

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee January 27, 2022

ARCH: Well, good afternoon. Welcome to the Health and Human Services Committee. My name is John Arch. I represent the 14th Legislative District in Sarpy County and I serve as Chair of the HHS Committee. And I'd like to invite the members of the committee to introduce themselves. I might first say, you'll notice that there are some empty chairs up here. You will see senators coming and going today because there's bills being introduced and events happening where people are speaking. And so there will be more senators appearing here. But there will also be some coming and going. So don't be surprised with that. Anyway, let's, let's start with introductions and Senator Murman.

MURMAN: Hello, I'm Senator Dave Murman from District 38, and I represent seven counties and part of an eighth in the-- along the southern border of the state in the middle part of the state.

M. CAVANAUGH: Hi. Senator Machaela Cavanaugh, District 6, west central Omaha, Douglas County. And I will be one of those senators that is popping out shortly.

ARCH: Also assisting the committee, one of our legal counsels, Paul Henderson; and our committee clerk, Geri Williams; and our committee page, Rolf, who's out of, who's out of the room right now making copies. A few notes about our policies and procedures. Please, first of all, turn off or silence your cell phones. And this afternoon, we'll be hearing one briefing and one bill, and we'll be taking them in the order listed on the agenda outside the room. 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, followed by those speaking in a neutral capacity. The introducer of the bill will then be given the opportunity to make closing statements if they wish to do so. For those of you who are planning to testify, you will find green testifier sheets on the table near the entrance of the hearing room. Please fill one out, hand it to one of the pages when you come up to testify. This will help us keep an accurate record of the hearing. When you come up to testify, please begin by stating your name clearly into the microphone, please spell then both your first and last name. We use a light system for testifying. 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 is time to end your testimony, and we'll ask you to wrap up your final thoughts. If you wish to appear on the committee statement as having a position on one of the bills before us today you need to testify. If you simply want to be part of the official record of the hearing, you

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may submit written comments for the record online via the Chamber Viewer page for each bill. These comments must be submitted prior to noon on the workday before the hearing in order to be included in the official record. Additionally, there is a white sign-in sheet at the entrance where you may leave your name and position on the bill before us today. With that, we're going to start with a briefing from the Children's Commission and welcome Miss Opfer.

LAURA OPFER: Thank you. Good afternoon, Chairman Arch and members of the HHS Committee. My name is Laura Opfer, that's L-a-u-r-a O-p-f-e-r, and I am policy analyst with the Nebraska Children's Commission. And let me just say, as somebody who got my start as a case manager with the Department of Health and Human Services 12 years ago and as a former foster and adoptive parent, being at the Nebraska Children's Commission is really a full-circle moment for me of seeing the big picture after being in the field and being in supervisory roles. So I know you get a lot of information thrown at you during session, and I'm planning to just share some brief highlights. The two handouts that you have, one of them is basically our annual report, and I have just taken the recommendation sections and kind of summarized those for you. And then the other is a quick fact sheet on the Nebraska Children's Commission. So I hope that you'll use those resources and let me know if you have any questions. Most of you are familiar with the Children's Commission. But just as a reminder, we were created in 2012 by the Legislature and our original charge was to create a strategic plan for Nebraska's Child Welfare System. Today, the commission serves as a permanent leadership forum for collaboration on child welfare and juvenile justice among the three branches of government and public and private stakeholders. We're a 26-member commission that's appointed by the Governor, including voting and nonvoting members. We have over 250 stakeholders and community members across the state that participate in our initiatives, and that's something that we're really proud of. They are who make the commission and they make us work. So in addition to our committee priorities, I wanted to highlight the strategic priorities that the commission identified in 2019 and we will be reexamining these in 2022. But currently our priorities are the prevention continuum, placement stability, racial and ethnic disparities, truancy and status defense filing, and additionally, probably not to your surprise, two of our other areas that we're monitoring is the Eastern Service Area Transition and the Youth Rehabilitation and Treatment Centers. We have five statutory committees, and so I want to go over highlights from each of those. There's a lot of information in here that I'm not going to be able to cover today, but I did just want to pick a few pieces to

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kind of highlight for you. Our Bridge to Independence Advisory Committee makes recommendations to DHHS and the Legislature on the B2I program which is an extended foster care program that provides supports to youth who age out of the foster care program. So our first recommendation, and this has been a longstanding recommendation from the committee, is to establish a path for enrollment in the program for youth involved in the juvenile justice system. And that actually currently there's a bill, LB202 with Senator Pansing Brooks from last year, related to that recommendation. There are additional recommendations on here that we are partnering with the Department of Health and Human Services on and look forward to diving into further this year. The next committee that I wanted to take a few minutes to talk about is the Foster Care Reimbursement Rate Committee. So that committee was created originally with the Nebraska Children's Commission back in 2012. So it's been in existence for ten years now, and they were created to make recommendations on foster care reimbursement rates and a statewide standardized level of care assessment, along with a few other priorities. And it's important to know if you were around at that time that in 2012, our child welfare system was in a state of disarray and foster care rates had not been updated since the 1990s. That's a big reason why that committee was created because our foster care rates were very outdated and that created some other crisis points in our system. So in 2020, we released a report with recommendations that our members and volunteers worked on for several years related to our statutory charge. You can see those recommendations in the handout that I gave you. But I wanted to just talk about a few things related to that process. So when we originally were created in 2012, we worked closely, obviously, with the department and other stakeholders to create recommendations for a rate structure, as well as language and definitions for how foster parents and agencies would qualify for those certain rates. And the first couple of report years, we worked closely with the department and in unison moved forward on some of those rate updates and language updates. In 2020, what happened was kind of a perfect storm. We released a report in 2020 and there were some new DHHS administration that came on board at that time just as we had finalized the report. And rightly so, the report was unfamiliar to them at the time, and so we did our best to bring them on board. We introduced a few pieces of legislation, one of those in collaboration with Senator Walz related to our recommendations. So then early last session, DHHS contracted with the Stephen Group to explore those recommendations that we had made and also to help them with potential implementation. And I wanted to share a few of the highlights from the Stephen Group Report, even though it's not typically a part of our process, in our ten years,

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we've never had an external evaluator. We welcome the input, and there were some good things that came out of that report that I'd like to share. So the first is that DHHS should consider establishing a level of care in between the existing intensive and specialized tiers. So that's a recommendation that we're currently working on with the department. And then I'm just going to highlight number three and number five because I think it's important to note that the work of this committee is done entirely on a volunteer basis through professionals and experts, and they work really hard on those reports that they put out every four years. So the Stephen Group said that our recommendation to adopt treatment family care model is sound. And again, the Stephen Group is a nationally recognized consulting group. They also said that our rate setting was firmly grounded in federal standards and that the rates calculated by our committee appear to be reasonable in nature when compared to other jurisdictions. The other piece of this that I wanted to touch on is just that LB541 with Senator Walz is currently sitting in committee with an amendment drafted that brings DHHS on board. We've worked hard to compromise with them over the last year. DHHS also has a timeline for implementation of additional tiers that they've recently put together in accordance with the timing of LB541. So as of right now, they have an implementation plan to create those additional tiers in partnership with foster parents and agencies by October 1 of 2022. There's a lot of work that needs to happen between now and then, but I'm confident that we can get it done. The next part of that bill is that Medicaid is required to implement treatment foster care by 2023. And I wanted to pause just for a minute and talk about some of the implications if LB541 does not pass. So if this piece of legislation does not pass, it means that the work of additional tiers in treatment foster care could be delayed or stopped altogether. More importantly, what does this mean for kids, stakeholders, and taxpayers? Without treatment family care, we're missing a crucial layer of support for a youth stepping down from or awaiting congregate care or treatment care services. Without this bill, we have fewer placement options and sometimes no appropriate placement options, leaving kids in limbo, jumping from place to place, creating further trauma and chaos for their lives. We also know that right now, DHHS does not have a standard process that outlines when to execute a letter of agreement, and those are those single service agreements that they're utilizing currently with high-needs youth. There's not a standard for what criteria must be met for those, or nor are there expectations for the care of the child or the agency that are standardized across the state. To put it clear without a standard process, DHHS loses out on IV-E funding for our kids with the highest per diem rates. Some of them in excess of \$200

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per day. So a couple other findings related to the Stephen Group Report. Number one, I think is the most pertinent to this topic, and that's that Nebraska is not claiming IV-E reimbursement for many expenditures related to these letters of agreement. So we are losing money every single day that could be infused back into our child welfare system if we were able to capture more federal funding. The next group that I wanted to touch on briefly is the Juvenile Services Committee. They're doing a lot of great work as well. And one particular topic I know that is of interest to this committee is the YRTC work group that was created in 2020. And that group actually took time to closely examine DHHS's five-year plan and create some additional recommendations and support surrounding the implementation of that plan. So they identified three priorities: the first of which is youth voice; second is accreditation; and third is family engagement. And I'm going to talk just a little bit about accreditation for our purposes today because I know that's also been a big topic of discussion. The YRTCs currently have an accreditation process that does not fit the model of youth treatment and rehabilitation. And so the work group has been exploring other accreditation options, which is tricky. There are not a lot of state-run facilities like ours, but there are some across the nation. So it's kind of a niche market to try to find an accreditation body that really fits what the YRTCs do and what we want to accomplish. That being said, COA is the Council on Accreditation. Some of our local foster care agencies are accredited by COA, and they actually have a somewhat new accreditation service called the Juvenile Justice Residential Services Accreditation. And I'd be happy to send you further information on that. But I wanted you to know that that's something that the work group is exploring in collaboration with Mark LaBouchardiere from DHHS. Mark sits on that work group, as do other stakeholders. Mark has been very receptive to the work group's input. In fact, met with the work group cochair and COA to explore how our YRTCs might fit into what they have as an accreditation option. So we're excited about the potential there and look forward to a continued partnership with the department on improving the YRTCs. The next statutory group is our Strengthening Families Act Committee. Just a couple quick notes there. For those of you who are not familiar, this committee was created initially as the normalcy task force under the umbrella of the Children's Commission in order to monitor and make recommendations related to Nebraska's implementation of the Federal Preventing Sex Trafficking and Strengthening Families Act, or SFA. So Nebraska Strengthening Families Act implements the federal act and initial stakeholder recommendations. And as a reminder, both the federal and state SFA represents a cultural shift to allow children

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and youth to grow and thrive in less restrictive placements, more family like environments, and participate in age and developmentally appropriate activities. So a lot has shifted since they implemented that. We have a work group that reviews normalcy plans and reports that are submitted by group homes, and that is a big undertaking by that committee, and they continue to monitor normalcy plans and reports to ensure that youth in congregate care settings have age and developmentally appropriate activities that they're allowed to thrive and learn and grow just as their peers, even when they're placed in congregate care settings. Another note, we're working with DHHS to implement what we call a transition-age youth advocate. We have an APPLA subcommittee, and that's a big acronym, so APPLA stands for another planned permanent living arrangement. So this is a permanency goal for youth when reunification and guardianship and adoption were attempted, but either unsuccessful or not in a youth's best interest. Our APPLA group continues to monitor data, including foster care review office reports related to youth ages 14 to 18. And let me be honest with you, as much as we have great people working with these youth, we continue to see outcomes that are not favorable for our youth transitioning out of foster care. According to the Foster Care Review Office annual report, it indicates that in the last fiscal year, 168 young adults left our system never having achieved permanency. That's a pretty big number. Some reports show that more than 40 percent of youth do not have current independent living assessments, which are the foundation for their independent living plans that help set them up for success as they age out. That is of concern to our work group and is something we've continued to monitor and discuss in collaboration with the department. So all that to say, the APPLA subcommittee made a recommendation to the department to create transition-age youth advocates to really help shine a spotlight on that age group. We know that when case managers get busy, their caseloads are full, it's really hard to dedicate additional time to youth and prepare them for aging out, and so transition-age youth advocates would be supervisory or above level at the department, does not create a new position. It essentially just designates them as champions for that age group so they can focus on becoming experts in services and best practices and help support their peers who are also case managing with transition-age youth. The last and newest group that I wanted to give a quick update on is the Alternative Response Advisory Committee, and this committee was created in 2020 by LB1061 under the umbrella of the Nebraska Children's Commission. It continued the alternative response program under the department as a permanent program instead of a pilot that would have sunset that year, and it gave us four key areas to examine in our work. One, is the receipt and

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screening of reports of child abuse and neglect by the department. The second is ongoing use of alternative response, and the third is the use of traditional response, which can be kind of tricky because our name is the Alternative Response Advisory Committee, but I think it's important to note that we do also look at the scope of traditional response as well, and that fourth is the provision of services with alternative response and noncourt-involved cases to ensure child safety. So that committee convened in January of 2021 and meets quarterly ongoing. They spent their first year strategic planning, diving into what's going well and what do we need to strengthen within the program? And in 2022, we plan to identify priority areas and work groups to start working on some of those areas. So with that, those are the highlights. Again, there's a lot more work that happens at the level of the Children's Commission and our committees. And I want to thank all of our members and stakeholders who contributed to the work over the last year. If you have any questions, I'd be happy to answer them.

ARCH: Great. Are there questions?

WALZ: Where did my question go? Thank you.

ARCH: You're welcome.

WALZ: Thank you so much for all of your work. We appreciate it very, very much. You talked about that there were no assessments for independent living as they're coming out or aging out. Can you just talk about that a little bit more?

LAURA OPFER: Sure. Yeah. So let me find that statistic. So it was more than 40 percent of youth do not have a current independent living assessment, and right now they use the ansell casey. That's a tool that helps them know what skills youth may be deficient in or what strengths that they have. So that assessment really helps them build what we call an independent living plan or a transitional living plan that then, you know, says, well, if they need some financial help, how do we get them resources and the financial training between now and when they age out so that they have a better financial foundation? And there's a lot of different areas on the ansell casey. But when we don't have current assessments, that really makes it hard for us to do transitional living planning that best serves the youth. And, and just as a note, too, you know, this may be related to documentation. You know sometimes the work gets done but doesn't always get in the system and so it's hard to tell when the data is collected. If there's not a current assessment that can be viewed, then that gets marked as not

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being completed. So it's, you know, one data point that's helpful for us, but there may be more behind it as well.

WALZ: Can I ask another question?

ARCH: Yeah, please.

WALZ: So if-- I mean, to me, if there's 40 percent that we're not having, that don't have these assessments, there's really 40 percent that don't have a plan when they're leaving.

LAURA OPFER: They do sometimes have a plan, even though there's not an assessment. But we also see that not all of them have a plan. So the completion rates for transitional living plans are higher for whatever reason. But still, we should have 100 percent of youth with transitional living plans, and we don't.

WALZ: OK, one more question. Who, who completes the assessments or whose job is it to complete the assessments?

LAURA OPFER: I think it depends on who's working with the youth. So sometimes foster care agencies could help complete it. Other times, a case manager might or if they have like a, a house coach or somebody that they're working with on independent living skills, that person may complete the assessment with them.

WALZ: OK. Thank you so much for all your work.

LAURA OPFER: Yes, thank you.

ARCH: Other questions? I have several several. This, this isn't a hearing, obviously, on these, on these, on these other bills, but in particular LB541 with the amendment, you originally had a, a recommendation of developing a fourth tier. Do, do you see the results of the study that the department has done and your work with Director Beasley actually more than just a fourth tier? Will there be, will there, will there be other tiers as, as you would anticipate?

LAURA OPFER: Yeah, that's a great question. So using the data from the Stephen Group Report, which is a good, a good place to start, they have a graph that grouped the LOAs by category and certain amounts, and there is a large grouping right around that fourth tier, which is about \$80 a day. There, there is a small group of LOAs that's in between the current third tier and the fourth, but honestly, not a significant number. There is that number or more above the current fourth tier. So it's a great question. And the truth is, yes, there

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are absolutely youth who fall outside of even a fourth or a fifth tier. And I think that's something that we need to continue to talk about as a state because if we do not, if we have youth outside of our current structure, so even if we create a fourth and a fifth tier, if that fifth tier is, say, \$80 to \$100, there are youth that have LOAs in excess of \$200 a day. We're still not capturing that. So I think we, we have some short-term solutions here, but that doesn't mean that's where we stop. I'd like to see us continue to think in a way that allows us the maximum coverage when it comes to IV-E funding.

ARCH: Do you think that there will, there will always be a need for some individual contracts, some individual consideration, for some, for some very high-need children?

LAURA OPFER: Yes, I think certainly we may have a handful no matter how we structure it, but those should be vast outliers. I think we can capture a majority of our kids with a rate structure.

ARCH: OK. All right. I'm-- first of all, thank you for working on the accreditation issue. Obviously, you, you, you follow our committee and you know we've been running kind of parallel, so we've been dealing with the Youth Rehabilitation Treatment Centers and we've been dealing with child welfare and, and the work that you do. It was interesting your, your comment on accreditation and the possibility of COA. Have, have-- has that-- have you done any discussion of licensure or is it-- has it just been accreditation?

LAURA OPFER: So we haven't tackled licensure at that work group meeting, but it is actually something that came up at our Juvenile Services Committee meeting just this morning. Jennifer Carter is a part of that, and she brought up the licensure issue. So that is certainly something that we'll take back to the work group. I do think we have more potential to address the accreditation issue first. But I would like to see--

ARCH: I would, I would agree with you.

LAURA OPFER: Yeah, I would like to see the licensure issue eventually discussed at that work group level too.

ARCH: OK. All right. See if I had any other, any other questions that I made note of. Yeah, well, and of course, we've, we've had recommendations on, on, on IV-E funding as well that, that came out of our LR29 committee. So many of the, many of the things that you, you are seeing, we are seeing. And, and so it's, it's very reinforcing to,

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to hear that as well. So-- well, any other questions that we might have? OK, seeing none other, thank you for your work and thank you for the briefing today.

LAURA OPFER: Yes, thank you so much.

ARCH: And with that, we will, we will close the briefing from the Nebraska Children's Commission and we will now open the hearing for LB906. Welcome, Senator Hansen.

B. HANSEN: Thank you, Chairman Arch, members of the Health and Human Services Committee, my name is Ben Hansen, B-e-n H-a-n-s-e-n. I represent Legislative District 16, and today I bring LB906, legislation that will provide COVID-19 vaccination exemptions for employees. So I'd first like to start off by asking a few questions. The first question would ask you to remember, what was the reason or justification for the COVID-19 vaccine mandate in the first place? The answer, of course, was to stop infection and transmission in order to create individual and herd immunity. It was said that the vaccine would protect others and keep fellow workers and citizens safe. The second and most important question we are faced with is whether or not the COVID-19 vaccine is actually preventing transmission and infection? To continue with this thought, is it providing individual and herd immunity? And is it preventing the spread of COVID-19 like it claimed to do from the beginning? And the answer to this is unequivocally and irrefutably no. Research and data have, without a doubt, shown that the vaccine does not prevent infection or transmission, and it does not create herd immunity. In other words, the vaccine is unable to keep any vaccinated individual from becoming infected. It is also unable to keep them from infecting any other vaccinated or unvaccinated individual at work or in public or in the home. Once we admit this irrefutable truth that the vaccine does not prevent infection or transmission, does not provide individual or herd immunity, and, thus, getting vaccinated can not protect others at work or in the community, there's only one scientific and logical conclusion to come to. The vaccines have been ineffective. The vaccine mandate has been ineffective, and there simply is no justification of any kind to keep a vaccine mandate in place. Neither vaccines nor the mandate for vaccines have prevented infection or transmission of COVID-19. The very reason for the vaccine mandates. You'll hear to come back to this kind of often because this is kind of the heart and soul of my argument. The third question asks, are we concerned with the vaccine status of an employee or the infection status of an employee? Because those are two totally different things that tell two totally different stories. And this is an important distinction, too.

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The answer is we are much more concerned about the individual's vaccine status, which, as we discussed earlier, does nothing to tell us the infection status of the person. So vaccine status, infection status, two totally different things. That is what we ultimately need to direct our attention to if we want to help prevent the spread of COVID and to protect others. The threat to others is the infected, whether they are vaccinated or not. And we know for certain that both the vaccinated and unvaccinated can get and transmit COVID-19. The infected vaccinated are an equal threat to others as the infected unvaccinated. I'll repeat that one more time, because that's kind of a, kind of a mixture of words here. The infected vaccinated are an equal threat to others as the infected unvaccinated. What we all know to be true is that vaccination status is irrelevant with respect to infection and transmissibility status. Put another way, vaccination status is irrelevant to your status as a threat to infecting others at work or in the public. We have no way of determining based on vaccination status if you are infected or if you are infectious. Again, the only way to determine infection or infection status is by testing for infection, and this is equally true regardless of vaccination status. So faced with the scientific truth that the COVID-19 vaccine does not prevent the spread of the virus, we now have to ask ourselves another question: Are vaccine mandates unscientific, illogical, and unethical? That answer is yes. I want to make sure we don't conflate issues, and I'm clear about one thing, I have no opposition to the vaccine being available to those who want it. My issue is with forcing a vaccine that does not prevent infection or transmission to those who, for personal reasons or religious reasons, do not want it. I think it is your right and decision to make. This bill and hearing isn't about taking the right to be vaccinated away. That would be as unethical and immoral as taking away the right not to get vaccinated. This does not even include the fact that forcing a citizen in the United States and the state of Nebraska to submit to any medical procedure is both unconstitutional, immoral and, in fact, in contradiction of medical ethics and the Nuremberg Code. A whole nother rabbit hole we can go down to, but I'm not going to touch right now. This bill is about employers mandating a medical procedure and scientifically-- and specifically mandating a vaccine that does not prevent infection and transmission. One that has been shown to not only do nothing to acquire herd immunity, which we are told from the beginning, has been shown to be false, prevent the transmission of COVID, which we were told from the beginning and still which has been proven to be false, and also has no long-term data to prove its efficacy and potential side effects over time. Last question, what is our role as legislators and representatives of the people when faced

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with a decision such as this? LB906 would impact employees and employers across the state of Nebraska. With the white copy amendment, which I believe you guys have in front of you and gals, sorry, an employee who does not consent to vaccine requirements from their employer will be able to fill out a COVID-19 vaccine religious or medical exemption form found on the Department of Health and Human Services website. Upon submitting the exemption form to the employer, the employer must then accept and provide a COVID-19 vaccine exemption. If the employer decides to require periodic testing and personal protective equipment for those exempt employees, that will be at their discretion. LB906 requires the acceptance of COVID-19 vaccine exemptions because, as we have discussed earlier, COVID-19 vaccine mandates have been proven to be medically and morally unjustified. The vaccine has been both ineffective at what it claimed to accomplish and is against the Medical Code of Ethics with respect to removing a patient's right to choose. Do we still let the public lose their livelihood, career, and ability to provide for their family? Are we morally obligated to step in and do something against an unethical action? That's for you to decide. Thank you. With that, I will do my best to answer any questions that you might have.

ARCH: Thank you. Are there questions for Senator Hansen? Senator Day.

DAY: Thank you, Chairman Arch. And thank you, Senator Hansen. So I think I had asked you this question when you presented me with the amendment yesterday. I was under the impression that we already have medical and religious exemptions in the state of Nebraska for employees, and that is not correct or it only applies to schools?

B. HANSEN: I believe from the mandate that we have also put down from the federal government that it applies to CMS organizations. And I think some, from my understanding, people behind me will be able to answer that better.

DAY: OK.

B. HANSEN: Businesses can require a religious exemption. But from what I'm hearing and been hearing from constituents and people across Nebraska, it has been so varied and far stretching that it's really hard to tell. Some take them, some don't. Some have multiple pages, some ask very specific questions about the religion. This lays it out in a very specific-- you know, we're kind of creating some commonality among the state of Nebraska. We have a simple form they can fill out that they can print off from DHHS website and actually provide some relief to even the employers in the state of Nebraska because now

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there's a common form that you can kind of go to, the employees can print it off. And so we're trying to create that relief among the employers as well.

DAY: OK, thank you.

B. HANSEN: Um-hum.

WILLIAMS: Thank you, Senator Day. I have a few questions that I would like to ask--

B. HANSEN: Yes.

WILLIAMS: --and then we'll get to some others. And first of all, I sincerely appreciate the work that you have done on this and the conversations that we have had in preparation of the hearing today. I think it's important for people to know that Senator Hansen has been very open about dealing with this issue with all of us in the Legislature that care deeply about our constituents in the workforce and all those things that we do. What I want to do is walk through some specifics of the bill so that we are clear because we've had a green copy that was introduced originally that was prioritized. Then we had one amendment and now we, we have another one that's slightly different. And I think it's important that as other people come up to testify today, we're all on the same page as to what this-- the, the final amendment does here and where we are. And even though I may disagree with some of your opening comments, I absolutely agree with people's right to choose and those kind of things personally. OK. In, in the original bill that was introduced, it included all vaccines in the green copy that was introduced. And as I understand in the amendment, it is now limited simply to vaccines that deal with COVID.

B. HANSEN: You are correct. Yeah, we kind of tailored that down quite a bit to include COVID-19 vaccines so we're not misconstruing what we're trying to accomplish here. You know, other vaccines we might be talking about, we want to keep-- kind of keep the topic on hand.

WILLIAMS: So we're talking strictly about the COVID vaccine?

B. HANSEN: Yep. Yep, that is in the amendment on the first page, correct.

WILLIAMS: In the, in the green copy, again, under the definition of employer, it was anyone employing 20 or more people. I've not seen the latest amendment, but the one that we looked at yesterday, and I think it's probably the same, an employer is with one employer or more.

B. HANSEN: Yes.

WILLIAMS: So it doesn't have that 20 limit.

B. HANSEN: Yeah, we actually got some people mentioning that they wanted to be included as well, even like the people who are below 15. So they were wondering why they were not.

WILLIAMS: Right. Next area of concern that, that we had, and this goes clear back to the bill that was introduced last year that we discussed, is the issue of we currently have mandatory vaccines for students and schools that in my first reading of the green copy of LB906, you could certainly make the case that that current of restrictions that we have there could be changed with LB906, that it would capture not just employees at school, but it could have captured students. It's my understanding that there is no intent that this would have any effect on the current vaccine mandates that are-- exist today in our school system for students.

B. HANSEN: Yeah, this is not intended to touch school students at all. We don't want affect that at all, we're talking mainly about an employee-employer relationship there.

WILLIAMS: And I think with that, and I think you just said it, it, it could, though, affect employees of school systems.

B. HANSEN: Could potentially, yes. I would assume so.

WILLIAMS: Yeah, I, I think that's something that we want to be sure that the language as it finally gets that we, we are clear that no school for their students has to have any concern about this affecting that.

B. HANSEN: No, no, we don't want-- nope, we're not going that direction at all.

WILLIAMS: OK. And this one is a major change, and especially for those of you coming, coming behind. The original bill, as presented, included the exclusion for someone that had a strong moral, ethical or philosophical belief or conviction. And one of the concerns that many of us had with that is that businesses and schools right now are dealing with a, a known commodity in a religious exemption and a medical exemption. And as I understand the, the, the latest amendment it ties in the federally adopted language for medical exemption and religious exemption.

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B. HANSEN: Yeah, we at the behest and concern of even people who are-- have to do with CMS, the business community, there was some concern that there wasn't a whole lot of commonality between other different kinds of states. Their concern about federal law and then following state law because we were talking about doing a philosophical exemption while federal law has a religious exemption. And so, like, which one do we follow? Do we follow the state one, do we follow the federal one? So then we got rid of that portion and then mirrored our language after federal law, which was the religious exemption. Almost exactly what they have, sincerely held religious belief, practice, or observance. And then we also included, and this is with the amendment to the amendment, which I don't know if you're going to ask about that as well, talks about the, the healthcare practitioner medical exemption as well. We took that language from the federal government as well and, and had that in there for the medical exemption.

WILLIAMS: So if we have an employer in Nebraska with more than 100 employees that, that has to deal with OSHA and there are these definitions there today, the definitions under your amendment will match those so there's no confusion about it's the same deal.

B. HANSEN: Yeah, luckily, you don't have to deal with OSHA anymore--

WILLIAMS: No.

B. HANSEN: --thanks to the Supreme Court. Yeah, but yes-- yeah, we tried to mirror it after federal, federal language.

WILLIAMS: Well, there's a lot of other things that OSHA deals with then, then vaccine and its effect.

B. HANSEN: Yep. Oh, yeah.

WILLIAMS: So I'm talking about all those things, too.

B. HANSEN: Gotcha.

WILLIAMS: OK. And the last question that I had is that the current amendment, I think, still includes the, the fact that the employer, if they do have a vaccine mandate and a person has chosen either a medical or a religious exemption and has presented that to them. And therefore, you know, is opting out, so to speak, the employer can require periodic testing and the employer can require wearing of PPE, either mask or, or whatever there would be. Is that [INAUDIBLE]?

B. HANSEN: Yes. And that was also a concern among the business community and even healthcare facilities, like, we, we didn't want to take that form of protection away from them. So that was that threading the needle, like I mentioned before, between trying to protect the employees of the state of Nebraska, but also trying to not step on the toes too much of the business community and healthcare industry.

WILLIAMS: Sincerely appreciate your, your work to get, get this bill to this place where it is gaining some universal support because of those kind of things. I know the business community will still have some concerns because of, of the fact on that particular issue that they're required to pay for those either the testing or the, the PPE, so to speak.

B. HANSEN: Yes, and there was also some concern about actually specifically instead of putting when it come to testing, like periodic testing, some mention that maybe we should specifically put in there that you cannot test more than once a week. I wanted to leave that out because there may be some instances where a business or healthcare may need to test more than once a week if they, they typically would might test on a Monday. But then somebody found out they were at a party with a whole bunch of other COVID-positive people, and they want to test them again to make sure they can come back to work. I didn't want to take that right away either, and so I didn't want to be too restrictive in that aspect.

WILLIAMS: Understood. Are there additional questions? Senator Murman.

MURMAN: Yeah, and thank you, again, also for all this work on this bill. And you don't have to answer this question if you don't want to. It's totally your prerogative. But I'm just wondering what is the reasoning for leaving out students-- student-vaccine mandates out of the bill?

B. HANSEN: I'm going to plead the Fifth. You said I didn't have to answer it. I-- that will go down a whole nother rabbit hole I'm not going to go down. So I just left that out because the main concern about this bill is making sure we're protecting employees in the state of Nebraska. I mean, right now, those have been cemented, you know, and we're talking about totally different vaccines when it comes to school-required vaccines, as opposed to COVID-19 vaccines, which has different data, different research, different long-term studies. And that's why we just specifically stuck to COVID-19.

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MURMAN: OK. And then a follow-up question requiring any kind of testing for students or PPE, I assume that would-- that is a totally different bill?

B. HANSEN: That is not, that is not in the bill. Yeah.

MURMAN: Oh, OK, thank you.

WILLIAMS: Additional questions? Senator Day.

DAY: Sorry, I have one more question,--

B. HANSEN: Um-hum.

DAY: --Senator Hansen. So I-- just as a couple of days ago, I believe that the Biden administration was going to move to remove the emergency vaccine mandate. Would that have any effect on your bill or--

B. HANSEN: Are you talking about for employees of 100 or more?

DAY: Correct.

B. HANSEN: Yeah, that did get overruled in the Supreme Court, so from my understand--

DAY: Yes, and I-- and because of that, I think they were talking about removing the emergency mandate, but I didn't-- so I'm wondering if you know what's going on with that or if that has any effect on--

B. HANSEN: No, this-- yeah, this-- regardless of that, the one thing we tried to make sure that we did, even though this doesn't pertain so much because of the Supreme Court ruling, we also didn't want to be-- the constitutionality of the bill, we had to be a little bit careful of. So we're not actually taking the right of somebody to mandate a vaccine away. And so an employer can still mandate a vaccine. I think if we took that right away and said, no, no, you can not mandate a vaccine at all, then we're talking about some constitutional-- constitutionality issues. Now we're creating more of a burden than what federal government can require. The Supreme Court ruling kind of changed some of that stuff, but we're still not kind of being more burdensome than the federal government is requiring.

DAY: OK, thank you. And I appreciate you answering all of our questions today.

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B. HANSEN: I do my best. Sorry. Yeah.

ARCH: Other, other questions from the committee? OK, seeing none, thank you.

B. HANSEN: Thank you.

ARCH: I'm assuming you'll stay to close.

B. HANSEN: I will. Thank you.

ARCH: All right. We'll now accept the first proponent for LB906. And if you want to move to the front, there's some, there's some seats up front as well. Good afternoon.

GARY ANTHONI: Good afternoon, Chairperson Arch, members of the Health and Human Services Committee, my name is Dr. Gary Anthoni, G-a-r-y A-n-t-h-o-n-i. I am the director and chief medical officer for the Division of Public Health within the Department of Health and Human Services. I'm here to testify in support of LB906 if amended with AM1687, which will narrow the focus of LB906 to COVID-19 vaccination. Please note: Department of Health and Human Services supports COVID-19 vaccination. The COVID-19 vaccines are safe and effective for use, and the department encourages anyone who has not yet been vaccinated to do so. Fully vaccinated people are 11 times less likely to be hospitalized with COVID-19. Individuals who receive the additional booster are 46 times less likely to be hospitalized with COVID. We estimate that these vaccinations prevented 3,200 hospitalizations and 700 deaths in Nebraska in the month of December alone. We appreciate Senator Hansen's introduction of an amendment to strike and replace this language with a narrow focus on COVID-19 vaccination. This amendment would provide a path for exemption aside from federal requirements, while still maintaining the health and safety of that individual and their community by allowing for periodic testing and use of personal protective equipment. Including these provisions-- these provisions are important to ensure that individuals who do not receive COVID-19 vaccine may safely continue in their line of work. I would note that the original bill would have also impacted our state's childhood vaccination programs. Nebraska has very high immunization rates protecting our children from international introductions of these diseases. Although some diseases like polio and measles are circulating globally, they do not take hold in Nebraska because of pediatric immunization requirements. Again, I encourage each and every individual thinking about getting vaccinated for COVID-19 to talk to their medical provider. If interested, more information can be found

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on the DHHS website. I respectfully request that the committee support the amendment to this legislation and move it to the floor for full debate. Thank you for the opportunity to testify today. I'll be happy to answer any questions.

ARCH: Thank you, Doctor. Are there questions? Senator Walz.

WALZ: Thank you. It's weird that you're actually here in person and not on TV.

GARY ANTHONE: I don't know what's better or worse.

WALZ: It's good. Thank you. I just wanted to clarify. So if an employee decides not to get the vaccination, the employer can still require the employee to be tested and wear personal protection equipment. Is that correct?

GARY ANTHONE: That's my understanding. Yes.

WALZ: OK. All right. Thank you.

ARCH: Other questions? Senator Murman.

MURMAN: Thank you, Dr. Anthone, for coming in and testify. I've seen these numbers in the second paragraph of your testimony here several times, but I've never seen specific statistics to back them up and maybe they're in this here that I haven't seen yet, but the 11 times less likely to be hospitalized fully vaccinated. Where do those statistics come from?

GARY ANTHONE: If you look at the handout, I think that's on there, the graph, it'll show that there's three different categories. There's the fully vaccinated, the boosted, and then the nonvaccinated group. And so if you look at where those lines are at, and I-- let's just say, I think the 11 times was saying, if it's 46 times chance that you're going to be hospitalized, it would be 11 times less than that if you're vaccinated and 46 times less than that if you're boosted. It's, it's a huge difference. I think our team, Doctor Donahue, our state epidemiologist and our epidemiology team were one of the first in the nation to show those types of differences.

MURMAN: So a follow-up question. It's the number of people vaccinated with-- fully vaccinated and then boosted compared to the number hospitalized in each category?

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GARY ANTHONI: Without being vaccinated, yes. And I think what this really showed was at first we didn't know how important the booster doses were to preventing hospitalizations. But look at the difference, 11 times if you're vaccinated, 46 times less if you're boosted. So I just remember at first when the booster doses came out, it was sort of like, well, think about it, don't, don't-- you know, walk, don't run to get your booster. And I think that's just proven that to be run, don't walk to get your booster.

MURMAN: And one more question. I've, I've heard that boosters are effective for certain, certain variants-- certain boosters are effective for certain variants of COVID and some and the most recent variant, possibly not as effective. Is there any truth to that?

GARY ANTHONI: No, I think that the booster doses that are available now are just as effective for Omicron as they have been for the other variants as far as preventing hospitalizations. There's that difference there between being infected and going to the hospital. So this is about preventing people from going to the hospital. Our strategy all along has been to prevent overloading on the hospital capacity. And that's what the vaccines are doing.

MURMAN: If I could ask one more question? I've heard certain countries such as Israel, even though they have very high vaccination rate, also have a very high incidence of COVID. Is that true? And if so, how would you explain that?

GARY ANTHONI: I think from, from listening to Senator Hansen about infections, and I think we need to, to, you know, disassociate infections from hospitalizations. I mean, we've said all along, this is a virus. We're not going to be able to stop the virus. But what we can do is hopefully preventing you from needing a hospitalization or dying. And that's what vaccinations are proving to be.

MURMAN: Thank you.

ARCH: Other questions? I would just say thank you for coming. I really appreciate you coming and, and it's very valuable. While this bill doesn't deal with the science of vaccine, I appreciate you answering those questions for us very much.

GARY ANTHONI: My pleasure.

ARCH: Thank you. Next proponent for LB906.

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ALLIE FRENCH: Good afternoon, my name is Allie French, A-l-l-i-e F-r-e-n-c-h. I am here today representing Nebraskans Against Government Overreach and our 5,000-plus members. LB906 was a really hard one. From the get go, this bill has looked like the trading of one freedom for another. While it provides the much needed exemption for vac-- for the COVID-19 vaccine in the workplace, it simultaneously allows employers to require long-term medical decisions in order to avoid the first long-term medical decision. That's what it takes, however, these days to get things done, it seems. So we talked about it with our group leaders, our members, as well as other groups and citizens of Nebraska. I've read articles and posts and listened to conversations in passing. I myself have received thousands of emails, phone calls, and met with people at various meetings and events in the hopes to attempt and help them with exemptions. The vast majority of them are being declined. In Nebraska, religious freedoms are not honored in the workplace. So the most common concern right now, and likely the most important hurdle to tackle at the moment, is helping citizens across the entire state avoid becoming a victim of the get a shot or lose your job type policies or mandates. LB906 provides an essential exemption to Nebraska employees that will prevent the unnecessary collapse of Nebraska businesses and service industries due to a restricted employment pool. It is understood that this legislation does not require employees to implement PPE or testing if an exemption is submitted, so there will be some level of ability for an employee to work with their employer to not require testing or PPE, if for some reason it doesn't work for them personally. Now, the current concern simply still exists in allowing employers to make medical decisions for their presumably healthy employees, especially based on the submission of an exemption and not whether they actually pose a health risk to others. It would seem to me that if we are going to allow a different set of rules for a specific group of people in the name of being a threat to others around them, then that should be demonstrated in a statistically significant and repeatable way. Currently, there is no supporting, unbiased, unflawed, nonanecdotal evidence to suggest that a healthy individual can spread an illness for which they are exhibiting no symptoms. There has also been zero evidence that the individuals who would not be submitting an exemption would be any less of a risk to the health of others around them. So with that in mind, if we are going to allow employers to require employer-provided PPE and/or testing for an employee that submits an exemption, then two things must happen. One, the PPE and testing must be the safest, most effective, and reasonable measure, while also the least invasive, harmful, or distracting from the duties of their position. Liability must be declared either by the state for allowing

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the employers to make medical decisions for their employees or by the employer for imposing medical requirements should they choose to do so in the case of an employee injury or death due to the required use of PPE or testing, both of which have occurred in the United States and outside of the United States as well. And that was really all I had today. I would look forward and hope that you guys support LB906. It's, it's a very good start. I, I hope that we can provide protections for employers across the entire state. We have a lot of individuals in every industry, people who work for cell phone companies-- carriers, people who work in the healthcare industry, people who work for Ace Hardware, people who work for Menards, people who work in, in every industry you can possibly think of, there are people who are facing mandates that are being told if they do not get a shot, they'd lose their job, whether they've been there for decades or not, whether they've been exemplary employees or not, whether they have honest, religious, sincerely held convictions, they are being denied and terminated from their positions. These Nebraskans need your help. They need an exemption process that is uniform, that isn't discriminatory, and doesn't lead to punishment based on the personal medical decisions of an individual. Thank you.

ARCH: Thank you. Are there questions?

WALZ: I just--

ARCH: Senator Walz.

WALZ: Thank you for coming today.

ALLIE FRENCH: Absolutely.

WALZ: I just want to make sure that I-- that this is clarified. Are you a proponent or an opponent?

ALLIE FRENCH: I am a proponent. I am hoping that we will see some amendments if we make it to the floor that would provide, provide some requirements and guidelines for the types of PPE and testing that employers impose on their employees should they choose to implement some.

WALZ: All right. I just wanted to clarify.

ALLIE FRENCH: Absolutely.

WALZ: Thank you.

ALLIE FRENCH: Absolutely.

ARCH: Other questions? Seeing none, thank you very much for your testimony.

ALLIE FRENCH: Thank you.

ARCH: Next proponent for LB906.

CHARLOTTE RALSTON: Good afternoon, my name is Charlotte Ralston, C-h-a-r-l-o-t-t-e R-a-l-s-t-o-n. I want to thank Senator Hansen for introducing LB906 and the AM1675. First, I would like to speak on behalf of my friends and family who are working for national chains, large corporations, local nonprofits, or the federal government, to name a few, that do not want to jeopardize their careers by publicly testifying for this bill. They have been threatened with either get the job or lose your job, even though it is a very real health concern for them or against their deeply held religious beliefs. It's time the state we live in steps up as other states around us have done. By supporting this bill, you secure our constitutional rights of us citizens who choose to be exempt rather than to violate their conscience or gamble with their health. On the other side of this discussion, I am an employer myself, albeit a small one, like many who operate in this state, I do not believe it is my right to tell someone who works for me that they must choose between the job and the job. I believe it is each individual's responsibility to choose what is in their best interest, and it is none of my business literally to mandate this. A person's medical decisions and medical history should be private, as evidenced by laws such as HIPAA. The employer has no business knowing whether an employee was vaccinated for COVID or not. I understand emergency protocols put in place until more information is made available, but we all know this topic has now become highly politicized and the voice of reason has been drowned out with the noise of fear. Life saving, scientifically proven treatments are being denied while lining the pockets of big pharmaceutical companies who have been granted immunity. The stories will be told for decades, and the truth may never fully be known. What I do know from my friends that work in the medical field and current research is that the immunized are getting COVID and the uninfected, "unvaxxed" are not spreading it, and that immunity is strong and long once you have had COVID and that many questions are still unanswered, such as how it affects fertility and the immune system in child development. Many times I have heard that Nebraska wants to be a state that attracts young people and people with talent, that we want to retain our retirees. As an employer, I know how shallow the talent pool has

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become. Unemployment is at an all time low. Getting and retaining great people is always the number one issue for a business, especially a small business. If you truly want to attract talent, here is a great opportunity. While some states are driving their people out with all the mandates, let's give them a free state to move to, one in which your employer will honor the choice you make if you require an exemption, a state that will uphold our constitutional rights, including the right to life, liberty and the pursuit of happiness. That's the kind of people we Nebraskans want more of. Let's invite them with good policymaking. Please vote in favor of LB906 and AM1675. If I may, I have one question. You don't have to answer it now, but I would like to ask. I was thinking just down the line of what the former testifier said. As an employer, if I required "unvaxxed," exempt employees to wear PPE would it violate HIPAA or be considered discriminatory? So I do think that does need to be clarified in this bill and I would like to not to have to require that of them myself. So thank you. Thank you for your consideration.

ARCH: Thank you. Just a second, see if there's any questions. Any questions from anybody? Seeing none, thank you very much for your testimony. Next proponent for LB906.

DEBRA CHAPPELEAR: Hi.

ARCH: Hello.

DEBRA CHAPPELEAR: I'm nervous.

ARCH: That's OK. You just, just talk to us. That's all.

DEBRA CHAPPELEAR: All right. My name's Debra Chappellear, D-e-b-r-a C-h-a-p-p-e-l-e-a-r. I am currently a social worker at a healthcare facility that is under this predicament of losing my job because my religious exemption will not be accepted where I work. When this mandate on the vaccine became available, we were not asked to wear more PPE. We were not isolated in an office. We weren't told to work from home. We have followed the same guidelines as everybody else, whether we are vaccinated or not. The only difference is, is they did have us-- we get tested twice a week. But as we have seen in the past few months, there is an increase in, in people being positive with COVID, whether you are vaccinated or not. When this mandate became an issue, the pressure to get the vaccine has increased. A lot of people who did not want to lose their jobs didn't know that they could fill out an exemption, were worried about it, did receive the vaccine under the coercion of our employer. Currently, from my experience, I have

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filled out the religious exemption that my administrator has made. It asked very personal questions. We have had accommodation meetings where basically it's a religious interrogation. They want to know your family history, shots you maybe received 20 years ago, basically getting you to say that you really don't have this sincere belief. As it stands right now, I know of one person who has had theirs officially declined. We are all waiting for our determinations, we're supposed to get them this week. There seems to be no recourse on our employer for denying the, the exemptions. And as it is, as of 2/14, if I have not started the vaccination process, I will not be allowed to go into my building. I'm not terminated. I am not allowed into the building and the attendance policy takes effect, basically looking like I have abandoned my job. It has been very stressful. I feel like I have been completely, I don't know the right word for it. It's very hard to have your beliefs and your job threatened, and there's nothing you can do about it. So that's all I have to say.

ARCH: Thank you for your testimony. Are there any questions? Senator Day.

DAY: Thank you, Chairman Arch. And thank you for being here today and sharing your story. Even though you were nervous, I think you did a fantastic job.

DEBRA CHAPPELEAR: Thank you.

DAY: And thank you for your work as a social worker. It's so important what you do, and so it's really hard to hear that we have people that are being forced to leave that type of work because we know how important it is. So if I'm hearing you correctly, it sounds like people are applying for a religious exemption and then being denied.

DEBRA CHAPPELEAR: Yes. When the mandate first came out before the injunction had occurred, our employer gave us the option to fill out medical and religious exemptions. So we, we did that process. We had accommodation meetings, which is basically we sat on a Zoom meeting with a county attorney, our administrator, the count-- I work at a county-- the Douglas County Health Center, so it's under the Douglas County human resources and everything where various types of questions were asked. And then the injunction happened, and all of that kind of got laid to rest. We weren't given any answers or anything about that. And then since the Supreme Court has, I guess, overruled and said the CMS mandate can move forward. Now we are getting determinations. Like I said, I only know of one person and there's only 25 of us.

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DAY: Sure.

DEBRA CHAPPELEAR: We're at a 94 percent staff vaccination rate. The county-- there were over 80 employees just recently that tested positive, though, for COVID. But we're seen as now a threat, a danger. I'm not even sure what-- we're at a healthcare facility, we're wearing PPE anyways, and it's not stopping anything, unfortunately. It's not. But we're not going to be allowed to continue working because we will not receive the vaccine because of my, my own personal beliefs. I can't speak for medical exemptions. I just know religious. We are all very well aware that we are going to be denied, because if they accept one, wouldn't they have to accept them all. If you deny one, how can you deny others? You know, you know what I mean? Like, if you accept one, you kind of lay a groundwork for yourself. So we no one's been denied, and I'm not sure why the rest of us haven't heard officially yet. I really don't quite understand that, but we know it's coming.

DAY: Sure. Thank you.

DEBRA CHAPPELEAR: Yeah.

ARCH: Other questions? Seeing none, thank you.

DEBRA CHAPPELEAR: Thank you.

ARCH: Thanks for coming and testifying today. Next proponent for LB906.

RYAN CHAPPELEAR: Hello.

ARCH: Welcome.

RYAN CHAPPELEAR: I'm Ryan Chappellear, R-y-a-n C-h-a-p-p-e-l-e-a-r. I'm a resident of Arlington, Nebraska, in Washington County, have been, actually, calling Hansen's office quite often and just heard about this yesterday. So my wife, you just talked to Debbie. I'm here for supporting her and everything that she's been going through, I've been going through as well. I don't really want to say anything about the vaccine or COVID itself, but the, the main thing here with this exemption is helping people protect their individual liberties, their individual choices, something that we have as American citizens. And I-- the only thing I ask you guys to think about that part of the thing is we're being forced to do something to keep your job as an American citizen. That's kind of scary when you start thinking about how deep that is as just being an American. I hope that we can get by this, give people the choice. We we've had a medical-- or a religious

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exemption form, Nebraska state exemption form for our kids ever since they were born for 12 years, and we've not had any issues with that with any of the schools, they've accepted them with signed and notarized. And when she had her exemption meeting, I couldn't believe the type of questions that an HR director, a county attorney, and her administrators were asking how it does violate her HIPAA rights, her religious rights. And I just sit there and think about the, the moral and ethical issues an HR director must be going through by asking these kind of questions, knowing what they can and can't ask an employer-- or employee or even potential employees. I know this is very unique and it's, it's-- people are scared of COVID and everybody's reaching what-- every which way to stop the spread or help people out or in the name of health. But I think when you look at what is at risk here. Is it our individual liberties and our rights, what's next? What's the next big scare? What's the next thing we're going to give up? You know, when you give up individual liberties for peace-- or for, for temporary security, you don't get anything, right? Was it Benjamin Franklin said something along those lines? So we need to really look at what we're giving up here if we don't have this exemption form for these employer-- employees to have. And again, I, I feel bad for the employers being put in a predicament, too. But that's all I got to say.

ARCH: OK. Thank you for your testimony.

RYAN CHAPPELEAR: You bet.

ARCH: Any questions? Senator Walz.

RYAN CHAPPELEAR: Yes, ma'am.

WALZ: I don't have a question.

RYAN CHAPPELEAR: OK.

WALZ: But I just have a comment.

RYAN CHAPPELEAR: All right.

WALZ: I just wanted to say, first of all, that I appreciate the fact that you came up here and wanted to stay on topic, didn't want to debate the vaccine or the--

RYAN CHAPPELEAR: No, you know,--

WALZ: Thank you for doing that.

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RYAN CHAPPELEAR: --it's the same thing. It's if somebody wants it, go take it. If somebody doesn't, don't take it. It's our right as an American citizen to make those choices.

WALZ: Yeah, thank you.

RYAN CHAPPELEAR: You bet.

WALZ: I also just want to say I'm also from Arlington, so I bet I went to school with somebody you're--

RYAN CHAPPELEAR: Any Chappellear's, French's [PHONETIC] and Rogers [PHONETIC].

WALZ: Right.

RYAN CHAPPELEAR: That's all our family, so.

WALZ: Thanks.

RYAN CHAPPELEAR: Yeah, you bet.

WALZ: Thanks for coming.

RYAN CHAPPELEAR: Thank you.

ARCH: Next proponent for LB906.

LAUREN BORCYK: Hello, Senators. Thank you for taking time out of your day to be here today. My name is Lauren Borcyk. That's L-a-u-r-e-n B-o-r-c-y-k. Before I begin, let me introduce some key aspects of my life. I'm a student. I'm a future employee. I'm the future of the state. I'm aware that universities were removed from this bill. However, let me offer my perspective on employer-mandated vaccines from the perspective of a future employee. In August of 2021, I started my last semester of classes at Creighton before graduating in December. I had three classes left to finish my degree and was absolutely stoked to finish. However, three weeks into the semester, Creighton began a vaccine mandate on campus with no religious or medical exemptions. I have always been pro-life and seek to exemplify my values to the highest degree throughout my life. Being that vaccines use aborted fetal cells, I was of strong opposition to the vaccines and it came as no surprise to Creighton that this was central to my values as I was the president of the Creighton Students for Life Club on campus. Furthermore, Creighton states that their institution and being a Catholic institution is morally obligated to receive the

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vaccine. However, the official writing of the Vatican states that the COVID vaccine-- vaccine must remain a choice for everyone. But just because Creighton is a Catholic school does not mean I should be forced to follow the theology when it's ultimately not in line with what the Vatican came to a conclusion on. Creighton refused my religious exemption. When I asked to finish classes completely online, they refused that option as well. Creighton responded by saying even their online students are required to be fully vaccinated. Creighton, as of August 6 of 2021 already had 93 percent of students vaccinated and 99.6 of staff vaccinated. The percentage of students vaccinated on campus is far higher now after they mandated their vaccine a month after school started. This information is provided on the website. After Creighton removed me from classes against my will, myself and other-- and a few other Creighton students began a lawsuit against Creighton for this situation. Even though they expelled me from classes, Creighton still sent a collection agency after me to pay the rest of my tuition for that semester I was only three weeks into. Not only that, but they refused to release my transcripts so that I can transfer to a different school in order to finish my schooling, should I choose to do so. In my opinion, Creighton has used the COVID vaccine as an abuse of power, a threat, and has harassed me for this decision as a result. I believe that not only should employers allow exemptions from the vaccine, but schools should as well. While employers threaten employees with a loss of income should a person choose to refuse the vaccine, universities threaten students with a degree they paid for, for over several years and the loss of their education and future career possibilities. My loss of education has led to me being unable to apply for graduate schooling in marriage and family counseling. I lost thousands of dollars because I chose to not violate my morals. In those situations, our right to refuse medical treatment is being denied, and for many people, we're being discriminated against based on creed and religion. These rights are protected in Nebraska's Civil Rights Act of 1969. I urge you not only to pass this bill to help so many families in our state practice their rights, but also urge you to consider students in this bill as well. I fully support this bill as I am a future employed. However, I cannot earn my degree to be a future employed if public and private universities mandate these vaccines. Thank you for listening to my story and taking into consideration.

ARCH: Thank you for your testimony. Are there any questions? Senator Murman.

MURMAN: Thank you and thank you for testifying and thank you for your bravery and standing up for your rights as a student and as a future

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citizen, adult citizen of this country. I just have to ask, have you been able to continue your education?

LAUREN BORCYK: No, not currently. Any other school requires me to-- well, they only take half of the credits that I've earned. I have earned 119 credits at Creighton, and most schools only take 65 of that. So I would have to pay for another two years of schooling that I was basically already done with so I have not started schooling anywhere else.

MURMAN: And I've heard very similar concerns from other young people, not only students, but to just continue daily life and-- and employment and those kinds of things.

LAUREN BORCYK: Yeah.

MURMAN: I appreciate your testimony.

LAUREN BORCYK: Thank you.

ARCH: Any other questions? Seeing none, thank you very much for your testimony.

LAUREN BORCYK: Thank you.

ARCH: Next proponent for LB906.

PATRICE QUADREL: Good afternoon.

ARCH: Good afternoon.

PATRICE QUADREL: My name is Patrice Quadrel, P-a-t-r-i-c-e, last name Quadrel, Q-u-a-d-r-e-l, and I'm following up-- also a Creighton student and I'm following up to Lauren's testimony. So I come to you today to speak humbly and urgently about the impact this bill has on the state of Nebraska. I support this bill, and here's why. If businesses were able to mandate vaccines, I assume the motive would be to solely protect the employee. However, this is not the narrative we are presented with. Rather, vaccination is seen as a public safety issue, an ideology that has never before been pushed on such a mass level. We are now almost two years into a pandemic and have seen that our public safety has not changed. In fact, the definition of vaccine was reviewed by the CDC in September of 2021. The new definition reads: A vaccine is a preparation that is used to stimulate the body's immune response against diseases. Notice there's no statement regarding immunity; no statement about protecting from an infection;

no statement about preventing transmission. Those attributes were deleted. Now you may be thinking, I didn't know the definition got changed or perhaps why. The answer is simple. The vaccine in question could not be accurately defined by the old definition. There are vaccinated people sitting in our hospitals right now experiencing symptoms. They're taken out of the workplace and likely forced to quarantine. This affects our Nebraska economy immensely. The vaccine is not allowing us to return to normal. Now let's go back to the definition: a preparation used to stimulate the body's immune system against disease. I need to mention I grew up in Colorado, the health mecca of the country. I played sports my entire life and eventually moved to Omaha to play for Creighton University's Division I women's soccer team. I know how to stimulate my immune system: pharmaceutical grade supplements, anti-inflammatory foods, high-quality sleep, exercise. These prevent disease. If we're going to mandate a substance that's helping our immune system protect against disease, why are these not being mandated as well? Our health matters. Our choices have consequences. I want to present to you the idea that if there is risk, there must be a choice. Point blank, no matter how you look at it, there is risk with this vaccine and every vaccine before it. Every person should have the right and the freedom to run their own cost-benefit analysis of getting vaccinated. We have to remember we are not a number or a percentage from a statistic that our government should brag about. We are here to execute our freedoms. We're not here to perform a charitable act to appease someone else's personal statistics. We're dealing with aspects of life we don't completely understand: epigenetics, inherited gene expressions, mRNA technology inside the human body, that's just to name a few. On September 9, 2021, I was forced to withdraw from my degree program at Creighton for refusing the vaccine. I was in my final year of dental school and expected to graduate in May of this year. This is my eighth year at Creighton, a Jesuit school who dared to deny my religious exemption. For those in healthcare or in law in this room, you know the battle and years of preparation it takes to receive a doctorate degree. However, no job or career or education should be reliant on a temporary agreement for safety. I want to share this quote with you from Thomas Jefferson. [SIC] "Those who would give up essential Liberty, to purchase a little temporary Safety, deserve neither Liberty nor Safety." I want to ask, are you purchasing a little temporary safety? Who has denied their personal ethics or morals or faith to avoid the temporary inconveniences placed on the unvaccinated? I can tell you, I have not. I'm currently sitting with almost \$300,000 in student loan debt and expected to repay those loans immediately. I emailed every school in the country about my situation.

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I received over 35 denials to transfer. I suffered immense emotional turmoil when my religious exemption was denied. While I am a student, I was only one semester away from employment. I want to point out that Creighton had no mandate for employees during this time. In fact, they didn't announce the mandate until October 21, 2021, long after I'd been forced to leave and banned from campus. The difference: They clearly stated that religious and medical exemptions would be accepted for faculty and staff. Now I ask you if this is truly a public safety issue, why did the initial mandate not apply to both students and faculty? Why are faculty allowed to follow their religious beliefs and students forced to deny theirs? What happens to a student who is both studying but also employed at Creighton? My point here is to show you the inconsistencies that are suffocating our people, our schools, our businesses, our state, and our country. No student, no parent, no employee needs to defend their stance on medical intervention. Exemptions need to be granted fairly. Have we forgotten about social contract and informed consent? A quote from Harry Browne sums this up so eloquently: If you ask the government to impose morality, then the moral questions will be decided by whoever has the most political power. I encourage you to urgently protect our employees and amend this bill to include university students. Thank you.

ARCH: Thank you very much for your testimony. Are there any questions? I don't see any questions. Thank you for coming and sharing. Next proponent. Welcome.

GEOFFREY FRIESEN: Hi there. My name is Geoffrey Friesen, G-e-o-f-f-r-e-y, Friesen, F as in Frank r-i-e-s as in Sam e-n. I'm here to support LB906. Candidly, I think the exemptions are somewhat too narrow. As a trained actuary, as a finance professor at the University of Nebraska-Lincoln, I'd like to share with you three financial and economic dimensions to this whole issue that I think are very relevant. I want to make it clear that I speak on my own behalf and not on behalf of my employer. These considerations are related to risk, to financial incentives, and to vaccine passports. First, where there is risk there must-- as our previous testifier pointed out, there must be choice. Vaccines carry inherent risks. The risks may be small or large, depending on the product. This is why in 1986, the U.S. Congress passed the National Childhood Vaccine Injury Act, explicitly recognizing the risk of injury or death from vaccines and shielding the manufacturers from direct lawsuits. Now there's a legitimate argument to be made, but that impacts the financial incentives of those companies. The Pfizer COVID-19 vaccine, as is clearly documented in the clinical trials, which I've read multiple times, have clear benefits and clear risks. Where there is risk, there

must remain choice. Second, those financial incentives facing the companies have been well-studied, and they do not always align with public safety or public goals. It doesn't make the products inherently good or bad. That's a fact. A 2020 study cited in the document I gave you in the Journal of the American Medical Association documents a large number of cases of fraud, criminal activity, distribution of adulterated drugs, bribery, failure to disclose adverse events, data falsification in clinical trials, kickbacks, and use of deceptive marketing practices. Many of these violations, all of which involve nonvaccine products, resulted in fines or litigation. If drug company incentives cause them to engage in fraudulent behavior or manipulate clinical trial data when they can be held liable for their actions, then what should we expect when we tell them they cannot be held liable? That's a fair question, and that's an important question that's not being discussed and asked enough. Also related to finance, one thing we know is that monopolies will often regulate away their competition. From an economic and financial perspective, the primary competition for the vaccine is a natural antibody, though, it cannot be patented and cannot be profitable. So while I do not dispute any of the statistics given a few minutes ago from our director of DHHS comparing vaccinated and unvaccinated, it is also true that if you break the unvaccinated group into those who are COVID naive, who've never been infected and those who have recovered as the CDC did on January 19. And I'll simply refer you to their MMWR publication, their weekly publication, a very different picture emerges. That's important from an economic perspective. The third relevant consideration is that there are many powerful groups supporting vaccine mandates: Bill and Melinda Gates Foundation, the Rockefeller Foundation, the World Economic Forum. They have all publicly and forcefully stated that vaccine mandates are necessary because they will, excuse me, help facilitate the acceptance of vaccine passports. They go hand in hand. In fact, I can't think of a single country that has implemented a formal vaccine mandate that has not also implemented a digital vaccine passport. You can correct me if I'm wrong, I can't think of one. These are powerful groups, but they're not yet so powerful that they dictate the laws in Nebraska. My concern with vaccine passports is that they are used or can be used to restrict freedom of movement, freedom of assembly, freedom to engage in commerce and trade. The vision of these groups is very public and transparent. It's not a question of whether this is their goal or whether these-- this is their vision. I think the key question is whether this is our vision and whether we're willing to accept that. These are not my goals and their vision of the future is not my vision for the future of Nebraska. So while there are many legitimate reasons to support exemptions to the current COVID-19

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vaccine mandate, it's my opinion from a perspective of economic and financial incentives that the vaccine mandates without strong exemptions primarily benefit special interests outside of our state. I don't believe that they primarily benefit the citizens or the employees of the state, and this Legislature is elected not to represent Bill Gates, not to advance the agenda of the World Economic Forum, but to support and protect the citizens of the state. For this reason, I encourage you to support the bill. Thank you.

ARCH: Thank you. Are there any questions? Senator Murman.

MURMAN: Thank you. And thank you for testifying. I think you said in your introduction that, that you are an actuary. Is that correct?

GEOFFREY FRIESEN: I was trained as an actuary. I'm a recovering actuary, so I was-- I became an associate of the Society of Actuaries in 1998 and worked for a number of years before returning to academia.

MURMAN: So in your previous experiences of an actuary, I suppose you may have studied some of the risk benefits of even the COVID vaccine?

GEOFFREY FRIESEN: Probably more as an academic interested in the corporate governance of the pharmaceutical industry. So that's been an area of focus for the past 15 years.

MURMAN: Would you care to comment on the, the risk reward as young people getting the vaccine as compared to the risk of getting COVID?

GEOFFREY FRIESEN: Well, I'm not a medical doctor, and so my view is that I support everybody's right to speak to their medical practitioner, get full and transparent information, and make the right decision for themselves. So I'm not going to opine on that, other than probably to note the headline from today that Sweden came out and decided that, that they are recommending against the vaccine for 5 to 12 year olds in their country. Other countries will recommend for that, and I think that's an important point. It highlights that risk benefit analysis is inherently subjective. Different people with different values may look at the same objective set of data and come to a different conclusion. And so the fact that we say safe and effective, what that really means is that the perceived or expected benefits outweigh the perceived or expected risks. And that's an inherently subjective process. And so I, I, I guess I would note that and, and the fact that different countries come to different conclusions is evidence of, of that reality.

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MURMAN: Thank you very much. I think that's very much a question.
Thank you.

ARCH: Are there any other questions? Seeing none, thank you for your--

GEOFFREY FRIESEN: Thank you.

ARCH: --testimony today. Next proponent. That's OK. Yeah, just take a
seat up front. That's, that's great.

MARGARET WALL: Good afternoon, my name--

ARCH: Good afternoon.

MARGARET WALL: --my name is Margaret Wall, M-a-r-g-a-r-e-t W-a-l-l,
and I am here to present the testimony of Dr. Arthur Grinstead, who
asked me to be here today. His name is spelled A-r-t-h-u-r
G-r-i-n-s-t-e-a-d. And he asked me to be here today because he is
very, very busy treating COVID patients and, and so I begin. My name
is Arthur Grinstead, Lincoln, Nebraska. I'm appearing on behalf of a
grassroots group of parents from southern Nebraska called Face
Friendly Nebraska. We have approximately 950 members. I do not speak
on behalf of my medical office. The opinions I express are my own.
Citations to my sources will be included as links in my written
testimony, which I will email to each senator. We support LB906.
Vaccination is a private medical choice that is best made in
consultation with a worker's medical provider and spiritual adviser.
Requiring vaccination of every worker is not necessary as the risk of
harm from vaccine may be higher than the risk of harm from infection,
especially for youth or people with natural immunity. I am not an
epidemiologist or a virologist. I am a board-certified family medicine
physician that practices obstetrics. Through my practice, I have
treated approximately 500 patients for COVID-19 infection. This
regimen consists mostly of a blend of vitamin supplements and safe
medications. There are no silver bullets. Treatment is individualized.
Proper nutrition, including significant doses of vitamins and other
over-the-counter nutrition, can reduce the risk of serious illness. If
I treat them in the first five days, I have zero hospitalizations and
zero deaths. Beyond an antiviral, these treatments do not require a
prescription. In short, people who are not elderly or don't have
comorbidities very often avoid medical treatment with immediate
therapeutics. Vaccination is not necessary for these mentioned people
to avoid medical intervention if they receive timely prophylactics and
therapeutics. It is clear that the vaccines do not substantially stop
infection or transmission. Nebraska has been a fairly free state

issuing lockdowns and mandates. The infection rates and the current wave, the hospitalization rates and case infection mortality rate show no significant improvement in the restrictive states. States that value freedom, rejecting lockdowns and similar draconian measures are not seeing worse outcomes than more restrictive states. The COVID-19 vaccines are showing significant safety signals. Most telling is the all-cause mortality rate comparison between 2020 and 2021 in the United States. According to the CDC, only two states saw an improvement in all-cause mortality. If we had no vaccine in 2020 and achieved about 80 percent vaccination with one dose by 2021, why would our overall deaths increase? Studies on myocarditis and reports on fertility issues weigh against requiring every employee to be vaccinated. There appears to be no clear advantage to mass vaccinations. Do not delude yourselves into thinking that these novel vaccines do not have short- and long-term risks. As a United States marine, I take the freedom that I fought for very seriously, and a mandate forcing people into vaccination flies in the face of that freedom. LB906 is a good start at protecting my patients' right to control their own medical decisions. Thank you.

ARCH: Thank you. Yes, and because that wasn't your testimony, we won't, we won't be questioning you. Thank you.

MARGARET WALL: OK, thank you.

ARCH: Next proponent, please. I, I might say that, that please, as you're coming, I just want to make a comment that it's very unusual and I did allow it this time for, for someone else's testimony to be read into the record. But if you intend, if you intend to do that, the method for doing that is, of course, to submit that the day before to the committee so that they can have that. The difficulty of reading someone else's testimony into the record is there's no opportunity for us to question. So with that, please, next proponent.

RICHARD J. WALL JR: Thank you, Mr. Chairman, Senators. Good afternoon, my name is Richard J. Wall Jr., R-i-c-h-a-r-d, middle initial J, W-a-l-l, Jr. And I am a Lincoln-based estate planning attorney who promotes a Catholic and Christian approach to estate planning. Based on the foregoing, religious values, as you can imagine, are central to my life and to the decisions I make about a whole host of issues, including medical care. I am present today as a representative of One Heart, One Mind, a recently founded association of believers who are raising awareness of and opposition to the so-called fetal industry that traffics in the sale of aborted babies' tissue and body parts. It is the hope of One Heart, One Mind that public awareness will result

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in the end of such ghoulish and macabre practices. Just as public awareness abruptly ended in 1972, and I remember this, the racist 40-year Tuskegee Study of unre-- untreated syphilis in black men. One Heart, One Mind and its membership, which over the last 10 months has grown to more than 150 members, strongly supports LB906, which would require certain employers in Nebraska to provide a vaccine exemption for persons who refuse to receive the vaccine because of a, quote, strong moral, ethical or philosophical belief or conviction. Although there are many possible bases for such support, I want to focus this afternoon on the indisputable fact that all COVID vaccines presently available in the United States have used cell lines from aborted babies in the development or testing or production of such vaccines. As evidence for this statement, I cite an article by Dr. Richard K. Zimmermann at the University of Pittsburgh School of Medicine that appeared in the July 13, 2021, issue of Vaccine, a peer-reviewed medical journal, and an additional article by James Lawler, M.D., that was published in our own nebraskamed.com on August 18, 2021, and my electronic version of this testimony, which will be provided to all senators, I provided a link to these articles so that every senator can read them. Although other nonvaccine drugs may also have an abortion taint, I would raise the same objection to those pharmaceuticals, and I hope that public awareness and pressure will result in the development of similar drugs that do not have any tie to aborted fetal cell lines to aborted babies. This sort of publicity and pressure has already resulted in other vaccine companies starting to develop not yet released COVID vaccines that have no link to aborted fetal cell lines. Many people, including I myself, find this use of aborted fetal cell lines from aborted babies to develop tests to manufacture COVID vaccines or other medicines to be morally objectionable, which is one reason why I personally have declined to be vaccinated for COVID and why I have not required vaccination by my own employees. I'm the owner of my law firm, so no employer mandate affects me or my employees. But I want this protection extended to as many Nebraska workers and students as legally possible. For this reason, One Heart, One Mind, and I strongly encourage you to strengthen and broaden the protections set forth in LB906 and then to pass it into law. I'd also like to just speak to some of the things that I, I, that I heard. First of all, my heart went out to the Douglas County social worker who was, you know, the religious and medical interrogation she underwent is absolutely odious. She is a government employee, and the U.S. Constitution, which applies to states as well, specifies there's to be no religious test. This is dangerously close. And I think if we-- senators who vote against this bill are going to be putting themselves on the wrong side of history.

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I'd also like to say I've listened to many people. I have a friend who has ten children. He's the sole support of his family. And he was sweating bullets because he was told by his employer that he was going to be put out of work if he didn't get this vaccine and he didn't want the vaccine for the same religious reasons I've specified, but also for medical reasons. You know, this isn't Ebola, where 95 percent of the people who get it die in some instances. The government's own statistics show that 99.7 percent of people recover if they get it. And that's mostly with no treatment or ineffective treatment. And I think there's a lot of concerns I've got about HIPAA, the, the way people are being harassed about this, you know, it's their private medical information, whether they're vaccinated or not. And we need to protect them at, at the state level. So that's all I have to say. If you have any questions, I'll do my best to answer. Thank you.

ARCH: Thank you. Are there any questions? Seeing none, thank you very much for your testimony.

RICHARD J. WALL JR: Thank you, Mr. Chairman.

ARCH: Next proponent.

BEN STANGL: Good afternoon, my name is Ben Stangl, B-e-n S-t-a-n-g-l. I'm a proponent and I'm a mechanical and nuclear engineer from Fort Calhoun. I won't pretend to have a mastery of the law and how it relates to employment, but I do have a hyper analytical and critical line of reasoning when it comes to scrutinizing a matter. And I'll be honest, I've been conflicted with the type of legislation within the bill. I'm, I'm never excited when the state has to intervene in private business affairs. However, I have concluded that Nebraskans need this bill. So, so why? And the answer, I believe, is equality. Equality. Vaccinated people are equal with natural people, and I'm going to digress here into semantics to reinforce my point. I'm not comparing vaccinated to unvaccinated because unvaccinated is normal. I won't use the term unvaccinated because it projects a framework onto people and is a manipulative term for what's already really default. People can become vaccinated, they don't become unvaccinated, they are natural and they're equal. Nebraskans are viewed as equals and deserve equality before the law and by the law have equal opportunity. If equal opportunity is the law of the land, then it must be consistent. A vaccinated person is not superior nor deserves preferential treatment. A natural person is not less than, they are equal with a vaccinated person. To further illustrate this, I stood outside UNMC four consecutive days in 90 degrees this summer in protest to their vaccine requirement. Equality in the private sector is important

enough, but especially when an employer such as UNMC receives taxpayer funds, millions of dollars. Taxpaying citizens deserve equal access to any employment financed by public funds. They shouldn't be denied any access to employment there. I want to thank Senator Hansen and his team for the work they've put into this bill and the support of the cosigners. These individuals stand for equality. Unfortunately, not all legislators support equality. In fact, this bill would allude to that. Why else would the ominous section (4) exist? You can imagine that I'm torn with section (4) of this bill because it contradicts the very equality basis for the bill. Section (4) specifically targets natural people through testing and masking, with no regard for whether the vaccinated are also tested and masked. This is not equality before the law. This is legislated discrimination, not to mention redundant because employers are already doing this to me and to countless others. This bill needs amended to strike section (4) or, or if a legislator truly feels the inclusion of section (4) to be necessary and truly supports equality, the bill should be amended so that if an employer requires exempt employees to be tested and masked, they must also equally require the vaccinated to be tested and masked. In summary, if you oppose exemptions for natural people, you oppose equality for Nebraskans. If you support these exemptions, you support equality for Nebraskans. Thank you.

ARCH: Thank you. Are there any questions? Senator Murman.

MURMAN: Yeah, thank you for testifying. I'm going to get a little bit off the subject of what you testified to, but you're one of the younger people here, I think, that's still left to testify. And by the way, this group in here today, there's not near as many gray hairs in here as there usually is, I don't think, so a lot of young people here. But-- and I've been hearing from a lot of younger people, students and young employees that are very discouraged that vaccine mandate-- that there are vaccine mandates. So my question is if there was a vaccine mandate by someone in Nebraska, whether it's a, a college or a employer and you could move to a nearby state or another state and be employed there or be a student there without a mandate, would you consider that?

BEN STANGL: I would absolutely consider it. I love Nebraska. I love the, the family we have here, the friends we have here, the opportunities that, that do exist here. So I would look for alternative employment within the state. But all things being equal, I would be forced to look outside the state then.

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MURMAN: There's so many things we do in the Legislature to encourage young people to come to Nebraska and stay in Nebraska. So that's the reason I asked that question. I think many young people would, would voice your same reasoning.

BEN STANGL: Absolutely.

MURMAN: Thank you.

ARCH: Any other questions? Seeing none, thank you very much for your testimony today.

BEN STANGL: You're welcome.

ARCH: Next proponent. Welcome.

ANNE SUMNER: Hello. I am Anne Sumner, A-n-n-e S-u-m-n-e-r. I'm from Lincoln and I am part of Face Friendly Nebraska, a grassroots group of parents with about 950 members. I support LB906, AM1675. I would like to see it expanded to include protections for students and volunteers at public and private institutions. As a mother, I have grave concerns about possible COVID-19 vaccine mandates directed toward children in school from kindergarten through college. I have boys in high school and at the University of Nebraska-Lincoln, and there have-- has been plenty of coercion from the education system already pushing COVID vaccines for students. We've had COVID vaccine clinics at their schools. Policies that differentiate quarantine protocols based on vaccination status. And until this semester, the university has used a passport system to enter buildings for class, allowing vaccinated students to always have a green light. It's not a stretch to consider the next step could likely be vaccine, vaccine mandates to volunteer at or attend school in Nebraska. In fact, as we heard, Creighton, Doane, and Nebraska Wesleyan universities already have COVID vaccine mandates in place. There's no mention of natural immunity after infection. The Lincoln Public Schools is in the process of selecting a new superintendent. We don't know what direction that could go for vaccine requirements for students and volunteers, so that's yet another reason to provide additional protections under LB906, AM1675. Previous vaccine requirements in schools and universities have always been for vaccines that were thoroughly tested for many years and actually protects-- protect against the disease they're designed to target. Additionally, schools have allowed exemptions. The currently available COVID-19 vaccines do not prevent the recipient from either getting or transmitting the virus. Students and volunteers and

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educational institutions should be offered the same protections under the law as employees under LB906, AM1675. Thank you for your time.

ARCH: Thank you. Are there other questions?

ANNE SUMNER: Thank you.

ARCH: Thank you for your testimony. Next proponent. Welcome.

CARLEEN BARGER: Thank you. My name is Carleen Barger, B-a-r-g-e-r.

ARCH: Could you spell your first name as well?

CARLEEN BARGER: Carleen, C-a-r-l-e-e-n.

ARCH: Thank you.

CARLEEN BARGER: I'm a nurse here in Lincoln. I work for CHI St. Elizabeth. My views do not reflect CHI. I've been a nurse for 30 years and have been at St. Elizabeth's for 25. And this fall, it was brought to our attention that they were going to, of course, mandate the vaccine. And we've seen a lot of compelling testimony from the others. And as you can imagine, working for a Catholic organization, I thought that it would be-- it wouldn't be any problem, but my religious beliefs were being scrutinized. And that's a very demoralizing position to be in, as others have expressed as well. And by the grace of God, my exemption and my religious accommodation was approved. And so I continue to work and continue to support others who are trying to get through these type of exemptions. When these kind of things happen and affect your ability to provide for your family, but then, I think honestly, for me, it was just more of a moral assault because my faith is such a big part of who I am. It's a part of why I went into nursing, as well as so many others who pursue working in healthcare. Anything I could say about this is not as compelling as what others have said because my exemption went through. But if I may ask, Dr. Catherine Brooks was not able to be here today, she was called away. I do have her letter, may I read hers?

ARCH: I, I would ask that you give the letter to one of the pages and, and they will copy it--

CARLEEN BARGER: Yes.

ARCH: --and, and hand it out to the committee.

CARLEEN BARGER: And submit it.

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ARCH: Yes.

CARLEEN BARGER: And is it OK if I read it or would you prefer not?

ARCH: I prefer not because--

CARLEEN BARGER: OK, that's fine.

ARCH: --it's someone else's testimony.

CARLEEN BARGER: That's fine.

ARCH: Yes.

CARLEEN BARGER: OK, thank you.

ARCH: Thank you.

CARLEEN BARGER: Yes. Any questions?

ARCH: Questions?

CARLEEN BARGER: I support this. I'm a proponent of it, but I do encourage-- I would encourage the committee to support the students as well. There's many young people, young-- even young moms who are trying to pursue a career. They're ready to go back to work. They want to go into healthcare and they, they can't do it because of what this vaccine mandate is doing. So we work in a, in a great place and we want to keep contributing to our family life and Nebraska. So thank you.

ARCH: Thank you. Thank you. Next proponent. And if you are-- if you're wanting to speak as a proponent or-- you certainly can come up and sit in the front row and then there isn't so much time between. That'd be great.

WILLIAM BARGER: Hello, my name is William Barger, W-i-l-l-i-a-m B-a-r-g-e-r. I might be related to the nice young lady who was just up here. I am appearing on behalf-- I'm from Lincoln, Nebraska. I'm appearing on behalf of our grass roots parent group called Face Friendly Nebraska. I'm also a Nebraska attorney. We do support LB906 as amended. Now we believe that vaccination is a private medical choice that is best made in consultation with the workers' medical provider and spiritual provider. This pandemic is not sufficiently risky to warrant a vaccination being imposed by the government using its police powers. Unless one's in a specialized field like medicine

or something where if you're going to potentially infect other people that are highly at risk, making ingestion of a drug a condition of employment is something our country has never experienced before, and I think it's unconstitutional. A common objection to this kind of legislation is that workers will supposedly already have protection under Title VII or under the state version of the civil right laws. That's only protection in theory. And practice thus far under the current pandemic, it's been our experience that EEOC and NEOC have not completed any investigations. There have been no right-to-sue letters initiated. Usually, these things can take weeks, if not months, putting folks in limbo for a long period of time. From our group, we have a number of medical providers all over the state, and we have heard just the completely disparate way that employers have reacted to people submitting objections. I've had spouses who are employed by hospital systems who submit literally the identical religious exemption to the same employing medical system and get completely opposite results. These are not CNAs. These are very high-- these are licensed practitioners. It's nonsensical how some of them have been treated. The EE-- the EEOC guidance on dealing with COVID has been anything but clear on how these exemption requests should be looked at. The case law has not look kindly on employers questioning whether an employee had a sincerely held religious belief. Yet employers suddenly during COVID seem to have ignored what the courts have said they can and cannot question. Employers also have another out. They can determine that the accommodation requested by employees can be so unduly burdensome that it's some-- it's something that they simply cannot accommodate. Usually, what the accommodation requested is, don't make me get the shot. It's not give me a special desk. It's not let me work in another area. Just don't make me get the special shot. Many workers seem to imagine that there must be some phantom employees who are constantly complaining about not feeling safe, about being around whomever that might not be vaccinated. I mean, not everyone discloses this stuff. So even if they were complaining, I'm not sure who they are complaining about. And the great irony about how employers are treating this is that they apparently think that there's some liability that's going to stretch back to them, whether it's under the American Rescue Act, the PREP Act. I think the Legislature passed-- I can't remember, LB136. There was actually a COVID liability shield that the State Legislature passed last year. There's very few instances where they're actually going to have liability extend to them. And even if it did, the chances of you proving proximate and direct cause that you somehow got infected by being at work rather than being at home or being at the gym or being at a ball game is so tiny, it's ridiculous. So the amount of coercion that these employers

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are using, I've seen all the medical systems do it. All five of them got together simultaneously and threatened virtually every medical employee in the state simultaneously last fall. Want you not to forget that. This was a concentrated effort to coerce employees. If you have a bunch of medical folks who see this day in and day out, they know what the results are. They know what the risks are like Dr. Grinstead and Dr. Brooks would say. And yet there's probably 20 to 30 percent of them that choose not to get the shot. That should tell you something. These vaccines are not without risk.

ARCH: We ask that you wrap up you're--

WILLIAM BARGER: OK, I'm done.

ARCH: OK.

WILLIAM BARGER: We do support LB906. So I'll take any questions.

ARCH: OK. Thank you. Questions? Seeing none, thank you very much for your testimony.

WILLIAM BARGER: Thank you.

ARCH: Next proponent.

HAILE KUCERA: Hello, everyone. My name is Haile Kucera, H-a-i-l-e, last name is spelled K-u-c-e-r-a. I am in support of this bill. As a small business owner, I think everybody has seen what small businesses have gone through the last few years, and I'm not going to argue statistics. I'm not going to argue about the efficacy of this vaccine because I don't have those and I'd probably say them wrong anyway. So I'm not even going to try. But what I am going to say is that we-- and I would imagine all of you got into your positions because you care about Nebraskans. I would, I would stand firm on that assumption. And we want to make Nebraska the best state for employers, for employees, for students, as we've seen. And to mandate something like a vaccine, it takes away that transparency, that excitement to come to Nebraska. If you look at states like Florida or Texas, you see people gravitating toward these states because they don't have that extra barrier to go through. My husband is in the Navy. We just relocated back to Nebraska and we were in San Diego, California. I'm not sure if you guys are familiar what's going on in California. It's not fun at all. They have ruined-- they have stripped the joy out of such a beautiful, beautiful state. And as I'm sure you guys have all seen, U-Haul ran out of trucks because people moved out of that state so fast. What does that do to an economy of a state? It ruins it. It's

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not fun. No one wants to work there. So I know that this isn't as compelling and, and heart-wrenching as some of the stories you've heard today. But just as a small business owner, as someone that wants to keep providing to the Nebraska economy, I do support this bill and ask you guys to push it forward. That's all.

ARCH: Thank you.

HAILE KUCERA: You're welcome.

ARCH: Any questions? Seeing none, thank you for your testimony.

HAILE KUCERA: Yeah, thank you so much.

ARCH: Next proponent.

DAVID SPLONSKOWSKI: Good afternoon. David Splonskowski, D-a-v-i-d S-p-l-o-n-s-k-o-w-s-k-i. Long one. So I just want to come forward today explain that I did leave a prior employer partially because of their oppressive measures for trying to contain COVID. I was a member of management and I was expected to try and make sure every employee always had the mask pulled up over their nose, that they were maintaining social distancing. That we were putting employees and contractors on suspension for not following those things, and I didn't want to be a part of that anymore. And particularly knowing the pressure to vaccinate was coming. I'm a proponent for the legislation. But I do ask that a further amendment be made similar to earlier testimony that you heard regarding the masking and testing requirements, because I believe it continues to ostracize those who are unvaccinated. Essentially, I think that putting employers in the position to allow ongoing testing and face covering unvaccinated people when your primary reason for doing so for not vaccinating is a religious reason, essentially calls that out among the workplace. For the couple days before the Supreme Court did put a stay in place on OSHA, I was under that predicament where essentially I'm in the workplace with very few of us wearing a face covering. And so it's easy to acknowledge and identify who has a problem with vaccination, and that reason for doing so is a religious reason for me. So I believe I would like to see an amendment added to that to allow evidence of antibodies to be included or even required instead of testing and vac-- testing and masking for those individuals that are unvaccinated. If we're saying that antibodies are what we're trying to achieve, why not allow those individuals to show that they've had prior infection and, and obtaining, obtaining of antibodies? That is the extent of what I wanted to bring forth today. Thank you.

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ARCH: Thank you. Any questions? No questions. Thank you very much. Next proponent. If there's anybody else that would like to speak as a proponent, come on up and have a seat in the front row here, so.

CHRIS KREIKEMEIER: Nervous.

ARCH: Welcome. Good afternoon.

CHRIS KREIKEMEIER: My name is Chris Kreikemeier, C-h-r-i-s, Kreikemeier, K-r-e-i-k-e-m-e-i-e-r. I'm a-- I'm in support of, support of LB906 and the current amendments. You know, I'm a small business owner here in Nebraska and employ several people, you know, within my engineering company. And I originally came down here to speak on the bill to encourage you to include employers with less than 25 people. That was the way it was written, but I see the amendments that AM1675 and AM1687 reduce that if those pass or if that goes through. But in AM1687 I see on line 18, it's unclear whether you guys will allow the religious or just personal exemption because there's the word "and" in there. You add that in there, you have the medical requirement. And then it says and the permission. Well, you guys can read that so. I've got the amendments here, but if you want to read those. And like I said, I'm an engineer practicing in Nebraska, graduated from UNL in '91. During my education, a lot of math and statistics similar to, I think, Frank [SIC] and Brian [SIC], you know, there was an actuary and he's an engineer. We all deal with the data. Numbers are a large part of our decision-making. And you know, the statistics are important for designing projects, and we just don't want to guess at this going forward, so it's part of that. And I bring this information up because it's hard to find-- for the general public to find the data that you senators may be using to decide and implement or agree or disagree with current mandates. One simple statistic should be the vital statistics of Nebraska. On the health department, you know, they maintain the vital statistics, but you'll see if you go to their website, they have not updated or included the vital statistics since 2016. At least the general public can't see that. I'm sure you guys saw that when you guys were doing the redistricting maps, so you guys should know the total count. You know, there should be a simple one up there. We know how many people were born, you know, births and deaths. And that data should be available to the general public to help, you know, maybe go along with this or not go along with this, but you could just see that data. I guess, that's what-- I'm in support of this and kind of ditto everything else that everybody else said here, so thank you for your time.

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ARCH: Thank you for coming. Any questions? Seeing no questions, appreciate you coming, sharing your testimony. Next proponent.

ELINA NEWMAN: Good afternoon. I didn't have-- I wasn't planning on being here today, but I was spoken to. So here I am.

ARCH: If you could state your name and spell it.

ELINA NEWMAN: I will.

ARCH: OK, thank you.

ELINA NEWMAN: My name is Elina Newman, E-l-i-n-a N-e-w-m-a-n. I wanted to thank Senator Hansen and the cosigners for bringing this bill forward, and I'm obviously in support of this bill. I wanted to spend some time telling you about my life so that you have a frame of reference. I'm 100 percent Armenian. My family survived communism and genocide. First ten years of my life, of my young, impressionable life were spent on my knees begging for rights, freedoms, and protections. My family was given choices like stay and die or leave and live. My family came to the U.S. for: Life, Liberty and pursuit of Happiness. There are many people like me in Nebraska. Nebraska is an immigrant hub, and many decisions that are made exclude us, exclude our voice. I have taken on myself to be the voice of the unrepresented and unheard. My message is this, no entity other than the individual with the input with his or her doctor should be making decisions about his or her health choices. These are personal decisions that involve careful analysis of risks and informed consent. The same entities that mandate are exempt from any liability and refuse to sign liability statements. Our nation's constitution gives us rights. Nebraska Constitution also grants us freedoms. Many immigrants and refugees come to the U.S. for these protections and these freedoms. We need these protections for our state and our people. I beg you, please support this bill. Thank you.

ARCH: Thank you. Questions? Seeing no questions, thank you for your testimony. Next proponent.

JENNIFER KRAHULIK: Good afternoon.

ARCH: Good afternoon.

JENNIFER KRAHULIK: My name is Jennifer Krahulik, [INAUDIBLE], J-e-n-n-i-f-e-r K-r-a-h-u-l-i-k. Sitting behind me is my son, Alexander [PHONETIC] Krahulik, my nephew, Seth Jacobs [PHONETIC]. They are your future. They are in Boy Scouts. They are also homeschooled

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currently. I took on Seth and six other students because of the COVID lockdowns and the mandates that the DHHS put on schools last year and now have these two. And I don't know how long I will have these two. So I am here from Lyman, Nebraska. And for those that don't know where that is, that's in Scotts Bluff County. Lyman sits on the border of Wyoming and Nebraska. My house is six miles from the Wyoming border. And when I found out that we had testimony-- sorry, that you are finally bringing a bill to protect Nebraska citizens against the mandates that the federal government is trying to put on us, I knew I could not stay home. I do not like driving seven hours. I do not like having to leave home. And not only that, but today is Homeschool Co-op Day, where I teach 100 students music and drama because those are not things that they can do at home. I-- so I forego my what I was going to do to come here to speak to you. I apologize. I am a mom. I am a teacher. I'm a rancher. I'm a daughter and I'm a wife. My husband is a pharmacist in Torrington, Wyoming. And in August, we were told that the mandate was coming down the pipeline and we had to choose. We had two months. We decided to take a month to pray about it. And in that month, we got COVID. We got treatment for COVID and we recovered from COVID. And we have antibodies now for COVID. We were told in-- we got a, a medical exemption. We spent two months going to doctors, because my husband was newly diagnosed with different autoimmune disorders, looking for medical exemptions and no doctor except one would sign the medical exemption because they feared for their practice. So fear is ruling our doctors. We applied for a religious exemption. We were very careful with how we worded it. And it was granted. But there were employees at my husband's facility that were not granted their religious exemption. And I know that is a Wyoming facility, but they also, Banner also owns a, a facility in Nebraska. And that is not-- that is a very common theme with the people in the Panhandle that they fear for-- they don't want to take the vaccine. They've had COVID. They've recovered from COVID and they-- but they do not want to lose their jobs. My husband and I had decided that if his religious exemption was not approved, we would walk away from his job with no other form of income. And who knows where we would have gone or what we would have done? So that is why I am here, and I want to say I feel like I'm the tail end, I agree with everybody and all of the testimony that has come before me. I think they need to be heard and know that I echo their words a hundredfold. I have two children in college, one who is slated to graduate in May with a double bachelor's in mathematics and computer science. He got a Department of Defense scholarship two years ago and will be working at Fort Leavenworth for the Department of Defense. He faces, if the, if the federal government does not change their tune, the ability to not just lose his job, that

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he is supposed to come in June, if he refuses to get the vaccine, but also pay back that scholarship money to the Department of Defense. I have a sophomore at University of Kearney and I am so thankful that we did not go to Doane or Wesleyan or UNL. She is wanting to go into the medical field, studying nutrition, becoming a registered dietitian. And at this point in time, there is not a school that she can go to for that degree that does not require the vaccine and does not allow any medical or religious exemptions. I have a 16-year-old, a junior in Mitchell, Nebraska, who has considering going to become a nurse practitioner midwife. And I hate to tell her that you might not be able to do that if you do not have the ability to not take the vaccine. She has had several adverse reactions to previous vaccines in her life. She has several anaphylactic reactions and autoimmune disorders, and we do not want to subject her to one more foreign thing in her body. I have gotten off of my, my notes, but I wanted to say I really feel like you need to include at least university students in, in the mandates for the religious and medical exemption. But I will tell you, there is not a doctor in the state that will sign a medical exemption without fear for losing their practice. And that worries me. There was a doctor that prescribed us Ivermectin, and a week after she prescribed us Ivermectin was told her medical license would be pulled if she prescribed it again. That is a problem. I am more passionate about several other topics that we are not here before-- that are not here before us. But I will speak to Senator Hansen about bills in the future, but do not be caught in a sheep in a field with the wolf lurking around you.

ARCH: Thank you.

JENNIFER KRAHULIK: The federal government is not going to stop.

ARCH: Thank you for your testimony. Are there questions? Senator Murman.

MURMAN: Yeah, thank you. Thank you for testifying. If I heard you correctly, you're, you're a homeschooler-- or

JENNIFER KRAHULIK: I am.

MURMAN: --you teach home homeschoolers?

JENNIFER KRAHULIK: I do.

MURMAN: Has your business increased-- or not your business, but has your homeschooling increased because of the mandates and restrictions for the schools?

JENNIFER KRAHULIK: Yes, they have.

MURMAN: And I also appreciate your testimony about not being able to receive certain medical care from doctors. I've, I've also heard that also. So is, is-- do you have any ideas about how we can change that? I mean, I've heard you can't see a doctor even if you suspect you have COVID.

JENNIFER KRAHULIK: Yes, actually, they-- the Attorney General, has made it legal to prescribe treatments. You know that he will not go after doctors. And the only way that you're going to get treatment, early treatment for COVID is to by seeing an independent doctor who owns their own practice. I know several doctors who are-- I feel like I have, I have an underground of doctors. I know a name. I know a dozen names in Nebraska of doctors that will treat COVID early. And how can we change that? You're going to have to address CMS because CMS is the one that says, oh, hey, you can prescribe this or you can not prescribe this. You know, my mom had COVID, double vaccinated, had COVID. We got COVID from her. Her doctor refused her treatment. I could hear her laboring breath from across the room. We had treatment. We had to find a different doctor for treatment for her. But you have to-- the healthcare system mandates what doctors can prescribe, what they can give outpatient and what they can give in the hospital. I drill my husband over this. What can, what can we do for this friend? What can I do for this neighbor? What are they doing in the hospital that we can do at home? Because if they go to the hospital, their family can't see them and now they're medically kidnapped. That happened to my husband in May of 2020. He got run over by one of my cows and he was held in the hospital for five days and I was not allowed to see him.

MURMAN: Thank you.

JENNIFER KRAHULIK: So, so you're going to have to fix that. I don't know, but I would love to speak with you afterwards. I have a lot of talking.

MURMAN: Thank you.

ARCH: Other questions? Seeing none, thank you for making the trip.

JENNIFER KRAHULIK: Thank you.

ARCH: A real commitment. Thank you.

JENNIFER KRAHULIK: Thank you.

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ARCH: Next proponent. Is there anyone else that would like to speak as a proponent of this bill? Seeing none, first opponent. Welcome.

DAVID WATTS: Thank you. Good afternoon, Chairman Arch, members of the committee. My name is Dr. David Watts, D-a-v-i-d W-a-t-t-s. Can you hear me with this mask on?

ARCH: We can. If you can speak up a little bit, that would be great.

DAVID WATTS: I will. I'm a retired physician from Omaha and current president of the Nebraska Medical Association. I'm testifying on behalf of the NMA in opposition to LB906 and subsequent amendments. The NMA appreciates Senator Hansen's amendment that would narrow the language of the vaccine exemption request to that found elsewhere in law, which is either for medical reasons or a sincerely held religious belief. However, the NMA does still oppose this bill for two reasons. One is a business concern. The other is a matter of precedent. First, many of our physician members are themselves business owners. That is they're employers with employees. We appear often before this committee in opposition to government mandates, and LB906 we see as no different in this regard. We believe physicians and their clinics should be able to make decisions that make sense for the health and safety of themselves, their employees, their patients, and their specific situation. Naturally, as physicians, we respect any situation in which an employee may have a medical reason not to receive the COVID-19 vaccine. This is something the government does not have to instruct us to do. Regarding an exemption for sincerely held religious beliefs, again, this is something that we think should be handled between an employer and their employee. Further, we'd like to point out a difference between a religious exemption as presented by this bill, and religious exemption language found elsewhere in Nebraska law that pertains to a patient's-- a parent's vaccine choice for their children. In that situation, it's schools that are requiring vaccination and accepting exemptions. Since schools are government entities, it is an action by government to require such vaccination and accept those exemptions. LB906, however, would apply to private entities and their private employees, which do have fewer First Amendment grounds to stand upon than a parent would when interacting with a school. The second reason NMA opposes this bill is because our physician members remain concerned about precedent. Although Senator Hansen has narrowed the bill to the COVID-19 vaccine, the precedent will be set for any future public health issues that might emerge. We hope that it would not become ongoing policy of the state of Nebraska to interject matters into private employment that pertain to a public health issue. Our physician members recognize the importance of

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measures that ensure not only the health and safety of their staff and themselves, but also that of their patients that they treat each day. For these reasons, the Nebraska Medical Association respectfully requests that the committee not advance LB906. Thank you very much for your time and what you do.

ARCH: Thank you for your testimony. Are there any questions? Seeing none, thank you very much. Next opponent. Good afternoon.

DEXTER SCHRODT: Afternoon, Chairman Arch, members of the Health Human Services Committee. My name is Dexter Schrodt, D-e-x-t-e-r S-c-h-r-o-d-t. I am vice president of advocacy regulation, in-house legal counsel for the Nebraska Medical Association. Typically, we wouldn't have two of us testifying, but I did feel the need to address the record from some of the, the, the claims that were heard today because, as us lawyers know, the record is where everything starts when it comes to the law. So just really quick, HIPAA only, only applies to covered entities. Those are usually doctor's offices, pharmacies, hospitals. They do not apply to general employers. It does not apply to a business that requires me to wear a mask or see a vaccination card. HIPAA is not applicable in those situations whatsoever. It is only in the sharing of private patient information from covered entities. Second, the Civil Rights Act only protects protected classes. Being unvaccinated is not a protected class. It is true that the Civil Rights Act does protect religion as it pertains to private employment. But as you heard from a testifier behind me, there are some exceptions to that that the EEOC has found, one of which being the health of the workplace. And finally, I just want to clarify the Attorney General did not legalize the prescribing of Ivermectin-- or sorry, if I'm pronouncing that wrong. The Attorney General just made clear that if a physician is to prescribe that drug, that they receive informed consent from their patient and the patient is aware that that treatment is being used outside of what its normal use is. Any physician or any other provider that does not follow those measures is still subject to disciplinary action. Thank you.

ARCH: Thank you. Are there any questions? I, I have one question, is it, is it your understanding the way this, this amendment that was just recently submitted today, does, does it in any way restrict the right of a private employer to mandate vaccine on their employees?

DEXTER SCHRODT: Not specifically, it does not restrict the right to mandate vaccines on the employees, it does restrict and interfere with the relationship and policies that the employer may set. The employer

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may have very well good reason for implementing the vaccine mandate. And under this bill, those would be undercut.

ARCH: So the exemption side of it. I mean, as far as, as far as the employer's right to mandate, they are-- they have the right to mandate. Is that your understanding? It's the exemption side that you, that you have objection to. And that's that-- that's the issue of interfering with the employer/employee.

DEXTER SCHRODT: Yes.

ARCH: OK.

DEXTER SCHRODT: Correct.

ARCH: All right. Very good. Seeing no other questions, thank you very much.

DEXTER SCHRODT: Thank you.

ARCH: Next opponent. Seeing none, is there anyone that would like to testify in a neutral capacity? And again, if there's others that want to testify in a neutral, if you could come on up front, that'd be great.

KRISTEN HASSEBROOK: Good afternoon, Chairman Arch. My name is Kristen Hassebrook, K-r-i-s-t-e-n H-a-s-s-e-b-r-o-o-k. I'm here today in a neutral capacity on LB906 on behalf of the Nebraska Chamber of Commerce and Industry, as well as the Greater Omaha Chamber of Commerce and the Lincoln Chamber of Commerce. Vaccines are certainly part of the path back to full economic and quality of life recovery for Nebraska, and the business community fully understands this and promotes vaccine education and getting vaccines. There are two overarching business concerns that we often come and testify in from the Legislature on. One, that employers in concert with their employees are in the best position to make decisions on behalf of their business place with their employees and for that community. Two, that we try to avoid creating a patchwork of laws and differences of compliant schedules between other state by state and with the federal government. For those reasons, the Nebraska Chamber and the business community have opposed the proposed Biden administration vaccine mandate on employers for several reasons, including the cost to employers for enforcing personal decisions outside the workplace and its potential impact on an already strained workforce. Again, employers are in the best position in concert with their employees to evaluate and determine workplace guidelines. However, we have also

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opposed bans on vaccine requirements. If there's anything the pandemic has taught us, it's that there is no one-size-fits-all policy that meets the needs of states, communities, employers, and Nebraskans. Again, Nebraska businesses must have the freedom to make the decision that works best for them. We very much sincerely appreciate the work of Senator Ben Hansen to work on legislation that walks this line of not mandating a policy on Nebraska businesses, but that also provides for very minimal difference in any compliance issues between state by state and the federal government. With that, I'd be happy to answer any questions.

ARCH: Thank you. Are there any questions? Seeing none, thank you for your testimony. Next testifier who'd like to testify in a neutral capacity.

ASHLEE HENDRICKSON: Hey.

ARCH: Welcome.

ASHLEE HENDRICKSON: Chairman Arch, members of the Health and Human Services Committee, my name is Ashlee Hendrickson, A-s-h-l-e-e H-e-n-d-r-i-c-k-s-o-n, and I'm here today on behalf of the Nebraska Health Care Association. So on behalf of our 190 nonprofit and proprietary skilled-nursing facility members, I'm here to testify in the neutral capacity on LB906, as amended by AM1687. First, we want to thank Senator Hansen for introducing AM1687 to address our initial concerns about a potential conflict between LB906 and a federal requirement for healthcare facilities. At-- those such conflicts really just create challenges for providers when they don't match. So, like I said, as amended, LB906 limits the COVID-19 vaccine exemptions to medical-- for medical and religious reasons, which align with the federal requirements for healthcare facilities and appears to remove the conflicts. We appreciate Senator Hansen's work to address our concerns and would ask the committee to adopt AM1687. Take any questions.

ARCH: Thank you. Are there any questions? Senator Murman.

MURMAN: Thank you for testifying. I'm a little confused. You came in neutral, I think, and then said you, you would like to see the adoption.

ASHLEE HENDRICKSON: So we support the amendment because it alleviates our initial concern with the bill because in its original form, it allowed for exemptions that skilled-nursing facilities under what

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we're required to do from CMS are not allowed to permit those types of exemptions. Does that make sense? So we support the amended form because that would alleviate our conflict if it would go forth in its original form.

MURMAN: Sure. Thanks a lot.

ASHLEE HENDRICKSON: OK.

ARCH: I have a question. So as I understand the CMS, which would apply to all of your facilities, some of your facilities?

ASHLEE HENDRICKSON: To skilled-nursing facilities that are--

ARCH: Been accepted.

ASHLEE HENDRICKSON: --CMS certified,--

ARCH: Right.

ASHLEE HENDRICKSON: --so most skilled-nursing facilities in Nebraska.

ARCH: OK, not assisted.

ASHLEE HENDRICKSON: Correct.

ARCH: You also deal with assisted, but this is for skilled.

ASHLEE HENDRICKSON: Yes, just skilled-nursing facilities.

ARCH: So as I understand the CMS regulations on healthcare entities, it-- anybody that is enrolled as a Medicare provider, so that, that allows for medical and religious. Am I, am I correct?

ASHLEE HENDRICKSON: Correct. Yes.

ARCH: OK. So this doesn't change that. This, this is, this is a statement in our state statutes regarding that.

ASHLEE HENDRICKSON: Correct. So with the amendment, it would-- they would mirror so we would be able to follow both of them.

ARCH: OK. So you wouldn't find yourself in conflict.

ASHLEE HENDRICKSON: Correct. Yes.

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ARCH: OK. Thank you. Seeing no other questions, thank you for your testimony. Anyone else wish to testify in a neutral capacity? Seeing none, Senator Hansen, you're welcome to come and close. While you're coming, for the record, I won't read them all, we received 61 letters electronically submitted as proponent. We received four opponent and three neutral. You're welcome to close.

B. HANSEN: Thank you, Chairman Arch. I have my staff handing out a revised letter the Nebraska Hospital Association since they were originally one of the three that came out opposed. But since the amendment and some discussion, some clarification, especially with the amendment, they are now coming out neutral. So it lists off them as opposed but now they're-- they are neutral. So I will keep my closing brief because the committee has heard from a number of great testifiers, and I want to personally thank them both for and against the bill for coming out today and expressing their feelings and experiences. You know, we cannot put ourselves in the shoes of those of who, who have lost somebody close or their jobs to this virus. But we can have empathy and understanding for both. But if there's one thing I want you to take home after this hearing is do vaccine mandates, specifically COVID-19 vaccines in this case, prevent the spread of the virus? And I think I've mentioned before that it is no. That is ultimately what this comes down to. And if that is the case, which it is, then a vaccine mandate is not necessary. I do appreciate the committee's attention to this serious topic, and we have heard a lot of compelling testimony, emotional testimony from both students and employees and employers. And there's a couple of things that I wrote down and, of course, I won't be able to find through all these papers. Yeah, it's a couple of things that the Nebraska Medical Association mentioned that I do have to kind of maybe respond to is there are two main concerns. One of it was another government, government mandate. So they talked about the religious exemption as being this should be between the employer and employee. And I do agree with that. But as you've heard from testimony already, that is not happening. They are turning away religious exemption forms. Some employers are also saying to me they don't know what to put on a religious exemption form. And so I think the importance of this bill as well is making sure that we create some commonality upon, upon the exemption form for everybody that the state will provide. I think that might alleviate a lot of concerns among employees and employers and then also give them access to a, a credible exemption form that they can use, that they can print off, that they can give to their employer. And it makes it a little more simple. Also, the medical exemption, they mentioned that they typically do not need a government

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telling them how or what to do when it comes to a medical exemption. But again, from previous testimony, some of it is not happening. And so I think with some of this being in statute might also help alleviate some of those concerns. And lastly, the concern about precedent, we didn't set the precedent, the federal government did. We're responding to it and we're trying to protect our employees. I never thought I'd ever have to introduce a bill like this or from last year. So I implore you to look at this objectively, listen to testimony, and vote this out of committee so we can have a great discussion on the floor and hopefully pass this bill. Thank you. I'll take any questions.

ARCH: Thank you. Senator Walz.

WALZ: Thank you, Senator Hansen. I, I missed your second point that you had-- you're writing down. What was the second point? The second point that you were--

B. HANSEN: It had to do with the, the, the NMA's concern about the medical exemption. They believe that they don't typically need, like, the government telling them how to, you know, and I understand some of their concerns about maybe the government getting in the way of the relationship between the, the, the provider and the patient. But that has also been a concern of many citizens in Nebraska that is not happening. Like, medical exemptions are not being provided or there's some concern among even medical doctors and nurses that they can not provide one because of fear of they're losing their job or the retaliation they might get from their employer. But sometimes you put this in state statute that might also be their concerns as well.

WALZ: All right. OK, I'll talk to you about the form later.

B. HANSEN: Sure. Yep.

WALZ: Thanks.

B. HANSEN: Yeah, I did provide a sample exemption form and it does depend on what DHHS will end up making, but that is one we thought would be a good example that we can provide for them. And hopefully they'll do the same thing. We want to keep it as simple as we can.

WALZ: So a lot of times you think that the problem is, is the, the form?

B. HANSEN: Yeah, from my understanding, especially the, the-- are you talking about the religious exemption form?

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WALZ: Um-hum.

B. HANSEN: They have been far and I'm saying far and few, but they have been-- they vary, I guess, in content. Like, you've heard in testimony, some are getting very almost like an investigator, right? What is your religion? Where does it say in your text religion does this? I mean, stuff I don't think that is appropriate to ask because of the constitutionality of the freedom of religion. I think it should be, do you have a religious or strong belief against this? Yeah. And that's all you should need.

WALZ: OK, thank you.

B. HANSEN: Um-hum.

ARCH: Other questions? Senator Day.

DAY: Thank you, Chairman Arch. And thank you, Senator Hansen. So just-- I just want to clarify this from a business owner's perspective.

B. HANSEN: Um-hum.

DAY: So I own a business, I can still require that my employees be vaccinated. But in the event that an employee were to-- if we, if we were to pass this legislation-- in the event that an employee were to fill out this exemption form and they were giving it to me as a business owner, I would be required to accept that exemption. Is that--

B. HANSEN: Yes.

DAY: --do I understand that correctly?

B. HANSEN: Yes.

DAY: OK.

B. HANSEN: Yeah.

DAY: OK, perfect. Thank you.

B. HANSEN: Yep. Um-hum.

ARCH: Other questions? Seeing none, thank you for your testimony. Thank you for the bill. Thank you--

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B. HANSEN: Thank you for listening. I appreciate it.

ARCH: --for the day. With that, we will close our hearing on LB906,
and the hearings for the committee for the day.