologist contacted the Platte Institute about her situation. After being invited to provide a train-- provide training in reflexology at a local school, she received a cease-and-desist letter from the Nebraska Department of Health and Human Services demanding that she stop reflexology services under the threat of a felony charge. Since that time, this person has moved to Indiana, a state where reflexology is exempt from massage law. There have been other individuals who have called us in support of this bill who are practicing without a license and they are in fear of being served a cease-and-desist order as well. They want to openly practice reflexology without first having to go to massage school and get a massage therapy license. They want to be able to grow their businesses and contribute to our state's economy. These individuals were encouraged to submit written testimony as an alternative. Currently, Nebraska law requires persons desiring to work solely as a reflexologist seek licensure as a massage therapist. In order to obtain a Nebraska license as a massage therapist, a license applicant must complete a massage therapy program of at least 1,000 clock hours and pass a-- pass a national exam. Those 1,000 clock hours required in this state are the highest in this country. In Nebraska, this means a time commitment of at least 9 to 12 months to complete the program and a financial obligation of \$8,500 to over \$15,000, plus tuition-- or in tuition, plus additional fees and supplies, depending upon which program one chooses. I reviewed the coursework descriptions of the available programs in the state. If reflexology is even noted in the curriculum, it typically is listed as one of several other modalities covered under either "Eastern wellness" or "complementary therapies." Essentially, out of the 1,000 required hours of massage training-- training that potential reflexologists are required to take, only about 20 to 30 is dedicated to reflexology, at most. Reflexology is exempt from massage laws in 32 states and the District of Columbia. There are four states that have no massage law and reflexology is not

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

regulated or licensed. Our neighbors, Colorado, Iowa, Missouri, and South Dakota, exempt reflexology from massage law. Kansas and Wyoming do not even have massage laws. I ask the committee to consider two questions. The first question I'd like to pose is, if you-- if your desire was to start a business providing only reflexology services to clients, would you be willing to obtain a massage therapy degree at the previously mentioned time and cost so that you could practice in Nebraska, or would you consider opening that business somewhere else? The second question is, if you were a reflexologist who had practiced for several years in one of the states where reflexology is exempted and you were needing to move to a city or town on one of Nebraska's borders, would you be willing to go back and get your massage therapy degree, again, at the prior-mentioned cost, so that you could get licensed so you could practice in Nebraska, or would you go across the border to the neighboring state to work? This same bill was brought before this committee in 2017. After the 2017 hearing, it was decided to put reflexology through the 407 credentialing review process and the Platte Institute did initiate this. Unfortunately, the review was not complete in time to move the bill forward in 2018, which is why the new-- intro-- the new bill was introduced this year. I'd like to discuss the 407 review. When we completed the application, it was decided to request approval for licensure separate from massage. We decided that this would be the best way to determine whether reflexologists should be licensed at all. Ultimately, Dr. Williams, former medical director for DHHS, recommended against licensing reflexologists in Nebraska. In his report, dated July 30, 2018, he stated: The creation of a licensed reflexology profession in Nebraska is not necessary. I see no reason why reflexology should not become an independent profession separate from massage therapy. Most states recognize reflexology as a separate and distinct profession in its own right. I see no reason why Nebraska needs to be different in this regard. Given that reflexology is arguably safely regulated-- unregulated, I'm sorry, in most states, it's difficult to justify Nebraska holding possibly the most arduous reflexology requirements in the United States. It is difficult to conceive of any treatment or approach more medically risk-free than reflexology. LB347 will attempt-- will exempt those wanting to solely practice reflexology from having to obtain licensing as a massage therapist. This will make Nebraska more consistent and competitive with our neighboring states so that we can keep individuals from leaving our state in search of opportunities elsewhere and provide greater reciprocity for reflexologists wanting to move to Nebraska. I want to touch briefly on two opposition arguments that may be raised today. Both were brought

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

up in 2017 and at the 407 review. First, a letter from 1985, it was a reference to an AG Opinion stating that reflexology is the practice of massage. Per subsequent correspondence with the AG's Office, we learned that this letter is not a formal Attorney General's Opinion. Can I finish my second thought?

HOWARD: Sure.

NICOLE FOX: OK. Thank you. Second, the argument of human trafficking was mentioned and I want to make it clear that while those running trafficking operations may use massage parlor as their front, these individuals are not applying for occupational licensing. I don't care how high you set the bar. The tragedy of human trafficking will not be derailed by excessive licensing requirements. This is an issue that needs to be handled by law enforcement. For those of you that follow the news in Omaha, approximately one year ago, an employee at a spa owned by an individual affiliated with a Nebraska massage school, who also sits on Nebraska's Massage Board, was charged with sexual assault of multiple clients. This individual is now in jail, but occupational licensing did not prevent these sexual assaults. In 2016 and 2018, this committee, and ultimately the Nebraska Legislature, advanced and passed two bills very much like LB347, one exempting hair braiders from a cosmetology license and one exempting equine, feline, and canine massage from massage licensing. You have the opportunity to score a third win for Nebraska's workers and I ask that you advance LB347 out of committee. And with that, I'm happy to take extra question-- or any questions. Thank you for the extra time.

HOWARD: Thank you. Are there questions? Seeing none--

NICOLE FOX: All right.

HOWARD: --thank you for your testimony. Our next proponent testifier for LB347. Anyone else wishing to testify in support? We do have letters for the record: Iris Aharonovich from the Reflexology Association of America; Amy Miller from the ACLU of Nebraska. The rest are representing themselves and I'll read their names: Elizabeth Fleming; Toby Thorstensen; Cathy Scheer; Vanessa Ramm; Dawn O'Brien; Dave Nielsen; Jane Bies; Stephanie Beideck; Kathryn Bratberg; Connie Brau; Alice Heard; Lila Schafer; Tracy Rich; Deborah Oetken; Karen Long; Terri Leuck; Sherry Kolli; Kathleen Keiner; Kathryn Hallquist; and Cyndi Smith. Is there anyone wishing to testify in opposition to LB347? Good afternoon.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

VYANNE ZINK: Good afternoon. My name is Vyanne Zink, V-y-a-n-n-e Z-i-n-k. I've been a licensed massage therapist for six years. I am a member of the American Massage Therapy Association, Nebraska chapter, and a volunteer on the government relations committee. The members of our chapter and the board have great concerns about this bill and we highly oppose the idea of exempting reflexology here in the state of Nebraska. Our first concern is that reflexology is a modality utilized for treating the body's systems to help create balance within the body. Reflexology is not simply a foot, hand, or ear rub. The intent with each hold and manipulation of the tissue is to support the organs of the body, open up the energy flow within the nervous system to specific areas of the body, which encourages the body to heal itself. Reflexology is evidence based. Research studies have concluded that reflexology is effective for those dealing with side effects of chemotherapy, many benefits during pregnancy when dealing with labor and postpartum recovery, postsurgical recovery to help ease pain and constipation, depression, anxiety systems, phantom limb pain, and many other conditions of the body. I have included a link for a reflexology research site and I have included a couple of abstracts from the research studies for you to review. This modality has proven to be effective and beneficial to the body and it is surprising that the state would consider allowing anyone with a pulse to say they are a reflexologist and give them the opportunity to work on the public, which brings me to our second point. Because the public doesn't know what it doesn't know, regulations create public safety. Reflexology sessions happen behind closed doors. With no regulations of reflexology, it will allow not only properly trained providers, but also invite uneducated and elicit entities to practice in Nebraska. This has actually occurred in several states, including Washington State, Nevada, Massachusetts, and North Carolina. Human trafficking and illicit businesses have no positive effects for a state. North Carolina and Massachusetts are working on reducing the amount of loopholes and exemptions due to the rise of human trafficking. The attorney general for Massachusetts is one of many who are sponsoring a bill which tightens their state laws around the licensing and regulation of body workers. Nevada and Washington State went through some years of experiencing no regulations with reflexology and they fought to get it regulated again. In 2012, Washington passed Bill 6103 which specifically states in Section 1, "The legislature finds that protecting the public health and safety from the harms of human trafficking has become more difficult and complex, with severe consequences for the victims and the public. The purpose of this legislation is to provide additional tools so that the regulatory

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

agency has authority to make reasonable inspections of the premises in which services subject to this chapter are being provided in order to determine whether the services are being provided in compliance with this chapter and to support state investigations of human trafficking and other illicit activity." Section 2, and there's legislative numbers there that I don't know how to read out loud, but it says that these are-- these sections are amended "to read as follows: The legislature finds it necessary to license the practice of massage and massage therapy and certify persons practicing reflexology in order to protect the public health and safety. It is the legislature's intent that only individuals who meet and maintain minimum standards of competence and conduct may provide services to the public." If Nebraska starts to allow one modality to go unregulated, we have potential to see a dismantling of the profession in years to come. As a massage therapist, we are body workers who can specialize in specific techniques and modalities. The definition of massage therapy in Nebraska is found in the Massage Therapy Practice Act. Massage therapy-- massage therapy defined means the physical, mechanical, or electrical manipulation of soft tissue for therapeutic purposes. Reflexology, defined-- defined by the RAA, the ARCB, and the NRCE [SIC] is manual manipulation of the feet, hands, and ears to stimulate the complex neural pathways linking the body's systems. By definition, reflexology falls directly under the massage definition. The state of Connecticut is currently experiencing this effect in which several other modalities have now been listed for exemption in a bill. I'm sorry, I'm out. I have just a little bit more. May I finish?

HOWARD: Sure, go ahead.

VYANNE ZINK: In 2018, the state conducted the 407 process on this issue. The committee had many questions regarding what reflexology is, so we spent a good amount of time educating them. After full knowledge of the modality, there was unanimous decision by the Technical Review Committee, the Nebraska State Board of Health, and the Director of Public Health against approval of this proposal; therefore, once again, we strongly state our opposition to this bill and ask that reflexology remains under the regulation of massage therapy. Thank you for your time.

HOWARD: Thank you. Are there questions? Senator Hansen.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

B. HANSEN: Thank you, Chairwoman Howard. Thank you for coming and testifying. Just a quick question: Does-- is reflexology taught when you go to massage school as part of the curriculum?

VYANNE ZINK: It is briefly touched upon with several other modalities, because when you go into your practice, you might not want to do all the modalities available. So they're touched upon to see if you have an interest in that and if you are interested, then you go and take more hours in that specific modality.

B. HANSEN: OK. And they get like certified in it?

VYANNE ZINK: Yes.

B. HANSEN: They get like a paper and all that kind of stuff?

VYANNE ZINK: Um-hum.

B. HANSEN: OK. Do you think there are massage therapists that practice reflexology without a certificate?

VYANNE ZINK: Probably, yes.

B. HANSEN: OK. Thank you.

HOWARD: Any other questions? Seeing none, thank you for your testimony today. Our next opponent testifier.

KIM ADAMS JOHNSON: Good afternoon. My name is Kim Adams Johnson, K-i-m A-d-a-m-s J-o-h-n-s-o-n. I've been a licensed massage therapist for 19 years. I had the honor of serving on the Nebraska State Board of Massage Therapy for ten years. I was the director of the board of directors for the Federation of State Massage Therapy Boards for three years. Under that tenure, I was part of a human trafficking task force for 16 months. I am in opposition of LB347 to exempt the practice of reflexology from licensure under the Massage Therapy Practice Act. In 2017, a proposal was submitted to the 407 Credentialing Review-- Review committee to initially exempt foot reflexology from the Massage Therapy Practice Act. In that proposal, Ms. Sarah Curry from the Platte Institute, on behalf of the rehab-- reflexologists in Nebraska, answered the question, what is the extent to which the proposed regulation or proposed change in scope of practice might harm the public? Her response was: We see no harm to the public by exempting foot reflexology from the massage license. Individuals-- individuals wanting to solely practice foot reflexology and become nationally

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

certified receive a minimum of 200 hours of initial training compared to no training or approximately 20 hours of training provided by Nebraska massage schools. The only credential-- credentialing review application harm to the public is to leave the law and licensing requirements as they are today. If we exempt them, they can create a state association and practice openly. On November 13, 2013, a letter from the American Reflexology Certification Board to the California Massage Therapy Council appears to contradict the perception of public harm in the reflexology profession. Ms. Christine Issel-- I'm probably saying your last name wrong, I'm so sorry-- the legislative consultant for the ARCB, made the statement: There is confusion within the manual therapy field to the public and in law enforcement agencies about whether reflexology is massage and especially how to deal with the growing trend in the U.S. of reflexology parlors and foot spas. Such entities typically are providing services using untrained immigrants with minimal or no English skills who often are required to work up to 12 hours per day for minimum pay. Some of these businesses front for operations of human trafficking and prostitution. How are practitioners in such businesses to be distinguished from the legitimate reflexologists and reflexology businesses? Ms. Issel went on to say: Because reflexology does not use invasive techniques, it is a low-risk therapy. However, potential harm exists from unregulated practitioners who provide full body massage without training and call it reflexology. Ms. Issel further stated that they were aware of the situation having an impact on the massage profession as well. Ms. Issel stated that it seems prudent for professional reflexologists and the CAMTC to pursue a-- pursue a joint effort to address the issue. Currently the state of Massachusetts is working to close what is called the "bodywork" loophole. Since 2006, state licensing requirements have applied only to massage therapists, with these practitioners getting their licenses through the Division of Professional Licensing and Board of Registration of Massage Therapy. Those businesses describe themselves as performing "bodyworks," defined in the state legislations as the practice of a person who uses touch, words, or directed movement to deepen awareness of patterns of movements in the body, have not yet to get state licenses. Among these professions are reflexology, ayurvedic therapies, acupressure, qi gong, shiatsu, body-mind centering, and reiki. Closing a loophole in the state law that allows bodywork establishments to go unlicensed would help regulators crack down on places that are often fronts for human trafficking and sex trafficking. This loophole is allowing places in Massachusetts, just like Florida, to go unlicensed. It is very hard for a building inspector, a health inspector, or law

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

enforcement to get in. Middlesex-- Middlesex District Attorney Marian Ryan said: Illicit spas operate in plain sight as reflexology or bodyworks establishments where sexual services are being offered. Another objection to LB347 is that with exemption brings a lack of regulatory oversight. I've heard over and over from individuals that are from states where reflexology is exempt that there are more uncertified persons practicing than certified a member of the North Carolina Board of Massage and Bodywork Therapy that I spoke with stated that with the previous exemption of reflexology from their massage therapy law. Many businesses advertises reflexology but are really just happy endings. She stated that it was like a whack-a-mole situation that they go out of business in one location and simply move to a new one because of lack of rules and oversight. North Carolina is now considering removing the exemption and requiring anyone who practices reflexology to have an LMBT license. I urge you to please consider the rami-- ramifications of exemption before making a decision. An exemption from the law would allow literally anyone to put up a sign and advertise they are a foot reflexologist. Regulatory oversight helps main-- maintain an integrity for the profession of foot reflexology. I do not want to see a downward spiral as other states that have exempted the profession have experienced. Foot reflexology is a legitimate profession that is highly regarded in the alternative healthcare community and I would like to see it maintain that standard in Nebraska. Thank you.

HOWARD: Thank you. Are there questions? Seeing none, thank you for your testimony today.

KIM ADAMS JOHNSON: Thank you.

HOWARD: Our next opponent. Seeing no one wishing to speak, we have two letters: Rachel Mann, representing herself; and Tina Sorensen-Dill, representing herself. Is there anyone wishing to testify in a neutral capacity? Seeing none, we have two letters: Dr. Travis Teetor from the Nebraska State Board of Health and Bo Botelho from the Department of Health and Human Services. Senator Murman, you are welcome to close.

MURMAN: Chairwoman Howard and members of the Health and Human Services Committee, just wanted to touch on a couple of things that were brought up in the hearing. Once again, I refer you back to the comments from Dr. Williams and the complete 407 process. From his director's report on the proposal to license reflexologists, he recognizes that most states see the distinct difference between reflexology and-- and massage therapy. Again, reflexology is exempt

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

from massage therapy licensure in 32 states, including 4 of our neighboring states: Iowa, South Dakota, Missouri, and Colorado. There are reflexologists here in our state, like Connie Young, who would want to start businesses that are moving away. As a body we constantly are talking about how we can keep our workforce here in the state, so how does it make sense that-- that we are requiring reflexology as an occupation to obtain licensure under the Massage Therapy Act, which requires minimum coverage of reflexology in their required coursework? This goes against our goal of growing Nebraska. We need to be encouraging individuals to start businesses and create jobs. We need to work to reduce barriers to these individuals to do so instead of requiring excessive licensure. Another thing I wanted to address is that consumers are intelligent. Let-- let consumers decide. Reflexology is an ancient practice that has been around for centuries; therefore, it's more than likely that when they are looking for reflexology services, they are going to do their research. I was asked multiple times about who will regulate these reflexologists and who will they answer to. I believe the answer is the free market. Think of Yelp or Google Review. When you're going to try a new place, you may look at the reviews and pick a place with good reviews. We live in a consumer-driven market. If a certain reflexologist has horrible reviews, you wouldn't go to them for their services. Those with bad reviews would either have to improve their services or they would end up out of business. Now another thing that was brought up was the Attorney-- Attorney General's Opinion on reflexology from 1985. As the Platte Institute mentioned, the Attorney General's Office does not have records of this, meaning that it was an informal opinion. Finally, we all know that human trafficking is happening in our state, but I don't think that the argument of if we exempt reflexology from the Massage Therapy Act then human trafficking will go up. I know that as a body we are going to do what it takes to protect people from human trafficking, but I don't believe that this is an occupational licensing issue. It's a law enforcement issue. If we constantly legislate with our eye on the worst of our society, we will slowly move to a highly regulated state that stifles the American dream. Today you have heard from both sides, and I hope that you can see the distinction between reflexology and massage therapy. I ask the committee to vote yes on LB347 and help those reflexologists who are trying to make a living here-- live-- living here in our state.

HOWARD: Thank you. Are there questions? Seeing none, thank you, Senator Murman.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2019

MURMAN: Thanks a lot.

HOWARD: And this will close the hearing for LB347 and the committee will take a ten-minute break before we go into Executive Session.