

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

KELLY: Good morning, ladies and gentlemen. Welcome to the George W. Norris Legislative Chamber for the sixty-fourth day of the One Hundred Eighth Legislature, First Session. Our chaplain for today is Senator Aguilar. Please rise.

AGUILAR: Please assume an attitude of prayer. Dear Lord Jesus, praise to you, God, for this great state and this great nation. Praise to you, Lord, for your steadfast love of all of us. We look to you, O Lord, for your guidance to lead wisdom on decisions and for your faithfulness to get us through the hard times. I pray for all who are in authority to remember to look to you for all these things. I pray we can act as one, not one party race or of one interest, but as one heart. Help us to not let the trends of social media abandon our morals. Help us to let our belief in you guide our thoughts and decisions. We ask all of this in your name. Amen.

KELLY: I recognize Senator Brandt for the Pledge of Allegiance.

BRANDT: Please join me for the Pledge. I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all.

KELLY: I call to order the sixty-fourth day of the One Hundred Eighth Legislature, First Session. Senators, please record your presence. Roll call. Mr. Clerk, please record.

CLERK: There's a quorum present, Mr. President.

KELLY: Thank you. Are there any corrections for the Journal?

CLERK: I have no corrections this morning.

KELLY: Are there any messages, reports, or announcements?

CLERK: I have none at this time. Mr. President.

KELLY: While the Legislature is in session and capable of transacting business, I propose to sign and do hereby sign LB376e. Mr. Clerk, for items.

CLERK: Mr. President, first item on the agenda, LB92, introduced by Senator Slama, it's a bill for an act relating to insurance; amends Section 44-1993; eliminates the requirement that an annual review of the title insurance agent's practices by a title insurer must be

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Floor Debate April 18, 2023

on-site; and repeals the original section. The bill was read for the first time on January 6 of this year and referred to the Banking, Commerce and Insurance Committee. That committee placed the bill on General File with committee amendments. There are other amendments as well, Mr. President.

KELLY: Senator Slama, you are recognized to open on LB92.

SLAMA: Thank you, Mr. President. Good morning, colleagues, and happy Banking, Commerce and Insurance Committee day. It's the best day of the year. We're going to talk about some really wonderful bills. We've got 15 bills we're going to handle today with the committee Christmas tree so please pay attention, pay attention. If you do have a bill that is going to be up in the committee Christmas tree, I will be asking you a question about your bill on the mike. So please stay tuned and around for that. But our baseline bill today is LB92. This bill would amend Section 44-1993, a law that identifies the duties that title insurers have when utilizing the services of title insurance agents. Currently under the statute, one of those duties is to at least annually conduct an on-site review of the underwriting claims and escrow practices of the title insurance agents that they contract with. Specifically, this bill would remove the requirement that this review be on-site. Removal of the on-site requirement recognizes the digital environment that is becoming more common in all industries to include the title insurance industry where remote work and inspections are more common and used as an increased cost and time-savings measure for employers. Again, I would appreciate your support for this important bill. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. As the Clerk referred, there are amendments from the Banking Committee and Senator Slama to open on the amendments.

SLAMA: Thank you, Mr. President. AM484 and our subsequent floor amendment contains the provisions of two Banking, Commerce and Insurance priority bills, LB92 and LB214, along with bills that were amended into those bills with committee amendments and AM484: LB145, LB383, LB437, LB779, and LB392 and AM398, LB669 and LB674. AM1364 also includes six other bills that were passed out of the committee, all with 8-0 votes: LB536, LB68, LB587, LB93, LB3, and LB207. Again, all of these bills advanced from committee 8-0 and represent bipartisan, good governance, no controversy legislation. So with that, we'll start going through what all of these bills are. LB92 was introduced by me and is included in Section 56 in AM1364, which will be coming up next. This bill would amend Section 44-1993, a law that identifies the

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Floor Debate April 18, 2023

duties that-- oh, we've already been through that one. My apologies. Next up is LB145, which was introduced by Senator Bostar. Senator Bostar, would you be willing to yield for a question?

KELLY: Senator Bostar, would you yield to a question?

BOSTAR: Absolutely.

SLAMA: Senator Bostar, would you be willing to take a brief moment just to tell us what LB145 is all about?

BOSTAR: Yes, absolutely. I will try to be as brief as I can, there are several moving parts to this. So just for background. Currently, women 35 to 40 are entitled to one baseline mammogram, women 40 to 49 are entitled to one mammogram every two years or more frequently based on the patient's physician's recommendation, and women 50 or older are entitled to one mammogram each year. LB145 changes this up a bit. Women 35 to 40 are still entitled to one baseline mammogram. Women 40-- women under 40 are entitled to at least one mammogram each year and additional mammograms if necessary if based on the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnosis, and the recommendation of the women's healthcare provider, they have an increased risk of breast cancer due to a family or personal history of breast cancer or prior atypical breast biopsy, positive genetic testing, or heterogeneous or dense breast tissue based on breast imaging. Women 40 and over are entitled to one mammogram every year. Women 40 and over are entitled to one digital breast tomosynthesis each year if based on the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnosis and the recommendation of the women's healthcare provider, have an increased risk of breast cancer due to a family or personal history of breast cancer or atypical breast biopsy, positive genetic testing, or heterogeneous or dense breast tissue based on breast imaging. Women 40 and over are entitled to one bilateral whole breast ultrasound each year if based on the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnosis and the recommendation of women's healthcare provider, have an increased risk of breast cancer due to a family or personal history of breast cancer or prior atypical breast biopsy, positive genetic testing, or heterogeneous or dense breast tissue based on breast imaging. Women 40 and over are entitled to one diagnostic magnetic resonance imaging each year if based on the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnosis, and the recommendation of the women's healthcare provider, have an increased risk of breast cancer due to a family or personal history of breast cancer or prior atypical breast

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

biopsy, positive genetic testing, or a history of chest radiation. Women 40 and over are entitled to one diagnostic magnetic resonance imaging each year if based on the national standard risk models or the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnosis, has an increased risk of breast cancer or heterogeneous or dense breast tissue. With the exception of diagnostic medical-- magnetic resonance imaging for women based on heterogeneous or dense breast tissue, none of the procedures shall be subject to the application of deductible coinsurance, co-payment, or other cost-sharing requirements contained in the policy or health benefit plan for such services.

SLAMA: Thank you, Senator Bostar. Would you say it's fair to say that this bill would save lives in the state of Nebraska?

BOSTAR: I think it will save a lot of lives in the state of Nebraska.

SLAMA: Fantastic. Thank you, Senator Bostar. Don't go too far away, your bill LB383 is up next. And I think that's another bill that will save a lot of lives in the state of Nebraska.

BOSTAR: Thank you. Again, trying to get through some of these quickly. I'll be happy to answer questions if anyone has them. LB383 changes provisions relating to the insurance coverage of screenings for colorectal cancer. There are a number of screening tests that are available for identifying risk of colorectal cancer and most of those that are noncolonoscopies require a follow-up colonoscopy to be undertaken in order to verify those noncolonoscopy test results. Currently, the follow-up colonoscopy is treated as a diagnostic exam and is, therefore, subject to cost-sharing provisions, co-payment, coinsurance, etcetera. Under LB383, insurers are required to cover screening colonoscopies, including those performed as a result of a positive noncolonoscopy preventive screening test as approved by the United States Preventive Services Task Force without any cost-sharing provisions whatsoever.

SLAMA: Fantastic. Thank you, Senator Bostar. Senator Ballard, would you be willing to yield to a question?

KELLY: Senator Ballard, will you yield?

BALLARD: Absolutely.

SLAMA: Senator Ballard, could you please tell us a little bit about LB437?

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

BALLARD: Yeah. Thank you, Senator Slama. LB437 was a technical change brought to me by the Department of Insurance and is an extremely simple bill. Currently, business entity licenses have to be renewed on April 30 of each year. This LB437 would change that to even years. So under current Insurance Producers Licensing Act, the insurance producers must obtain two licenses: an individual insurance provider license and a business entity license. The business entity license expires annually, while the individual license expires biannually, with individuals born in even-numbered years renewing their license at the end of their birth month in the even-numbered years and individuals born in odd-numbered years renewing their license in the end of their birth month in odd-numbered years. The current renewal schedule in both licenses needlessly complicate the licensing process and can easily lead to confusion among individuals and the department. LB437 streamlines the process of these individuals and aligns the renewing schedule, cutting red tape.

SLAMA: Thank you, Senator Ballard. Senator Bostar, I'm glad you didn't leave the floor. Would you be willing to tell us about your bill LB779?

KELLY: Senator Bostar, will you yield to a question?

BOSTAR: Of course. And thank you for the opportunity. LB779 creates a new statute that would cap the price of insulin for, for insured Nebraskans at \$35 for a 30-day supply. The bill would provide-- the bill provides specifically for a statute that would specify that any individual or group sickness or accident insurance policy or subscriber contract delivered, issued for delivery or renewed in this state and any hospital, medical, or surgical expense incurred policy except for policies that provide coverage for a specified disease or other limited benefit coverage and any self-funded employee benefit plan to the extent not preempted by federal law, which provides reimbursement for prescription insulin drugs, shall limit the total amount that a covered individual is required to pay for a covered prescription insulin drug to a maximum of \$35 per 30-day supply of insulin, regardless of the amount needed. Each covered prescription insulin drug on the policies, contracts or plans, this-- sorry, this would apply to the covered prescription insulin drug that the, that the insurance plan refers to as the preferred insulin option. So generally, generic, or not generic, generic insulin options aren't a, aren't really a thing that's available broadly in the market so--

KELLY: One minute.

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Floor Debate April 18, 2023

BOSTAR: --this is for preferred, preferred rate insulin and it would cap it at \$35 per 30-day supply regardless of the quantity needed on the prescription.

SLAMA: Thank you, Senator Bostar. Senator Ballard, you will be up next on my next turn up. It should be an open on an, on an amendment that's coming up next. But just so everybody knows, a packet with the description of every bill who testified for, who testified against will be coming around, the pages will be handing it out briefly. But thank you all so much for your consideration. And thank you to everybody who has worked with me in putting this Christmas tree together. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Machaela Cavanaugh, for what purpose do you rise?

M. CAVANAUGH: To divide the question.

KELLY: Could you please approach, and Senator Slama as well. It's, it's the ruling of the Chair that the bill, the amendment is divisible. Mr. Clerk, for an explanation.

CLERK: Mr. President, the first division FA56 will contain the contents of LB145, FA56.

KELLY: Senator Slama, you're recognized to open on FA56.

SLAMA: Thank you, Mr. President. I'll be very brief. LB145 was described by Senator Bostar. That is the requirements that breast tissue, breast cancer screenings be covered. It's a wonderful bill, grateful it's in there, and I'd encourage your green vote. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Erdman, you're recognized to speak.

ERDMAN: Thank you, Mr. President. Good morning. I was wondering if Senator Slama would yield to a question?

KELLY: Senator Slama, would you yield to a question?

SLAMA: Of course I will.

ERDMAN: Senator Slama, I see FA56 is up and is talking about Senator Bostar's bill. But I have a question about the removal of the in-person examination of the title insurance people.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

SLAMA: Sure.

ERDMAN: Is this implemented to save money for those who do the examination? What is the purpose of that besides that digital information that can be had without going there?

SLAMA: Absolutely. Let me access my notes here. But, yes, it is meant to streamline that inspection process. I think you're talking about LB92 here.

ERDMAN: That's correct.

SLAMA: When we're talking about the title insurance industry, the overwhelming majority of title insurers are working remotely so this just simply reflects the fact that most are not working in a traditional office setting.

ERDMAN: OK. Who does, who does the inspection? Is it a state inspection or who does that?

SLAMA: Department, Department of Insurance.

ERDMAN: Department of Insurance?

SLAMA: Yes, sir.

ERDMAN: OK. So thank you for answering that. I have a few comments about title resolution. We in the real estate business in western Nebraska have had several, several instances with title insurance. And I think title insurance is very similar to all other insurance is it's only as good as your agent. And we've had incidents where we've had a claim that we nearly have to take them to court to get them to pay or do what they were instructed to do when we hired them to analyze the title. So I don't know whether this is going to be helpful in that regard or not, but, but there are issues with title insurance that people think that they really have something when they have title insurance and you have it's better than nothing and, and that's about all I can say about that. Thank you.

KELLY: Thank you, Senator Erdman. Mr. Clerk, for an amendment.

CLERK: Mr. President, Senator Slama would amend the first division with AM1364.

KELLY: Senator Slama, you're recognized to open on AM1364.

SLAMA: Thank you, Mr. President. AM1364 just builds on our Christmas tree with the bills that I've already introduced. Just briefly to respond to Senator Erdman before I yield to Senator Ballard for a question. Just during COVID, it was identified under LB92 that in-person inspections weren't necessary and everything could be done digitally, digitally. You're examining the same documents, the same issues with each company, and there's no travel and it saves money to Nebraska taxpayers while ensuring that we still have strong oversight of our title insurers. And with that, I'll see if Senator Ballard will yield to a question.

KELLY: Senator Ballard, will you yield?

BALLARD: Yes.

SLAMA: Senator Ballard, LB392 is in AM1364, would you mind telling us a little bit about it?

BALLARD: Yeah. LB392 is a bill that allows employers, employer organizations, or trustees of employment associations sponsoring a health benefit plan to consent to electronic document delivery on behalf of the representative employees. Currently, when an individual is enrolled in a health insurance plan provided by their employer, all related documents to the insurance plan gets mailed to their employees unless the employee specifically request the documents electronically. LB392 would allow employers to save employees a needless complicated step, cutting red tape, making employee access to their health insurance information easier.

SLAMA: Thank you, Senator Ballard. Now we're on to a couple of sections that include bills that I've introduced, Section 66 and 65 of AM1364 contain my provisions of LB536. I was asked to introduce LB536 by the Nebraska Insurance Federation. LB536 updates two provisions of the Insurers Investment Act, an act whose purpose is, as stated in Nebraska Revised Statute 44-5103, to protect and further the interests of policyholders, claimants, creditors, and the general public by establishing standards, requirements, and limitations for the investments of insurers doing business in the state. Such standards, requirements, and limitations are intended to promote solvency, investment yield and growth, investment diversification, investment value and values-- investment value stability and liquidity to meet business needs. So in LB536, we're amending these provisions related to an insurer's investment in both preferred stock and common stock by eliminating retained earnings, qualifications for both types of investments. As corporate practices have changed, retained earnings

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Floor Debate April 18, 2023

are not necessarily a good indication of whether or not the, the corporation stock is a sound investment. This change will match the state of law in most other jurisdictions and will provide domestic insurers more flexibility. We'll save LB68 for later on. Senator Wishart, would you yield to a question?

KELLY: Senator Wishart, will you yield to a question?

WISHART: Yes, I'd be happy to.

SLAMA: Wonderful. LB587 is also included in AM1364, would you mind telling us about it?

WISHART: Yes, absolutely. So LB587 is a bill to create an insurtech regulatory sandbox program in Nebraska. A sandbox is a regulatory approach typically summarized in writing and published that allows live time-bound testing of innovations under a regulator's oversight. The first regulatory sandbox was launched in 2015 in the U.K. and generated great interest from regulators and innovators around the world. Since then, regulatory sandboxes have been launched in 12 U.S. states and numerous countries. States like Arizona, Utah, Wyoming, and South Dakota are welcoming more firms, entrepreneurs, and investment by offering these regulatory sandboxes. So following the hearing on LB587, I worked with industry representatives to add additional disclosure language, increase the fee to cover administrative costs, and add a sunset of ten years as a backdrop if future legislators feel this program isn't performing as it should. Colleagues, the benefits of a regulatory sandbox outweigh any distant risk. This is an opportunity for businesses and start-ups to collaborate with the Department of Insurance to create smart regulation because oftentimes regulation is not able to keep up with the pace of innovation. Nebraska will benefit from this increased access to funding by reducing regulatory uncertainty and information asymmetries between firms and investors and Nebraska consumers will also benefit through this approach because they'll have better access to services at a potentially lower cost. LB587 received no opposition at the hearing and was voted out of committee unanimously. I want to thank Senator and Chairwoman Slama for working with me to include this bill and LB9-- LB92 and I also want to thank the Platte Institute for their continued leadership on this issue. Thank you.

SLAMA: Thank you, Senator Wishart. This is something that's been worked on for years by you so I'm very grateful for your leadership in implementing smart regulations that really allow growth in our

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

insurance industry in the state of Nebraska. Senator Sanders, would you be willing to yield to a question?

KELLY: Senator Sanders, will you yield to a question?

SANDERS: Yes.

SLAMA: Senator Sanders, could you please tell us a little bit about LB3 which is also in the Christmas tree?

SANDERS: Yes, thank you, Senator Slama. This should not take long, AM1364 contains my bill, LB3. The body has actually already been-- discussed LB3, LB3 on General File and on February 16 it passed to E&R Initial on a 35-0 vote. As a brief summary, this is a cleanup bill that sets a deadline on the process provided in last year's LB1165 for political subdivisions with bonding elections. The bill ensures a manageable timeline for county assessors to build tax districts. This bill passed the Banking Committee on January 31 on an 8-0 vote. Thank you.

SLAMA: Thank you, Senator Sanders. Senator von Gillern, would you be willing to yield for a question?

KELLY: Senator von Gillern, will you yield to a question?

von GILLERN: Yes, I will.

SLAMA: Thank you, Senator von Gillern, LB207 is also included in the Christmas tree. Would you like to tell us a little bit about it?

von GILLERN: Sure, very quickly, and LB207, again, as Senator Sanders mentioned, LB207 has also been shared on the floor previously. LB207 allows for the sale of a trust property under the Nebraska Trust Deeds Act to occur at a public building where county offices are located within the county in which the property is to be sold or some part thereof is situated. There's been some situations in the past where deed of sales have occurred at places other than the courthouse and this is just a simple cleaning up of the language around that so that everybody understands where to show up on the day of a property, property sale. Thank you.

SLAMA: Thank you, Senator von Gillern. Senator Ballard, would you yield for a question?

KELLY: Senator Ballard, will you yield to a question?

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

SLAMA: All right, in the interest of time we'll have him go next so stay tuned, Senator Ballard. Senator Jacobson, would you yield for your question?

KELLY: Senator Jacobson, would you yield for a question?

JACOBSON: Yes, I would. Thank you.

SLAMA: Senator Jacobson, LB674 is included in the Christmas tree as well. Would you be willing to tell us a little bit about it?

JACOBSON: Absolutely. LB674, first of all, everybody gets a little nervous when they start seeing something that says digital currency and start thinking Bitcoin and, oh my God, are we doing Bitcoin? Let me just remind everyone, I'm a commercial banker. I'm not a big Bitcoin fan. In fact, I'm probably the opposite of a Bitcoin fan. This bill's real clear, it's providing the, the tools that the bank-- Department of Banking and Insurance needs to be able to regulate what's out there in the Nebraska Financial Innovation Act today. So this act was approved a couple of years ago and this is really informa-- this is really the language in the bill that's tightening up the regulation and providing the Department of Banking to better regulate those institutions, excuse me, that are out there. And I would tell you that right now, there's one that I'm aware of in Nebraska and so this is really cleanup language. There's a lot of pieces to it. It's changing some things with regard to granting authority and talking about a charter. It's requiring when they can-- what-- well, that they have to have an executive officer in the state of Nebraska to be able to make decisions. It also provides for very swift movement for them to revoke a charter. It also lays out the requirements in terms of pledging to be able to make sure that they're fully covered in any of the digital assets that they're holding. So that's what that's doing, it's a regulatory measure. That's what, that's what that piece of the bill is about. So just to understand, as a--

KELLY: One minute.

JACOBSON: --banker I'm concerned about it so I'm making sure we got this in there so it's a good, it's a good part of the bill.

SLAMA: Thank you, Senator Jacobson. Senator Ballard, would you yield for a question?

KELLY: Senator Ballard will yield for question?

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

BALLARD: Of course.

SLAMA: Senator Ballard, would you tell us a little bit about LB669?

BALLARD: Yes, I will be extremely brief. LB669 is a bill designed to provide powers for the Director of Banking and Finance to prescribe conditions on banks, trust companies, credit unions, building and loan associations, savings and loan associations, and digital asset depositories, and their holding companies as part of any written order, decisions and determinations required to be made pursuant to the Nebraska Banking Act, the Credit Union Act, and the Nebraska Financial Innovation Act.

SLAMA: Thank you, Senator Ballard. And I will continue with my remaining bills on AM1364 on my next turn at the mike. Thank you all so much for your consideration on LB92.

KELLY: Thank you, Senator Slama. Senator Jacobson, you're recognized to speak.

JACOBSON: Thank you, Mr. President, and I'm going to yield my time to Senator Slama so she can continue down this path.

KELLY: Senator Slama, you have 4:53.

SLAMA: Thank you very much, Senator Jacobson. LB68 is the next bill that's included in AM1364. LB68 was introduced by me and is included in Sections 57 through 62 in AM1364. LB68 would increase the amount of liability coverage that must be carried by physicians, certified registered nurse anesthetists, and hospitals in order to qualify for the Excess Liability Fund coverage under the Nebraska Hospital-Medical Liability Act. Since 1976, Nebraska has benefited from the Excess Liability Fund through lowered liability premiums for qualified healthcare providers, improved availability and affordability of healthcare, and a reliable payout to injured patients when a provider exhausts the limits of their liability insurance. So this is how the Excess Liability Fund works. First, only physicians, certified nurse anesthetists, and hospitals may qualify for coverage under the fund. In order to qualify, the provider must file proof of liability coverage with the Department of Insurance. Currently, that coverage must have a liability limit of \$500,000 per occurrence for all providers and an aggregate annual limit of \$1 million for physicians and CRNAs and \$3 million for hospitals. Second, the provider must pay a surcharge into the Excess Liability Fund. This is, this is what funds the Excess Liability Fund, the surcharge is sent annually by the

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

Department of Insurance and it's a percentage of the provider's annual insurance premium. The surcharge is capped by statute at 50 percent of the provider's annual premium. When a provider is qualified under the fund, their liability is limited to \$500,000 per occurrence, which means it is covered by their policy limits. Any judgments or settlements over that amount are covered by the fund up to the statutory cap of \$2.25 million. LB68 would increase the amount of coverage required to qualify under the fund to \$1 million per occurrence and \$3 million aggregate for all qualified providers, hospitals, physicians, and CRNAs. This has the effect of both bringing additional surcharges into the fund because it would be based on a higher premium, as well as reducing the risks to the fund because only amounts over \$1 million will be paid out of the fund. It is important that Nebraska remain vigilant in maintaining a healthy Excess Liability Fund. The underlying coverage requirements have not been increased since 2004 and one of the indicators that alarms me is that the average actuarially indicated surcharge over the last five years is 67.5 percent, meaning the fund has been underfunded for a number of years up against a statutory cap of 50 percent. AM371 and AM794 are minor amendments that we've added to LB68. It clarifies that the fund is not responsible for paying the first \$1 or the first \$1 million on a claim in the event of a qualified provider exhausts their annual aggregate limit of \$3 million. This really just clarifies current law, but we thought it would be a good idea to avoid any uncertainty going forward. We also changed the operative date from January 2024 to January 2025, just to give our hospitals the time they need to make sure this can be in place. LB93 is another bill in AM1364 as introduced by me and it's Sections 51, 52, 53, and 63. LB93 would amend Nebraska Revised Statutes 44-319.02, 44-319.03, 44-319.06, and 44-3308. These statutes require mandatory security deposits to be made to the Department of Insurance by domestic insurers, nonexempt domestic assessment associations, foreign insurers and assessment associations and insurers dealing in legal expense insurance. Under current law, those named categories of insurers can only name policyholders as beneficiaries--

KELLY: One minute.

SLAMA: --thank you, Mr. President-- beneficiaries of mandatory security deposits. LB67 would make it so those insurers could name either just policyholders or both policyholders and creditors as the beneficiaries of mandatory security deposits. And I will revisit the last bill, LB214, in my next turn on the mike. Thank you, Mr. President.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

KELLY: Thank you, Senator Slama. Senator DeKay has guests in the north balcony, lineworkers from Lincoln Electric and Omaha Public Power District. Please stand and be recognized by your Nebraska Legislature. Senator Dungan, you're recognized to speak.

DUNGAN: Thank you, Mr. President. Colleagues, I rise today in support of LB92, as well as FA56 and AM1364. I wanted to get into a little more detail about some of the things that are in here and why I support them. I know that these Christmas tree bills can be a little bit daunting from time to time. I will get on the mike again and kind of talk about what some of the benefits of these are. But for now, I wanted to go ahead and yield the remainder of my time to Senator Slama if she will take it to continue in showing the bill.

SLAMA: Thank you so much, Senator Dungan. I, I appreciate it tremendously. We have one bill left in this Christmas tree so stick with me here. LB214 is our Banking cleanup bill for this year. Every year we have to pass a Banking bill to remain in federal compliance. We have to change some dates that are required by federal law so LB214 is a very critical piece of AM1364. LB214 was introduced by me and is included in the following sections within AM1364, Sections 4 through 11, 13 through 18, 50, 67 through 76, and 78. LB214 is a bill that would update a number of banking and other financial institution related statutes so I will briefly break the bill's down-- bill's nature down to five categories. First, the bill provides for the annual reenactment of the depository financial institutions wild card statutes to provide equal rights, powers, privileges, benefits, and immunities for state-chartered banks, savings and loan companies, and credit unions with their respective federal counterparts. Due to state constitutional restrictions, these statutes are amended annually. Second, the bill would amend a number of state laws to update cross-referenced federal statutes and regulations so as to refer these statutes and regulations as they existed on January 1, 2023. Currently, these statutes have a reference date of January 1, 2022. That is a problem if you're going to stay in compliance with federal law. Third, the bill would amend two statutes within the loan broker statutes. This would be done in order to remove obsolete language related to the requirements that loan brokers are to include their electronic mail internet addresses within the disclosure statements and loan brokerage agreements given to customers. The effect of the amendments will make the requirements mandatory. Fourth, the bill would amend Section 45-735 of the Residential Mortgage Licensing Act to provide that the department may authorize and regulate remote work arrangements for mortgage loan originators and other agents and employees of licensed mortgage bankers, registrants, and installment

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

loan companies. Fifth and lastly, the bill would make certain amendments to the Nebraska Installment Loan Act to define the term consumer and loan within Section 45-1002 and repeal subsection (3) of the statute, which will be unnecessary with the adoption of those added definitions. Amend Section 45-1003 to provide that a person who markets, owns in whole or in part, holds, acquires, services, or otherwise participates in consumer loans made by a financial institution must be licensed under the act. Importantly, financial institutions are and will continue to be exempt from licensing under the act. Amend Section 45-1006 to provide that the director of the department may waive the hearing requirements for an applicant who does not originate loans under this act. And it's important to note that this section of the bill does not apply to our car dealerships in the state of Nebraska. It was a question raised during the hearing. We've had some great discussions between the Department of Banking and our car dealers to ensure that this section of the bill will absolutely not apply to them. AM81 was passed in committee and it made a small change to LB214 by removing and replacing language in the bill stating what loans would be subject to the Nebraska Installment Loan Act and who would be required to be licensed under the act. AM81 was based on a compromise between the Nebraska Bankers Association and the Nebraska Department of Banking and Finance.

KELLY: One minute.

SLAMA: Thank you, Mr. President. Right on time, that is all of the bills in AM1364 that make up the Christmas tree for the Banking, Commerce and Insurance Committee this year. They're 15 bills, they're good governance, low controversy bills that will update our statutes to where they need to be, save lives by ensuring women have access to breast cancer screenings and that all people have access to colorectal cancer screenings when they need it. We also cap insulin costs. This is really a bill where everybody should be able to find something they like in it and it represents a wonderful, wonderful grouping of bills. And I'm so grateful to Speaker Arch for allowing us to put this Christmas tree together to make sure that these low controversy bills can get across the finish line this year. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Senator Jacobson, you are recognized to speak.

JACOBSON: Thank you, Mr. President. I was prepared to yield more time to Senator Slama but she finished up so she's more efficient than I thought she was. I do want to take just a minute to thank Chair Slama for her leadership in the Banking, Commerce and Insurance Committee

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

this year. I had the opportunity to serve as Vice Chair of the committee this year and the lone banker on the committee. But I will have to say that I'm very impressed with those members of this particular committee. It was a great group to work with. I think everyone really worked hard to try to come to a consensus and to try to get good legislation to the floor and I think this Christmas tree bill certainly depicts that. These are very important updates. They can become very, very technical at times. But I think we had the right mix of people on this committee to make really good decisions, have very good discussion in our Exec committees, and so I'm really pleased with the result. I would encourage everyone to get behind this bill and pass this bill in its entirety. I also want to take just a minute to maybe expand a little bit on Senator Erdman's question as it relates to title companies and being able to remotely examine them. The Department of Insurance, because of COVID, we really learned a lot about how do we do things remotely. So not only were there a lot of remote exams by the State Banking Department, but there are also a lot of remote exams by the Department of Insurance as well when it came to examining title companies. And we need to keep in mind that title insurance-- as a banker, we use title insurance extensively because what happens is when a property is purchased, we request a title insurance policy where that title is searched, they confirm that the title is clean, they let us know what liens might be out there and what we need to pay off in order to get clear title. They, they provide a very important role in this process. And when they issue that policy, although that policy is issued for the initial purchase price and of course over time that value goes down, basically the value goes up and then the amount of the policy doesn't rise. But nonetheless, there is an insurance company that stands behind those policies where in the old days you used to extend abstracts, which means that an abstracter would have to go look at what liens were filed and then you'd have an attorney review it and you really didn't have any coverage behind you at all. So what the Department of Insurance does when they do these audits is they're going out there and ensuring that their records are correct in these title companies. And so what most of this now going digital, they're able to review that digitally. A lot of banks now have their loan files that are in digital form so Department of Banking is able to go out and do banking examinations, many cases remotely, because they're reviewing those loan files from a remote position from a digital standpoint. So a lot of what we're doing is still trying to keep up with modernization without compromising safety and providing for more efficiency and cost savings. And so that was a lot of the focus in a lot of things that were done this year. And I just want to remind you again, as it

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

relates to the digital assets, the, the focus there was truly to be able to provide the Department of Banking greater control, greater ability to act on what has already been approved. I'm very comfortable with what we ultimately agreed upon. I think it takes us significantly ahead of the pack in terms of where we need to be. We need to remember today that you can have digital asset companies from outside the state that can come into Nebraska today. That part of the bill also provides for better regulation of those out-of-state branches that are coming in to Nebraska today. There aren't a lot of them, but that will grow over time and so I feel very, very good about the package. I feel very good about all the input from all the members. And, again, I--

KELLY: One minute.

JACOBSON: --sincerely appreciate the work of everyone on the Banking, Commerce and Insurance Committee for their work. It was, it was a job well done and let's get this to the finish line. Thank you, Mr. President.

KELLY: Thank you, Senator Jacobson. Senator Albrecht has guests in the north balcony, fourth graders from Cardinal Elementary, South Sioux City. Please stand and be recognized by your Nebraska Legislature. Senator Dungan, you're recognized to speak.

DUNGAN: Thank you, Mr. President. I'm glad the fourth graders could be here for our riveting conversation about banking and, and insurance. It's really exciting for them today. I want to rise again in support of LB92 as well as the various amendments, and join the chorus of people thanking the, the work of the committee Chair, as well as a lot of the individuals who were involved in this. As I said on the first time on the mike, I think a lot of times these Christmas tree bills can be daunting to folks who weren't part of the committee, certainly they have been to me as we've gone through a number of these other packages and, and heard about some of the, you know, Transportation and Telecommunications or General Affairs. And so I do oftentimes rely on the advice or counsel of folks who were in those committees to kind of advise me a little bit more about what was in these bills and the need or the benefit of them. I, I guess I rise to speak to any of my colleagues who have concerns or questions about this package. I absolutely do think that the bills that are contained in LB92, as well as the various amendments that are being added on here on the floor, are either good governance bills, things that are sort of cleanups that we adjusting the language to, or are bills that are noncontentious and represent, frankly, months and months and months of work to get to a place where the bills are not contentious and we have

all of the stakeholders involved in trying to pass these pieces of legislation that, frankly, help people. Whether we're talking about insurance cleanups or regulatory changes or things like insulin or breast cancer screening, I believe that all of the things contained in this Christmas tree are legitimately going to benefit the people in Nebraska. I joked earlier a little bit about how Banking and Insurance can be somewhat dry from time to time, but we do occasionally have bills that we hear in the committee that do kind of pull at the heartstrings and get to the, the core of what we're here to do, which is help Nebraskans. Senator Bostar's bill, as it pertains to the breast cancer screening and sort of the details in that, was one such hearing. We heard hours, it felt like, legitimately of testimony from people telling us their, their stories, how they've been personally affected by breast cancer, how loved ones have been affected by breast cancer. And it was incredibly moving to hear from them, not just the issues they've dealt with, but also some of the issues they've run into trying to get screening and how preventative care would have potentially not just made things easier for them but also in some situations saved lives. And so, you know, the fact that we have that as a component of this, I think represents a big step forward as a state, represents a big step forward in trying to actually help people do that preventative care, and I'm very thankful for the work of not just some of the other senators on the committee but also our friends in the insurance industry who understand the issues surrounding that and really did come to the table and work with a number of folks to, to get a, a compromise here or a bill that was actually going to do something that I think benefited everyone. So that was one note I wanted to make. In addition to that, I wanted to speak briefly about some of the things that I think Senator Jacobson and Senator Erdman were talking about. LB92 and a number of these other bills, I think, really do seek to update our statutes pertaining to what can be done remotely, what can be done digitally, and what has to be done in person. We saw obviously during the pandemic, there were a number of things that changed, working remote, doing things digitally. And what it seems like we've been able to see, and I'm speaking now from just talking to folks within the insurance department and the industry, is that there's a number of things that we can do more efficiently if we allow for a little bit more flexibility. And when the director came in and spoke to us about a number of these or spoke in favor of these modifications, it really seemed to me that these are just good governance bills that allow the department to do their job more efficiently which is something we should always be in favor of and, frankly, a little bit easier for folks at home.

KELLY: One minute.

DUNGAN: Thank you, Mr. President. And so LB92 and LB392, I believe, were two that represented those kind of modifications. Senator von Gillern's bill with regards to where the actual sale can take place is yet another good example of that, making sure that we can do things a little bit more efficiently, a little bit easier, I just felt like that made sense and it was something that I absolutely supported. I wanted to talk a little bit more about why I supported the sandbox legislation that Senator Wishart ensured for us earlier, but I know I'm running a little bit short on time. I might punch back in and give a little bit more context to that but, generally, I wanted to speak to my colleagues. I understand these Christmas trees can be daunting, but this one does represent a lot of really good faith effort to get some good governance bills put together and I do think that passage of LB92 is going to help Nebraska. Thank you, Mr. President.

KELLY: Thank you, Senator Dungan. Senator Conrad, you are recognized to speak.

CONRAD: Thank you, Mr. President, and good morning, colleagues. I rise in support of LB92 and its component parts. And to add my voice to the chorus of my colleagues this morning, I wanted to particularly highlight and thank the committee for their work in regards to the measures that advance critical women's health opportunities by updating our laws to ensure that our practices and insurance policies mirror best practices in terms of the information put forward by leading healthcare experts in the state and some of the key components that ensure that we can utilize the best technology available to ensure that women have access to diagnostic opportunities that can help to detect breast cancer for a host of different reasons, but including earlier, which improves, of course, access and opportunities for treatment and survival. I do want to point out to the body's attention and for the record that there is a host of leading healthcare voices in the state that were supporting this measure, the Nebraska Nurses Association, the Nebraska Medical Association, the Nebraska Hospital Association, a host of insurance interests and healthcare providers and individuals as well. And I, I just want to reaffirm how important it is to take into account the guidance from our leading healthcare professionals about best practices in our healthcare policy, whether that's in LB92 or other measures before the body. Additionally, I wanted to give voice to a host of messages that my office has received, and I'm sure many of your offices have received as well, from breast cancer survivors who really wanted us to take a hard look at this measure, to work together to figure out how

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

to advance it because of the lifesaving aspects that would improve health outcomes for Nebraskans. I want to thank those Nebraskans for sharing deeply personal stories about their health journey and why that's so important to move these measures forward. I really think that some of the best policy making comes from a combination of storytelling on personal lived experiences and data, information, medicine, and science in regards to healthcare policy from leading healthcare professionals as well. And you can really see that marriage of those key ingredients for sound policy making in this breast cancer measure. And I, I definitely am going to hit my light more because I would like to talk additionally about important efforts in this committee package and the component parts in regards to affordability and accessibility for insulin treatments and the colorectal care components as well in addition to some of the other measures that other senators have already covered. But I wanted to thank the committee for their hard work, I wanted to thank Senator Bostar for bringing forward this critical women's health measure, and I wanted to reaffirm to the body how important it is to honor the voices of our second house that have been asking us to update our policies and practices to ensure we take into account medical best practices and changes in technology to improve health outcomes. And that's definitely a big part of why I'm supporting this measure--

KELLY: One minute.

CONRAD: --and encourage others to do the same. Thank you, Mr. President.

KELLY: Thank you, Senator Conrad. Mr. Clerk, for items.

CLERK: Mr. President, one thing, quickly, bills read this morning were presented to the Governor on April 18, 2023 at 9:00-- 9:18 a.m. That's all I have this time.

KELLY: Thank you, Mr. Clerk. Senator Machaela Cavanaugh, your'e next in the queue.

M. CAVANAUGH: Thank you, Mr. President. Trying to follow along. As I said, I think, the first day of session to Senator Slama I don't get banking. So I've been trying to follow along and the committee staff has done an amazing job with a 25-page synopsis, 26-page synopsis of this amendment that I very much appreciate. I always like to acknowledge that our committee staff does, does most of the work and so it's good to give them a lot of the credit when we can and I'm very grateful. This is a very, very comprehensive amendment and a very

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

comprehensive committee summary, which I believe they are handing out on the floor now from Senator Slama so everyone can follow along. So this bill is-- the floor amendment has LB92 and LB214 and then it has LB145, LB383, LB437, LB779, and LB392 and then it also has LB669, LB674, LB536, LB68, LB587, LB93, LB3, and LB207. I lost track. That's a lot. One, two, three, four, five, six, seven, eight, nine, ten, 11, 12, 13, 14, 15, 15. So definitely not our biggest tree so far. It might be big enough for the Durham in Omaha but not for Rockefeller Center, so maybe by the end of the day we'll have enough bills on it for Rockefeller Center. So LB92 would amend statute relating to the annual review of title insurance agents provided to section by section below, amend Section 44-1993 in order to eliminate the requirement that an annual review of a title insurance agent's practices by a title insurer be on-site, repeals statutes amended. LB144 [SIC] as amended by AM354: change provisions relating to coverage for screening mammography and breast examinations. This is what Senator Bostar was talking about. That I did kind of follow, you know, personal experience and personal interest in changes to mammograms. It decreases the age requirement for annual mammograms from 50 years of age to 40 years of age. Seems like a really good and important change. Adds language stating that "Any individual or group sickness and accident insurance policy or health benefit plan that provides coverage for screening mammography shall provide coverage for diagnostic imaging or mammography, diagnostic ultrasound, and supplemental breast screening." Repeals the original section being amended. OK. And then LB415 [SIC] would amend LB-- the AM would amend it as follows, remove subsection (1) added with LB145 that provided new definitions for the statute, clarifies ultrasound as meaning bilateral whole breast ultrasound and diagnostic imaging as meaning diagnostic magnetic resonance imaging and adds digital breast-- oh, I don't know this word-- tomosynthesis, as a covered service under the statute as a condition stating that the identified increased risk of breast cancer must be based upon the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnosis version 1.2022. And in the case of subsection (1) (7) of this section must be based upon national standard risk models or the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnosis without reference to a specific version, adds language that specifies what type of risk factor: family or personal history, breast biopsy, etcetera, is required for access to different types of screenings under the statute, limits the application of deductibles or co-payments under the statute to diagnostic magnetic resonance imaging for a woman based on--

KELLY: That's your time, Senator.

M. CAVANAUGH: Oh.

KELLY: You're next in the queue, Senator Machaela Cavanaugh.

M. CAVANAUGH: Thank you. I don't know that I got a one minute warning, but I will just-- once I'm out of the queue, I'll get back in the queue for my third time. OK, so-- I should have done that the last time and I, I forgot. OK, remove subsection-- wait, I did that. OK, removes language stating that the section does not apply if covered individuals are provided an ongoing screening mammography program which at a minimum meets the requirements of this section as a separate benefit, restores the stricken language of subsection (3) that included clarification and definitions of terms used in the statute, adds a new section to LB145 that identifies the operative date as January 1, 2024. Oral testimony proponents: Senator Eliot Bostar; Mary Jane Glade, healthcare provider; Brandi Preston; Kim Danielson; Margaret Woepfel, Nebraska Hospital Association; Danielle Henricksen, Nebraska Hospital Association; Ann Ames, Independent Insurance Agents of Nebraska; Kelli Eihusen; Alan Thorson, Nebraska Medical Association; Michelle Wehrly; Annie Hasselbalck; Tanya Martin-Dick; Shawn McCarville; Laura Schabloske, Nebraska Cancer Coalition; Lina Bostwick, Nebraska Nurses Association; and Sarah Virus. No Opponents. Neutral: Jeremiah Blake with Blue Cross Blue Shield, and Robert Bell with Nebraska Insurance Federation. It came out of committee unanimous. Let's see here, LB383 as amended by AM235. OK. This amend-- change provisions relating to insurance coverage for screenings of colorectal cancer. The bill would amend section 44-7,201 [SIC-- 44-7,102]: A statute that deals with the insurance coverage requirements for colorectal cancer screening. The bill would provide specifically as follows: amends 44-7,102 by changing the language in the statute that explains what type of colorectal cancer screenings are covered. Specifically, this section removes the fecal occult blood test language and replaces it with screenings that are covered under the statutes that include-- to include preventative screening test as approved by the United States Preventative Services Task Force. For a minute, I was very confused until I realized I was talking about colorectal cancer because I was like fecal occult blood test. What is that? Obviously, when you're talking about colorectal cancer, that makes more sense. OK. Removed language in 44-7,102, which, which stated that the statute does not prevent the application of deductible or co-payment provisions contained in the policy certificate contract or employee benefit plan or require that such coverage be extended to any other procedures. Section 2 repeals the original section being

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

mandated. AM235 would amend LB383 as follows: make a technical correction to the United States Preventive Services Task Force as a condition stating that the screening colonoscopy is referred to in, in subsection (2) of the bill only includes those screenings. Screening Colonoscopy is recommended by the United States Preventive Services Task Force. Removes the condition that noncolonoscopy, stool-based preventative screening tests be approved by the United States Preventive Services Task Force. Oral testimony proponents: Senator Bostar; Alan Thorson, Nebraska Cancer Coalition and Nebraska Medical Association; Jina--

KELLY: One minute.

M. CAVANAUGH: --Ragland-- thank you-- AARP; and Lina Bostwick, Nebraska Nurses Association. No Opponents. Neutral: Robert Bell, Nebraska Insurance Federation. The bill came out unanimous. OK. Before I move to the next-- so, so we've divided the question, then we have this amendment to the first division of the question, and then there's some other pending amendments to this first division of the question. I think there's two other amendments pending, I believe, but first we have to vote on this amendment before we can go to the next amendments and I did have a super priority IPP motion filed on this bill this morning but I chose not to file it.

KELLY: That's your time, Senator. You're next in the queue and that'll be your third time on the amendment.

M. CAVANAUGH: Thank you, Mr. President. I chose not to file the super priority IPP motion because I wanted to allow the committee amendments and this package to be attached to the bill, even though it is my intention to take the bill eight hours as I have previously stated. I-- it's not my intention to kill the bill, and so not that that would have killed it but I know that there's a lot of work that has gone into, into the bill. And so I want to make sure that that work is honored and gets moved forward. So, again, when we have the opportunity to do good things and to work together, I believe we should take those opportunities and I'm trying to do that this morning by not filing my super priority IPP motion. I do still have an IPP motion and a bracket motion and a recommit motion, all pending that I will use only if necessary to take time. That said, this is a bill that has a lot of bills in it that are important to a lot of people. And, frankly, the more people that talk about the substance of the bill, the less I will talk and the less we will have to go to votes on things and motions to reconsider our votes which will mean that people don't have to come scurrying back. I'm not asking people to help me

filibuster bills, but if you want to talk about it, you shouldn't let the fact that I'm filibustering stop you from talking about it. I do tend to get out of the way when people are in the queue to talk about the substance of a bill that I am just filibustering. So I just put that out there to you, colleagues, that I'm going to take the time regardless. And I think we all saw yesterday that I can take the time by myself and I'm fine with that. This has a lot of important things in it, and if you want to speak to that, if you want to build a record for why you're supporting this, you should do that. I have made a commitment to work in good faith on negotiating a path forward in this Legislature and this is me continuing to show that commitment. But I am also committed to maintaining a slower pace until there is some resolution so that's where I'm at. And this is my last time on the mike on this particular motion and so we'll go to a vote on this after there's, I think, one person in the queue now. Also, I will always take time if people want to yield me their time, I'm happy to do that as well. I will say the more times of speaking, the fewer times we have to vote on things which for people that are off to the sides doing different committee work that is a benefit to you all. So if you want to yield me your time, I will take it. Otherwise, I will just find my own creative ways to take more time, which I have many of. I just hate to force everybody to continually get up to vote on motions to reconsider if it's not necessary. So, OK, we are on-- how much time do I have left?

KELLY: 1:20.

M. CAVANAUGH: OK. The next bill is LB437 and this is: change to renewal period for business entity licensed under the Insurance Producers Licensing Act. The bill amends Section 44-4054 of Insurance--

KELLY: One minute.

M. CAVANAUGH: --thank you-- Insurance Producers Licensing Act to change the renewal period for the business entity licenses from annual to biennial. The bill specifically does this as fault does-- as follows: amend Section 44-4054 to change the renewal period for business entity license issued under the act from April 30 of every year to April 30 of each even-numbered year. States an operative date of April 30, 2024, repeals the original section as amended, and it had no opponents. United-- Nebraska Association of Health Underwriters supported it, Neilan Strategy Group on behalf of Big I, Professional Insurance Agents of Nebraska, Department of Insurance, and Senator

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

Ballard. I think I am just about out of time so I will yield the remainder to the Chair. Thank you.

KELLY: Thank you, Senator. Senator Raybould you're recognize to speak?

RAYBOULD: Thank you, Mr. President. Good morning, colleagues. Good morning, fellow Nebraskans out there watching on TV. I stand in support of LB92 and certainly the AM1364. And I want to speak particularly to Senator Bostar's bill, LB145, on relating-- changes and provisions relating to coverage for screening mammography and breast examinations. I think it's fair to say that probably everybody out there watching knows some family member that has had to, to deal with this and, and how important it is to do the screenings and breast examinations. And I am really happy to see that we are lowering the age from age of 50 to 40, which is so incredibly important. And I just wanted to share one of the personal stories I have of some young person that I know. And I was very fortunate at many of the fundraising auctions, you bid on a silent auction item and I actually won it and got a membership to Madonna Rehab and to work with a trainer for a number of sessions. And I met this wonderful young woman who was 20 at the time, and I continued to work with her because she was incredible. And so for four years we worked together and she was 24 at the time. And she mentioned to me that she, she found a lump in her breast. I said, well, this is serious, you are only 24 years. Please, please, please get that lump checked out. And she was a little bit reluctant. And I said, please, I have a history of breast cancer in my family. You must get these things checked out right away. And tragically, unfortunately, it was cancerous. And this young woman who is the same age as my daughter, Clara, of 24, she had to go-- undergo a double mastectomy. She had to endure very aggressive radiation, chemotherapy, a breast reconstruction. She had to have a port for a number of years after that. She also had to go through Tamoxifen for an additional five years. And I can tell you that this young woman is such an advocate. I got to know her parents. We had fundraisers to help support all of her chemotherapy treatment. Madonna was phenomenal, allowing her to take time off work. She didn't miss a session. She was so amazing. And also she was in tremendous physical shape and I don't think everybody can say that. But the good news is, you know, she recovered. She is cancer free. She went on to marry the young man who stood by with her the entire time and now they have two amazing little boys. And so the, the, the, I guess, the whole gist of this is doing this type of legislation and preventative is how you save lives. And I encourage everyone out there, if you suspect a lump, get it checked out, please get it checked out. You have family members who care so deeply about you and want you to be alive and well. And I

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

can tell you it is such a joy, I went to the wedding and I can tell you it was one of the most joyful weddings I have ever been to in my entire life. So thank you, Senator Bostar. Thank you, Senator Slama. This is really important and I appreciate the, the hard work everyone has done to get this bill this far and I hope we can get it across the finish line. Thank you, Mr. President.

KELLY: Thank you, Senator Raybould. Senator Riepe, you're recognized to speak?

RIEPE: Thank you, Mr. President. I think all of you know that my background is in hospital administration and I do support preventive medicine. The one concern that I have with both LB145, LB383, and LB779 is simply more and more an encroachment of government into becoming a government healthcare system. And I think that that is-- this is the accountability of the healthcare organizations and not that of the government. So being a conservative as such, I, I do have concerns with this ever-growing position of the state of Nebraska trying to become a, a healthcare dictator, if you will. Thank you, Mr. President.

KELLY: Thank you, Senator Riepe. Senator Hunt, you are recognized to speak.

HUNT: Thank you, Mr. President. First, I just want to say that I appreciate Senator Riepe's thoughts on government dictating healthcare and I encourage him to follow that logical train a little further. I would like to yield some time to Senator Machaela Cavanaugh, but first I wanted to share some thoughts about this bill. Breast cancer is a significant health concern for women worldwide and Nebraska is no exception. In the United States, breast cancer is the second most common cancer diagnosed in women, and it is the second leading cause of cancer deaths among women. Regular breast cancer screening is crucial for early detection and successful treatment. Breast cancer screening can identify cancer in its early stages when it is most treatable and associated with better outcomes. Breast cancer is a significant health concern for women in Nebraska, with an estimated 1,200 new cases diagnosed each year. According to the Nebraska Cancer Registry, breast cancer is the most commonly diagnosed cancer in women in Nebraska, accounting for 29 percent of all cancer diagnoses in women. Breast cancer is the second leading cause of cancer deaths among women in Nebraska, with an estimated 240 deaths from breast cancer in 2021. Early detection of breast cancer is crucial for successful treatment and improved outcomes. Regular breast cancer screenings can detect cancer in its early stages when it's more

treatable and associated with better outcomes. Breast cancer screening includes mammograms, clinical breast exams, and self-exams. Mammograms, as included in this amendment, are the most effective screening tool for detecting breast cancer early. A mammogram is an X-ray of the breast that can detect changes in the breast tissue that may indicate cancer. The American Cancer Society recommends that women start getting yearly mammograms at age 40, although some women at high risk of breast cancer may need to start earlier or have more frequent screenings. Clinical breast exams are performed by a healthcare provider during a routine physical exam. The provider will examine the breasts and underarms for any lumps or other changes that may indicate cancer. The American Cancer Society recommends that women in their 20s and 30s should have a clinical breast exam at least every three years, and women 40 and older should have a clinical breast exam yearly. Self-exams are also an important tool for women to detect any changes early, as Senator Raybould was talking about. A self-exam involves feeling the breasts for any lumps or other changes that may indicate cancer. The American Cancer Society recommends that women should be aware of how their breasts normally look and feel and report any changes to their healthcare provider right away. Breast cancer screenings can help detect cancer in its early stages, making it more treatable and associated with better outcomes. Regular breast cancer screenings can save lives by detecting breast cancer early. Despite the importance of breast cancer screenings, many women in Nebraska face barriers to accessing them. Some of the barriers to breast cancer screenings in Nebraska include lack of health insurance. Many women in Nebraska do not have health insurance which can make it difficult for them to access breast cancer screenings. Transportation: Women who live in rural areas of Nebraska may have to travel long distances to access breast cancer screenings which can be a barrier to accessing care. Cost: Even women with health insurance may face high out-of-pocket costs for breast cancer screenings which can be a barrier to accessing care. Fear and discomfort: Some women may avoid breast cancer screenings because they are afraid of the results or uncomfortable with the procedure. Language barriers: Women who do not speak English as their primary language may face barriers accessing breast cancer screening--

KELLY: One minute.

HUNT: --thank you, Mr. President-- if they cannot communicate effectively with their healthcare providers. I think there's a lot that we can do more of to address cancer screenings in Nebraska. I know this is a bill that Senator Sue Crawford worked on with her staff extensively over many years. And I am happy that it's made its way

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

into this package and that Senator Bostar has been able to hopefully, possibly carry it across the finish line. So many bills that we work on here in the Legislature take years and years and years and years to draft, to get right, to make sure that we're following best practices and standard of care. And also just to get the buy-in and support of members of the Legislature. And this is a good example of a good bill that has gone through the tests that's not being rushed and that we know is going to help the people of Nebraska. Thank you, Mr. President.

KELLY: Thank you, Senator Hunt. Senator Dungan, you're recognized to speak.

DUNGAN: Thank you, Mr. President. I rise again in favor of LB92 and the amendments. I, I do appreciate hearing the concerns that some of our colleagues have regarding the, the overreach here. But I do want to reiterate again that I believe everything in this bill is representative of a lot of hard work and representative of compromise. And so I would yield the remainder of my time to Senator Bostar to maybe talk a little bit more about his portions of FA56.

KELLY: Senator Bostar, you have 4:35 seconds.

BOSTAR: Thank you, Mr. President. Thank you, Senator Dungan. Yeah, I understand that there were some concerns raised which I, I honestly don't, I don't get. We as a state regulate insurance, not all insurance, some of it's regulated at the federal level. But we, we as a state regulate the insurance for what is estimated to be the majority of Nebraskans. That doesn't mean that we-- that the state is providing insurance, but we do regulate it. And I think that there are some, I think that there are some positions that, that we can all agree with when it comes to the regulation of, of insurance, namely that overall we want to have a, an insurance industry that helps people be healthy. We want, we want people to have access to healthcare through the insurance industry and we want healthcare to cost less. I actually don't know anyone that disagrees with any of those things. And so related to some of the bills that have been questioned as far as overreach, the bills in question accomplish those three things: prevent Nebraskans from dying prematurely, increase access to healthcare, and lower healthcare costs for all Nebraskans. The costs associated with treating someone with cancer is extraordinary. If you catch it through screenings, prevention, healthcare costs a lot less. This is common sense. If you want healthcare to cost more, have a problem with these bills. If you want

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

healthcare to cost less, you want to keep more Nebraskans alive, vote for them. Thank you.

ARCH: Senator Raybould, you're recognized to speak.

RAYBOULD: Thank you, Mr. President. And I want to thank Senator Riepe. I respect him tremendously. And as a business owner and a fiscal conservative, yeah, I do not want government mandating me to do things with our business. And I really appreciate his comment about government overregulation when it comes to healthcare decisions that families have to make. But I did want to just follow up what Senator Bostar has been commenting about. It's cost effective to do preventative medicine from whatever diagnosis you have, the sooner you, you get your colonoscopy and they say, oh my gosh, you have polyps and they're pre-cancerous. You want to get rid of them folks. You want to get that done as soon as possible. And then you're on a nice regular cycle of getting more frequent colonoscopies, which everyone hates, but everyone needs to do what they can to make sure that they stay alive for their family members, they stay healthy, and most importantly, that we avoid excessive healthcare costs. We know healthcare costs are extraordinarily high. Prevention is the key. The other component about this is requiring insurance companies when you have individuals that have the diagnosis of pre-cancer, that they get those additional screenings and that, you know what, your healthcare company cannot deny covering payment for these type of preventative screenings that's your medical physician, your medical provider says are essential for your well-being. And so that is the other element that I like about this, making sure that your healthcare company-- health insurance company, health insurance company cannot wiggle out of denying coverage for this preventative procedure. And I speak from experience. I mentioned before that I have a history of breast cancer in my family and have had surgery and follow-up treatments with an oncologist. And it's only recently that the insurance companies have denied a certain preventative image screening necessary that has been done for the last 30 years and it's amazing. These things are essential. Why? It reduces costs all across the board. And guess what, it keeps our family members alive. So that's why it's really fundamental that we support this type of legislation that's on the ball. They're doing the right things and they're doing the right things for all Nebraskans. So thank you, Mr. President.

ARCH: Senator Hunt, you're recognized to speak.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

HUNT: Thank you, Mr. President. I have a couple other thoughts on this, but right now I want to yield my time to Senator Machaela Cavanaugh.

ARCH: Senator Cavanaugh, 4:50. Senator Hunt, I do not see Senator Cavanaugh on the floor.

HUNT: Can I have the time?

ARCH: You may.

HUNT: OK. Thank you, Mr. President. We have seen a lot of media coverage in the last couple of years around surprise medical billing. And Senator Morfeld a couple of years, maybe last year, I don't know, what year we on, he, he introduced a bill addressing that in a way that was really productive in Nebraska and there are many areas in Nebraska law that are in need of an update around access to preventative care, ways that we can cut down on those surprise medical bills. And this amendment, this bill is one of those important things. All women who are over the age of 40 are recommended to have regular breast cancer screenings and the Affordable Care Act provides that insurance coverage. Insurance must cover mammograms at no cost every one to two years for this age group of women over 40. An estimated 40 percent of women have dense breast tissue. For these women, traditional mammograms do not effectively screen for breast cancer. Breast density is a measure of the makeup of the breast or refers to how the tissue appears in the mammogram, which often changes with age. Women with high breast density have a greater amount of breast and connective tissue compared to fat. Mammograms of dense breasts are harder to read than mammograms of fattier breasts because the dense breast tissue and cancers both show up as white on a standard mammogram. There is evidence that in women with dense breasts, standard mammograms miss more than 50 percent of the cancers present. This is why a higher level of screening technology is needed. Additionally, evidence shows that women with dense breasts are four-- at a four to five times higher risk of breast cancer, further increasing the need for a more accurate picture of these women's breast. Exams, such as supplemental MRIs, which have been demonstrated to be more effective at detecting cancer in women with dense tissue and result in as many as 50 percent fewer missed cancer diagnoses. The currently recommended gold standard screening modality for women with dense breasts is a digital breast tomosynthesis known as a 3D mammogram because it's more accurate than traditional mammograms, results in fewer misdiagnosis than a breast ultrasound, and is more cost effective than an MRI. This bill would require that insurance

companies cover 3D mammograms referred to in the bill language as digital breasts tomosynthesis at no cost for women with dense breasts or who are at higher risk for cancer due to previous cancer diagnosis, immediate family members with breast cancer, or a positive genetic testing. This also requires coverage of MRIs for those groups, though it allows the application-- let me see here. The intent of this type of thing of, of bills that increase access to screening and increase access to healthcare is not to remove other women's access to these screening services--

ARCH: One minute.

HUNT: --thank you, Mr. President-- but to ensure that the women at highest risk receive the coverage they need. The research has stressed the importance of more effective screening modalities for higher risk women and people with dense tissue. However, setting a statutory minimum does not legally prohibit coverage of free mammograms for all other women. Major insurers of the state have shared that they're already providing this service for women over 40. With this, we would just be setting a minimum standard for women that the medical literature indicates need those services the most. Thank you, Mr. President.

ARCH: Senator Hansen, you're recognized.

HANSEN: Thank you, Mr. President. I just got to pushback a little bit on what Senator Bostar said. And I'm not going to totally devalue some of the concerns that Senator Riepe has, he has valid concerns about the involvement of government in healthcare. And then, you know, what's the outcome of that? I'm in favor of LB92. I'm going to vote for it. But I think it begs, you know, to ask the question how much government involvement in healthcare is too much when it comes to costs and when it comes to outcomes and when it comes to the role of government in healthcare? So do-- and I think one of the things Senator Bostar was saying, which makes sense in some aspect, is that if we have more prevention, if we pay-- we force insurance companies to pay more for preventative measures, that will help healthcare costs, which I'm not going to deny. I think it will help healthcare costs for that individual, because if we, if we are being preventative, if we find cancer earlier, I think in the long term that will help with cost for the individual. But I just want to make sure we all kind of think, does it actually help healthcare cost or insurance costs in the long run for everybody? And I don't think it does. I think the more rules, the more regulations, the more red tape you put on insurance companies and other industries only increase the

costs over time. If you think about it, what are the, what are the, what are the industries or things we pay for that have, that have exponentially increased over time? Healthcare, housing, insurance, college education. And what are the most overregulated industries in America? Health-- healthcare, housing, insurance. The TV you buy right now is pretty darn cheap when you compare, you know, being compared to 10, 20, 30, 40 years ago. Technology is really cheap. It's not as overregulated and overburdened by government than some of these other industries are. I'm just putting it out there, kind of in the ether that sometimes maybe we should think about the more we try to control certain industries or certain aspects of people's lives, the more it can cost in the long term, so. And I, and I know others, maybe Senator Hunt, because we disagree on certain things, might kind of chomping at the bit to kind of turn this into a, you know, you know, a debate about abortion. But that's not where I'm going with this. That, to me, is more of a constitutionality question. And so I just hope we can kind of think about this whenever we pass bills such as these or in the future, that what will be the outcome, not just in the short term which could benefit the individual, but what's the long-term cost of bills such as this in the long term and will that cost us more? I have a feeling this will. I mean, I don't think this is going to decrease insurance cost rates. I don't see how it can because eventually, if you think about free market economics, the insurance companies are probably eventually just going to increase their rates to pay for this. So I just want to kind of give my two cents on this. I'm still going to vote for the bill. I think it's a good bill overall and I encourage others to as well. Thank you, Mr. President.

ARCH: Senator Bostar, you're recognized.

BOSTAR: Thank you, Mr. President. Thank you, Senator Hansen, for your response to some of the things I said. So, yes, this will reduce healthcare costs overall, not just for the individuals that, unfortunately, through screening would have detectable cancer. The reason being is because those individuals who end up developing cancer, overwhelmingly have insurance. And those costs of treating individuals with cancer are borne by all of us, all of us that pay for insurance. So it isn't just an individualized benefit that we are providing. We are providing a benefit to everyone. The easiest way to, I think, represent that is that the insurance companies didn't oppose this. For those who spent any time in or around the Banking, Commerce and Insurance Committee, mandates, increases in coverage, those kind of things, tend to come with opposition from the insurance industry. This did not. The breast cancer provisions did not, the colorectal cancer provisions do not, the insulin provisions did not. Because when

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

individuals, when Nebraskans are dealing with the effects of cancer, of the effects of not being able to get insulin supplied, we all pay for that. Not just the individual, we all have to pay for that because insurance has to pay for that. A lot of it. Now, granted, it's, it's coinsurance, so it'll probably bankrupt the individual. But along the way, insurance costs for everyone will be higher. So if we can prevent these things, if we can screen for these things effectively, we can have lower cost healthcare, not just for them but for us too. Thank you, Mr. President.

ARCH: Senator Hansen, you're recognized to speak.

HANSEN: Thank you, Mr. President. I like debate. This is fun. As much as I like listening to Senator Cavanaugh, you know, I mean, I sometimes like to, like, you know, have some substantive discussion. And so-- and Senator Bostar is great at it, too, he's a very intelligent person. So I appreciate his actually thoughts on a lot of this and I do listen to him. Let me tell you why insurance companies probably didn't come out and oppose this. Optically, it probably doesn't look very good when you going to come out and oppose mammograms for other people or other types of screening tests, then it looks like you're optically against women with breast cancer. I think it makes sense maybe why they didn't come out against it. What they're probably going to do without telling anybody is increase the rates. That's easy to do. Don't come out and oppose it, optically you look good. You're not looking like you're coming out opposed to something that everyone here is against, they'll just increase the rates. And from just the brief analytics I was looking at online, could be wrong, but so far it looks like mammogram rates have been going up in the state of Nebraska. If they've been going up in the state of Nebraska over time, how come insurance rates haven't gone down? We're being more preventive, insurance rates keep going up. We keep imposing more government rules and regulations on these industries, costs keep going up. So, again, something to think about and I don't want this to, I don't want this to look like I'm against getting mammograms for any reason. I think everybody should. I think it's a personal responsibility that we should all take among ourselves. I'm just pushing back a little bit on the notion that in the long run this might decrease insurance costs and is best for everybody as a whole. So I know personally the cost of cancer. My father passed away when he was 46 from malignant melanoma. I really know of the costs that it puts on a family. So all I'm saying is maybe now or in the future, we sometimes think about what our, what should be our roles as a government when it comes to making certain industries do certain

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

things and then what is the long-term effects of that economically?
Thank you, Mr. President.

ARCH: Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President. And good morning again, colleagues. I had an opportunity to share some supportive statements in regards to particularly the breast cancer screening coverage and access to those new technologies and updating our healthcare and insurance policy to make sure we're meeting best practices in medicine at my first time on the mike, but wanted to spend a little extra time talking about the colorectal cancer components and the insulin components in this measure. Even though it's very tempting to get off track here after hearing a, a lot of dialog this morning about the role of government in our healthcare, but I'll let that speak for itself. So when it comes to where we are with colorectal cancer in Nebraska, doing a little bit of research in preparation for the measure, there are some pretty shocking statistics out there which show that, at least according to some metrics, that Nebraska has a very high rate when it comes to being what I found in the, the data that showed we were the 16th deadliest state when it came to colorectal cancer. And I was thinking about my good friend, Senator John Harms, who had carried forward some really important efforts in regards to our healthcare policy in terms of improving coverage and raising awareness about these issues in Nebraska so that more Nebraskans were aware of the services that were provided to access detection and treatment for colorectal cancer and I really see this as perhaps a continuation of some of those existing or more recent efforts. The one thing that I was also thinking about in regards to this measure, much as we saw with Senator Wishart's measure earlier in the session which changed some of our policies in regards to behavioral healthcare funding, was one important benefit of legislative floor debate is that it does help to raise awareness about these key issues that are facing Nebraska. So whether that's breast cancer or colorectal cancer or ensuring the cost of insulin is more affordable from both a racial and economic justice perspective, I, I think it's critical that we utilize this time on the floor to not only build a record but to help raise awareness. The other thing that I wanted to point out, in addition to the gender justice components of these measures, was also the racial justice components of these measures. When you drill down and you look at the statistics, you can see that there are existing and persistent health disparities that exist in Nebraska, sometimes much, much, much higher than even our sister states might see. And that each and every act that we can find to come together to improve access to testing and treatment helps save lives in Nebraska and helps to combat some of

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

these very persistent and very real disparities that exist in our state. I also, you know, was putting together some different information and research and saw that according to one statistic that I found, that Nebraska was 44th out of 50th when it came to early detection for breast cancer. So, again, the more that we can do to improve anybody's access to early detection is going to, is going to save lives in the state. And when you look at the committee statements, you can see a, a very broad swath of support from--

ARCH: One minute.

CONRAD: --health-- thank you, Mr. President-- from health advocates to insurance advocates to community advocates and to individual Nebraskans that came forward in regards to these measures. I also just wanted to make sure to give a shout out to the cancer care experts in Nebraska, including at UNMC, I think it is an absolute point of pride for our state that we have some of the brightest and most cutting-edge minds working on cancer care in Nebraska and that is widely recognized by our citizenry and an envy, perhaps, of our sister states in the nation. And so anything that we can do to lift up that incredible work to provide more access to more Nebraskans for early detections and treatment and to raise awareness about these critical issues facing the healthcare of our citizenry the better. And I appreciate Senator Slama's,--

ARCH: Time, Senator.

CONRAD: --Senator Bostar's, and others' work on these, on these bills. Thank you, Mr. President.

ARCH: Senator Slama, you're recognized to speak.

SLAMA: Thank you, Mr. President. Good morning, colleagues. If you haven't heard enough from me this morning, you're about to hear a little bit more. So I, I do respect where Senator Hansen and Senator Riepe are coming from. I actually consider them really close friends and I'm grateful for that. I do disagree with them on their take on Senator Bostar's parts of LB92 and maybe it's a failure on my part to really explain where these bills are coming from, what the approach was, how thoughtful we were as a committee in moving these forward. I'll frame this with I think I hate mandates more than anybody on this floor. If anybody wants to go to the mat with me on that, I'm willing to go there. So I didn't take adding Senator Bostar's pieces to this Christmas tree lightly, and here's why we did it. So first off, his insulin cap bill, all of the insurance companies we talked to you were

already providing it at no cost. So a \$35 limit simply protects our, our diabetic Nebraskans from price spikes in a time of shortage. It's a wonderful bill, it really doesn't impact our insurance companies. His colorectal screening bill, you may have seen ads for Cologuard where you can get colorectal cancer screenings from the comfort of your home. In rural Nebraska, sometimes it's difficult to go to the doctor's office, take off of work, and make that time for a screening. So a lot of people just happen to forget, and those do-it-yourself-from-home tests can be a wonderful option for those who are low-risk and you can work that out with your doctor. This simply says that our insurance companies are going to cover that. That saves everybody money. That saves everybody money across the board and that's why the insurance companies weren't lighting the world on fire about it. It's a, it's a great bill, especially for rural Nebraska. And when it comes to the high-risk mammographies for the dense breast tissue, you're right, that was a tough bill for me to include in this Christmas tree. But here's the thing, at the end of the day when we're talking about cost to the state of Nebraska, we're seeing women who have the BRCA2 gene, which, if you aren't aware, gives you a very high risk for developing breast and ovarian cancers. And we heard from several young women who when they found out they had that gene, they couldn't afford to get the advanced screening. So instead of getting those advanced dense breast tissue screenings, they got double mastectomies because they couldn't afford the screenings. So when we're talking about healthcare and costs on the front end, we're seeing young women choose to pass up screenings and eventually develop breast cancer at a very young age, get preventative mastectomies because they can't afford the tests, or just not being offered that option altogether and putting themselves at a much higher risk. So for me, all three of these components are very reasonable. And I'd invite anybody who thinks that the insurance industry, like, worries about looks in coming in opposition to certain issues to, like, come sit in on our insurance mandate day. Like, they have absolutely no shame, and I'm sure Senator Bostar agrees with me here, like, they will oppose hearing aids for kids, like, middle-class kids. They'd oppose the sky is blue if it was a government mandate. And I say that out of love, I mean, like, I respect that. Absolutely. But if they don't like something, they will absolutely set the world on fire about it. These three things are very commonsense bills and I'm grateful to stand with Senator Bostar on these bills and I hope I was able to provide a little bit--

ARCH: One minute.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

SLAMA: --more perspective on-- thank you, Mr. President-- on how this is actually impacting Nebraskans and our healthcare costs in the state of Nebraska. Because when you look at it, and maybe I framed it the wrong way, maybe we're approaching it the wrong way, but this is absolutely a conservative bill and it will save Nebraskans money in the long haul. Thank you, Mr. President.

ARCH: Senator Machaela Cavanaugh would like to welcome 86 fourth-grade students from St. Vincent de Paul in Omaha. They're located in the north balcony. Students, if you would rise and be welcomed by your Nebraska Legislature. Mr. Clerk, for some items.

CLERK: Thank you, Mr. President. Amendments to be printed from Senator Raybould to LB562 and notice that the Judiciary Committee will be meeting under the north balcony for an Executive Session, 11:00; Judiciary, north balcony, 11:00. That's all I have at this time.

ARCH: Senator Bostar, you're recognized to speak.

BOSTAR: Thank you, Mr. President. And thank you to Senator Slama for providing some of that context. So, yeah, I wanted to respond to a few things. Some of, some of the thunder was stolen by Senator Slama. The-- it is entertaining, I think, for those of us on the committee to imagine the insurance companies being apprehensive about showing up in opposition to certain healthcare coverage mandates. They do it. They do it frequently. I don't know whether or not they personally have any reticence about it, but it certainly doesn't seem that way. Granted, they're doing a job, right, and they're there for their industry but I don't think optics are ever considered. We-- there was some conversation about how we are adding regulations, adding rules, overregulating. OK, all of these things are already regulated, there are already fully regulated. Insulin costs and access is regulated; breast cancer screenings, mammograms fully regulated; colorectal screenings, colonoscopies, regulated completely. We're not regulating something that wasn't regulated before, we're changing what the regulation is [RECORDER MALFUNCTION] improve our healthcare system. And if there's any real thoughts still remaining that, you know, the insurance companies, they know that this is-- that, that somehow this is bad and they just didn't want to be seen opposing it, they're in the Rotunda. This is-- this is the insurance package. Trust me, they're all there. If you walk out there, just walk up to the first person you see, there's like an 85 percent chance that they represent an insurance company. Ask them. Ask them if they oppose these bills. When they tell you they don't, ask them if they secretly oppose these bills. When they tell you they don't, ask them if they super secretly

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

oppose these bills. They will say they don't. We often have to consider and weigh options when we are examining healthcare regulations, insurance regulations, potential increases in costs with increases in coverage. That can be hard to do. This isn't one of those times. It just isn't. It's why there's no opposition. It's why the committee advanced it or included it, I should say, into the committee bill 8-0. This is a win-win. Helps Nebraskans, reduces suffering, makes healthcare more affordable. And we know that improving access to screenings, prevention lowers the cost of healthcare overall. That has been studied and studied and studied. We know this. It's not a secret. If anyone would like to see the reports--

ARCH: One minute.

BOSTAR: --on that, the journals on that, I would be happy to identify those and share them. But honestly, if anything, just for fun, go in the Rotunda and ask the insurance companies what they actually think, what they really, really, really think about these bills. And I look forward to hearing back on the results of that endeavor. Thank you, Mr. President.

ARCH: Senator Linehan would like to welcome 60 students from the 11th and 12th grade in Elkhorn High School. They are located in the north balcony. Students, if you would stand and be welcomed by your Nebraska Legislature. Senator Riepe, you are recognized to speak.

RIEPE: Thank you. Thank you, Mr. President. I reemphasize that I, as a hospital administrator, I am supportive of preventive medicine. And in the long run, and I don't know the definition of long run, but it is advantageous. I would also like to point out if we have mandates for screening mammography and breast exams, and we have screening mandates for colorectal examinations, and we have mandates for insulin, which is fundamentally expansion of government into the medicine, then why don't we have mandates over obesity; why don't we have mandates over smoking; why don't we have mandates over the use of alcohol if we're going to try to control all of those health, healthcare issues? I would also like to point out that recently many of you may have seen in the Omaha World-Herald they're using now artificial intelligence to accompany colonoscopy examinations to better identify polyps. So is our next step then to require that they use artificial intelligence? And do we then dictate what other technology that has to be used in each and every one of these particular procedures? I would also like to say in response to where the insurance companies are at. Quite frankly, any of us that have been in the business for a period of time understand insurance companies are going to simply take that added

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

cost if it is there and they're going to pass it on to you, the premium holder. Believe me, they're not going to eat the cost out of their profits so that the hospital industry really has no dog in the fight other than they may not like someone trying to tell them what they have to do or have not to do. So I still think that my bottom line is ever encroaching government into government healthcare, into the form it ultimately into national health insurance, which I think will be a, a big downfall with a lot of rationing in the country. And I think that I feel compelled to speak up, at least to bring attention to it. And thank you, Mr. President.

ARCH: Seeing no one left in the queue, Senator Slama, you are welcome to close on AM1364.

SLAMA: Thank you very much, Mr. President. I am really grateful for the very thoughtful debate. It was very substantive and I wholeheartedly appreciate it. I would just take-- like to take a moment to thank everyone who had a role in this from Bill Drafters to my wonderful committee members: Senator Jacobson, my Vice Chair, Senator Aguilar, Ballard, Bostar, Dungan, Kauth, and von Gillern. And my outstanding staff under the balcony: Joshua Christolear, my legal counsel; Natalie Schunk, committee clerk; Tori Osborne, my legislative aide; and absolutely last but not least, Sue Ellen Stutzman, who is my admin assistant who keeps all the trains moving somehow. Also, thank you to everybody who's held fire on procedural motions to ensure we can get to everything attached. I'd ask anybody who is looking at filing a procedural motion to, like, maybe reconsider AM1364. Hold your fire. We've got another good amendment coming up. Senator McDonnell's got an amendment. And I want to make sure we have the time for him to get that on and get it attached. Thank you, Mr. President. I'd encourage a green light vote on AM1364.

ARCH: Senators, the question before us is the motion, AM1364. All those in favor vote aye; opposed, nay. Has everyone voted who wishes to vote? Mr. Clerk, please record.

CLERK: 29 ayes, 0 nays on adoption of the amendment.

ARCH: AM364 is adopted. Mr. Clerk, next.

CLERK: Next item, Mr. President, Senator McDonnell would move to amend FA56 with AM1379.

ARCH: Senator McDonnell, you're welcome to open.

McDONNELL: Thank you, Mr. President. Good morning, colleagues. I'd like to start off by thanking Senator Slama and Speaker Arch for working with me on this legislation and getting an opportunity to discuss it today in front of you. I stand before you today to introduce AM1379, legislation that aims to secure a prosperous future for our state-- great state by aligning our business incentives with Creating Helpful Incentives to Produce Semiconductors, CHIPS, for America Act. This amendment carries the main provisions of LB616. The goal of this legislation is to give Nebraska-based applicants for federal investments the greatest chance of successful application with the United States Department of Commerce. It is worth noting that both LB617 and LB616 have received strong support in their respective committees. LB617 was unanimously passed by the Banking Committee without any opposition, and LB616 was also unanimously passed by the Revenue Committee without opposition. This demonstrates the broad consensus and support for this legislative efforts aimed to-- at boosting Nebraska semiconductor industry and economic development. The CHIPS Act presents an extraordinary opportunity in Nebraska to capitalize on the growing semiconductor industry. As you are aware, this industry is critical to development of advanced technologies, many of which have direct applications in agriculture. By investing in the, the growth of the semiconductor industry in our state, we can ensure that Nebraska remains at the forefront of agricultural innovation. AM1379 establishes a framework that enables Nebraska-based covered entities to access funding under the CHIPS for America Act by matching federal grants, loans, and other financial incentives. Nebraska will approve any Nebraska-based covered entity that meets the eligibility requirements under the CHIPS for America Act and has a total project cost exceeding \$50 million. However, AM1379 caps the total incentives awarded from the state and local sources at 25 percent, which is substantially lower than what they currently qualify for under ImagiNE and local incentives. This cap was implemented at the request of the companies. Their primary objective is to find a state that will assist them in meeting the requirements of the CHIPS for America Act, which mandates that they become fully operational within two years of the approval. One of the key educational incentives that will support-- be supported by this investment is Metro Community College's semiconductor technician degree pathway. This program will equip students with the necessary skills and knowledge to excel in the rapidly growing semiconductor industry, providing a solid foundation for successful careers in this high demand field. The average wage of these two-year degrees is \$84,000 per year. The economic impact of contracting nine semiconductor manufacturers to Nebraska, as outlined in the executive summary

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

prepared by the Department of Economics at UNO College of Business Administration, is as follows: a total investment of \$5.5 billion in construction and operation of semiconductor manufacturing. Number two, the creation of 4,700 high-paying and ongoing jobs in production facilities. Three, an increase of Nebraska's GDP by \$2.7 billion and an addition of 17,000-plus jobs from the company's plans, an estimated 26,700 jobs and \$2.72 billion increase in Nebraska's GDP from the construction alone; an annual addition, addition of 1,000 or excuse me, \$172 million in tax revenue to state, county, and local coffers. We currently have nine companies looking at Nebraska, and their presence in Nebraska would generate significant economic benefits, including job creation, investment, and overall growth. AM1379 and the expansion of the semiconductor industry in Nebraska is crucial to the sustained prosperity of our agriculture and our urban sector. It is particularly important to pass this legislation at this time due to the \$38 billion that the Commerce Department is distributing this year. We must demonstrate to companies considering Nebraska how our economic development incentives can be effectively employed, enabling them to leverage the maximum amount of private and public funds available. This is especially relevant as applicants are actively being sought now. For a company to even be eligible to apply, they must submit their plan to train and hire economically disadvantaged communities, which includes African-Americans, Latinos, Native Americans and rural workers. This is why the community college component in the job training is so important to these companies. These bills and facilities-- these bills which facilitate the growth and development of the semiconductor manufacturing industry in our state while ensuring we build generational wealth. Nebraska is in a unique position under the CHIPS Act as a bill was drafted at the federal level with the heartland in mind. A company only qualifies in a state that doesn't have semiconductor companies. And the, the-- and the costs have essentially been eliminated because of the average wage requirements, which are-- which the entire state of Nebraska qualifies for. You talk about what's going on in Washington, D.C., over the-- over the years and you look at what happened last July in 2022. You had a bipartisan effort saying that we have to step up based on our semiconductors. And you look everywhere in our society, we have the semiconductors: in our phones, coffee maker, nuclear defense, everywhere we look and how important that is to our-- to our country. We have an opportunity to create a runway for those companies to land here. They have shown interest. We have some competitors that are ahead of us, Kansas, for one. But we are-- basically how I presented it before was it's halftime of a football game. We are behind, but we have the other team's playbook. We know what they're doing. We have

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

tools in our toolbox based on ImagiNE based on inland ports, an opportunity to actually utilize those tools. At the same time, with our education system here, with our Metro Community College, for example, University of Nebraska at Omaha working together for these jobs, if UNO's numbers through the business school are accurate, even if they're half accurate, which I believe UNO does a great job and they are accurate. But even if they are half, this is generational, this change. And when we first discussed we talk about the biggest economic impact to hit the state of Nebraska since corn, this is it. This is a game changer for the next couple of generations. And we have an opportunity to be on the forefront of that. And basically what we need to do as the state of Nebraska, embrace these companies, let them land. The bottom line is that we are last dollar in. If these companies do not come here, we spend nothing. If these companies do come here and they set up shop here and they start hiring our people and we start training our people through community college and the university, we have actually given the next generation a clear path for success that they don't have as of today. Thank you, Mr. President.

ARCH: Senator Murman would like to recognize Wes and Kathy Wilmot, who are visiting from Beaver City. They are located in this-- under the south balcony. Welcome. Senator Slama, you're recognized.

SLAMA: Thank you, Mr. President. Our Banking, Commerce and Insurance Committee Christmas tree included bills about banking and insurance. So commerce felt a bit lonely. So when Senator McDonnell asked if he could add LB617, which has already been approved for funding by the Appropriations Committee, I wholeheartedly agreed this was a great bill that came before our committee that includes commerce. So I'm grateful for him bringing that to me, and I'm excited to get LB617 across the finish line to do, as he says, the best things for Nebraska since corn, I guess. But it's a very exciting opportunity and it's a generational bill, and I'm grateful for it to be part of this Christmas tree. Thank you, Mr. President.

ARCH: Senator Vargas, you are recognized.

VARGAS: Thank you very much. I rise in support of this amendment for two reasons. One, it's an important bill that will develop economic development in our state and will invest in key workforce needs. Also, as a cosponsor, this is something that Senator McDonnell and others in Appropriations Committee have worked on to make sure that it's represented within our budget. It represents a really important initiative, not only for the caps that Senator McDonnell represented

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

and has already communicated, but the economic investment that is going to help create high-paying, ongoing jobs in our production facilities, making sure we're empowering our education system to make sure that they are educating this pipeline and this workforce and also creating the necessary landscape that will enable a company like Senator McDonnell represented to be able to invest in a state like ours. This is leveraging the things that have been happening at the federal level with the CHIPS bill, and it's also making sure that we are doing our part as a state. Again, proud to be a cosponsor, proud to be helpful in this initiative; thank Senator McDonnell; thankful for Senator Slama and others on the Banking Committee for also making this possible on this bill. And I urge your green vote on AM1379. Thank you.

ARCH: Seeing no one left in the queue, Senator McDonnell, you are welcome to close on AM1379. Senator McDonnell waives close. Senators, the question before the body is the adoption of AM1379. There has been a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Mr. Clerk.

CLERK: 12 ayes, 4 nays to place the house under call.

ARCH: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel please leave the floor. The house is under call. All unexcused members are now present. Mr. Clerk, please call the roll.

CLERK: Senator Aguilar voting yes. Senator Albrecht voting yes. Senator Arch voting yes. Senator Armendariz voting yes. Senator Ballard. Senator Blood voting yes. Senator Bosn voting yes. Senator Bostar voting yes. Senator Bostelman voting yes. Senator Brandt voting yes. Senator Brewer voting yes. Senator Briese voting yes. Senator John Cavanaugh voting yes. Senator Machaela Cavanaugh not voting. Senator Clements voting yes. Senator Conrad voting yes. Senator Day voting yes. Senator DeBoer not voting. Senator DeKay voting yes. Senator Dorn voting yes. Senator Dover. Senator Dungan voting yes. Senator Erdman voting yes. Senator Fredrickson not voting. Senator Halloran voting yes. Senator Hansen. Senator Hardin voting yes. Senator Holdcroft voting yes. Senator Hughes voting yes. Senator Hunt voting no. Senator Ibach voting yes. Senator Jacobson voting yes. Senator Kauth voting yes. Senator Linehan voting yes. Senator Lippincott voting yes. Senator Lowe voting yes. Senator McDonnell voting yes. Senator McKinney voting yes. Senator Moser voting yes.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

Senator Murman voting yes. Senator Raybould voting yes. Senator Riepe voting yes. Senator Sanders voting yes. Senator Slama voting yes. Senator Vargas voting yes. Senator von Gillern voting yes. Senator Walz voting yes. Senator Wayne voting yes. Senator Wishart. The vote is 41 ayes, 1 nay, Mr. President, on adoption of the amendment.

ARCH: AM1379 is adopted. Senator Hughes would like to welcome members of the Seward County Leadership group, the Rising Stars from Seward County. They are located in the north balcony. Members, if you would rise and be welcomed by your Nebraska Legislature. I raise the call. Mr. Clerk, next item.

CLERK: Mr. President, next item, Senator Machaela Cavanaugh would move to reconsider the vote just taken on AM1379.

ARCH: Senator Cavanaugh, you're recognized to open on your motion.

M. CAVANAUGH: Thank you, Mr. President. Colleagues, I got distracted. I don't think I talked on AM1379 even once. And I got to say good maneuver sending over Senator Riepe to chat me up. Didn't even get in the queue. I, I see you, Senator Riepe. You're sneaky. He could have almost ended an eight-hour filibuster two hours in. But I got wise to you. So he was sharing his favorite brownie recipe with me. OK. LB617 is the AM1379 that we just voted on. I am neither here nor there on it. Present, not voting because you have to be present, not voting to reconsider the vote. So I'm just going to take a look here at the fiscal note. Also if anyone else has a favorite brownie recipe that they want to share with me, I do love brownies and I always like a good recipe, so. But I won't be distracted again. OK, let's see here. This is a \$20 million revenue. So it says LB617-- I'm looking at the fiscal note-- creates a \$20 million transfer of \$20 million from the Cash Reserve Fund to the Economic Development Cash Fund and creates the Economic Development Cash Fund, sets the fund within the Department of Economic Development for administration, and prescribes fund use. The estimate of increased administrative burden provided by the Department of Economic Development appears reasonable. OK, so let's see what their estimates are. This is from the Department of Economic Development. LB617 creates the Economic Development Cash Fund, which assists community colleges in metropolitan cities grants-- grants to partner with four-year public universities in metropolitan cities to offer, quote, microcredentials, end quote, to meet market demand for microchip and microelectronic manufacturing in conjunction with the Federal CHIPS Act and its capital C-H-I-P-S. Economic Development Cash Fund is to be funded by a \$20 million transfer from the Cash Reserve Fund. However, the bill does not appear to

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

appropriate funds from the new cash fund to DED to create the grant program. Were funds appropriated to DED, LB617 would require the services of one full-time employee or one FTE of an economic development business consultant to, to create and manage the grant program. DED expects the costs, including PSL, would be \$147,010 and \$142,920 in FY '23-24 and FY '24-25 respectively. Operating costs include software licenses for grant-- for the grant management software and additional leased space for staff. OK. So that is the Department of Economic Development's fiscal note. Then there's the university system. They have nothing down there. The state college systems have nothing. So they are not anticipating that it costs them anything. Summary, in the committee statement on LB617, let's see here, testifiers, proponents: Senator McDonnell, Thomas Golberg, Randy Schmailzl with the community colleges, and Bryan Slone with the State Chamber. LB617 is a bill that provides funding to the Department of Economic Development to provide for economic development in the area of microchip fabrication and electronics manufacturing in Nebraska. The bill would provide section by section as follows: Section 1 amends Section 84-612 by adding a subsection requiring the State Treasurer to transfer \$20 million from the Cash Reserve Fund to the Economic Development Cash Fund on or after July 15, 2023, or as soon thereafter as administratively possible, and in such amounts as direct-- as directed by the Budget Administrator of the Budget Division of the Department of Administrative Services. Section 2 creates a new section that creates the Economic Development Cash fund. It also requires that the DED administer the fund. Such administration includes providing grants to qualifying educational institutions in order to offer microcredentials to support education expansion, curricula development, and staff hires to meet demand for microchip fabrication and micro, microelectronics manufacturing in Nebraska. It also states that the fund shall include money transferred by the Legislature and gifts, grants, or bequests from any source, including money remitted to the fund from any other federal, state, public, and private sources. It also states that money in the fund available for investment shall be invested by the state Investment officer pursuant to Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act. Section 3 repeals the original section being amended. Section 4 is an emergency provision. OK. So this is testimony from the hearing on LB617. How much time do I have left, Mr. President?

ARCH: 3:30.

M. CAVANAUGH: Thank you. OK. So testimony LB617. Oh. This is Senator McDonnell's opening testimony. OK. Thank you, Senator-- Chairperson Slama and members of the Banking Committee for the hearing today. My

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

name is Mike McDonnell, representing Legislative District 5. I'm here today to introduce LB617, which is Nebraska's workforce development component related to the federal CHIPS for America Act. The Creating Helpful Incentives to help Produce Semiconductors and Science Act of 2022 or CHIPS Act was passed in July of 2022 and signed into law in August of 2022. This landmark bipartisan legislation creates an immense opportunity for Nebraska, a chance to make the "Silicon Prairie" a real thing. LB617 and its companion bill, LB616, enable Nebraska's Department of Economic Development to match any federal funds awarded through the bipartisan CHIPS Act of 2022 to a semiconductor manufacturing company located within the state. These bills align to our current economic development policy to better demonstrate to the United States Department of Commerce and semiconductor manufacturers that Nebraska is an engaged and willing partner in securing a domestic supply chain of semiconductors and microprocessor components. I've handed out two articles that help demonstrate the opportunity Nebraska has in helping the United States secure our manufacturing future. LB617 establishes the Economic Development Cash Fund within the Nebraska Department of Economic Development and provides a transfer of \$20 million from the Cash Reserve to allow Metropolitan Community College to take the leadership role in providing education expansion and curricula development to meet the local requirements for microchip fabrication and microelectronics manufacturing needed for a Nebraska-based entity applying to the Department of Commerce to qualify as a covered entity under the U.S. CHIPS for America Act. This legislation ensures that semiconductor manufacturers locating in Nebraska can include the required commitment from a regional educational institution to provide workforce training, including the programming for training and job placement for economically disadvantaged individuals as part of their application.

ARCH: One minute.

M. CAVANAUGH: Thank you. Since I started working on this legislation over the summer, we have heard from a large number of companies interested in locating their domestic production in Nebraska should this legislation be passed. We provided information from nine of the companies who were in-- who were the most interested and the furthest along in their plans to UNO's College of Business to do an economic impact study. I have handed the executive summary of that study out to this committee. The results of the study are jaw dropping. So I'm next in the queue and then I have another time after that. I have just two more times in the queue and then a close. If anybody would like to yield me time, be great. I'd very much appreciate it because I don't

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

know what's after this and I need to figure that out before-- I'd like to figure that out over lunch before we go to whatever is next. So if anybody wants to yield me time so that we can take--

ARCH: Time, Senator.

M. CAVANAUGH: Thank you.

ARCH: And you're next in the queue. You're recognized to speak.

M. CAVANAUGH: Thank you. --so that we can take this piece up to lunch so that I can make sure that I have my ducks in a row, as it were. OK. So where was I? Da, da, da, the results of the study are jaw dropping. The economic analysis predicts that the plans of these nine companies will increase Nebraska's GDP by \$2.71 billion, create 17,402 jobs, and add \$172 million in annual tax revenues. In addition to this, the report estimated 26,789 jobs and \$2.07 billion increase in Nebraska's GDP from the construction alone. We also know of a number of companies that are critical to the semiconductor supply chain that are planning on following these companies to wherever they end up locating. As we all know, and this committee is well aware, we need to grow the state in order to lower the overall tax burden felt by Nebraska families. The CHIPS for America Act is a once in a generation opportunity for us to do just that. The semiconductor industry is a core component of America's economic future and national security. You will hear testimony about how this bill was drafted at the federal level with the heartland in mind. This is because we are best prepared to do this work, meet the eligibility guidelines, and build this economy. Both of these bills were drafted to put Nebraska at the head of the pack of the states currently competing for this industry. We are doing this by fully aligning our vast economic development tools to best support a company's application with the Department of Commerce. In order to be eligible under CHIPS for America Act, companies are required to demonstrate financial support from state and local governments in addition to their private sector financing. Our legislation is deliberately structured to-- so that semiconductor companies can maximize their chances of federal approval by having Nebraska as their partner. Moreover, it is required that applicants guarantee workers in neglected communities obtain equal employment and training opportunities for semiconductor jobs. This includes rural workers. Consequence-- consequently, states with fewer semiconductor companies like Nebraska are offered a notable advantage under the outlined eligibility criteria when submitting an application to the Department of Commerce. If this proposed legislation passes, Nebraska will experience its most profitable and advantageous economic opportunities

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

since corn. Since corn. Also, Nebraska's investment would be the last dollar in so both federal approval and the private financing required would have to be secured before any financial investment by the state. Here to testify in support is Mr. Thomas Goldberg, who was one of the principal drafters of the US CHIPS for America Act. Mr. Goldberg serves as a member of the National Security Council staff under President Ronald Reagan and George H.W. Bush. He's our subject matter expert on this legislation and is helping us make sure that we all have the information we need to best align our investments to position Nebraska as a leading partner in building the domestic semiconductor industry. Also here to testify is Randy Schmailzl, who is the president of Metropolitan Community College. Randy will talk about the workforce training needs of a semiconductor industry and potential programming that would put together-- they would put together. It should be noted that while there is a requirement for eligible companies to make significant investments into research-based educational components as well, 90 percent of the jobs that would be created under this bill are anticipated--

ARCH: One minute.

M. CAVANAUGH: Thank you. --to only require two-year technical degrees. I would thank you for your time. Happy to answer any of your questions. That is my dramatic reading of Senator McDonnell's introduction of LB617. Senator McDonnell has a very distinct and booming voice. I wonder how our two readings of this same document would be side by side. An interesting comparison probably or maybe not. Maybe it'd be a very boring comparison. OK, so I have one more time and then I have my closing, but I have much more I can talk about. If anybody would like to yield me time, I am here to take it. Thank you, Mr. President.

ARCH: Senator Hunt, you are recognized to speak.

HUNT: Thank you, Mr. President. I came by my opposition to Senator McDonnell's amendment honestly. For one thing, I think it has problems from a single subject perspective. But I am also just against what it does, frankly, in the way it could impact our General Fund. This amendment provides for grants in addition to Nebra-- Imagine tax credits and allows for the tax credits received under Imagine to be used to, quote, obtain a payment from the state equal to the amount which the taxpayer demonstrates to the director was paid by the taxpayer after the date of the complete application to repay the principal or interest on revenue bonds issued by an inland port authority. So if they use their Imagine credits to pay for

infrastructure bonds, they get a grant equal to that payment. This amendment also requires the state to match any federal loan or grant money we get toward one of these CHIPS projects up to 25 percent of the total project costs. The federal CHIPS Act provides no cap on incentives. It's at the discretion-- discretion of the Department of Commerce on a case-by-case basis. And the problem with determining a cost is that there are a lot of unknowns regarding the CHIPS Act. There's no funding formula or prescribed funding distribution under the act. An eligible entity is defined and then discretion is given to the Department of Commerce in what will be awarded. I'm told that chip manufacturing plants can cost anywhere from 1 to \$10 billion. So say there's a \$1 billion plant. Let's say it's a small one. It's a \$1 billion plant that wants to come to Nebraska. Let's say the feds are generous and they cover 50 percent of the cost of that plant through a loan. Under this amendment, the state has to match that federal funding up to 25 percent of the total cost. So we could be on the hook for \$250 million. And some of that can come from ImagiNE Act funds. But there's a limit on those funds as well. So under this amendment, we could be left with a huge drain on our General Fund for some of these plants. That's basically my opposition to it. It's special legislation. I think it costs too much to the state. And I'll yield the remainder of my time to Senator Machaela Cavanaugh.

ARCH: Senator Cavanaugh, 2:35.

M. CAVANAUGH: Thank you, Mr. President. Thank you, Senator Hunt. I've heard that term "special legislation" a few times this year, and I kind of want to dig into that concept a little bit more, but maybe after lunch. So I'm just looking through here. I will say I probably will remain present, not voting on, on all of this, but I appreciate Senator Hunt's comments on special legislation and the commitments that we're making to the state. It does seem like we're doing a lot of a-- of things that are benefiting corporations. And yesterday I spent, I would say not an insignificant amount of time talking about TANF. And I think that there's the biggest obstacle to moving forward TANF legislation is the cost. And so I do get concerned about moving forward legislation that has large fiscal notes without really a lot of conversation around that. So, so, yeah, it just-- it does feel like we are willing to move things quickly--

ARCH: One minute.

M. CAVANAUGH: --that have a fiscal impact if they benefit corporations. But we have to fight tooth and nail for anything that has a direct financial impact on the citizens of Nebraska and that

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

does concern me. That concerns me significantly. So I can just-- I just have articles to read here on this bill. And I mean, to be honest, it's not really-- it's mostly things like in favor of the bill, which I'm neither in favor or in opposition. I haven't-- this came up, you know, this morning, and I had not really prepared for it. So I-- and there's a lot of bills and there's a lot of things to know about all the time on a lot of bills. And yes, this was on the agenda yesterday but--

ARCH: Time, Senator.

M. CAVANAUGH: Thank you.

ARCH: You're recognized to speak, Senator Cavanaugh, and this is your last opportunity before your close.

M. CAVANAUGH: Thank you, Mr. President. So as I was saying, there's-- this was on the agenda yesterday, but I was busy yesterday talking on other things that were on the agenda. And so I didn't have the time yet. So I'm just kind of catching up on what this bill is and what it does. So I'm just really reading things, documents, testimony, testimony that might be in support of the bill itself, but that I want to in no way confuse the body that I have taken a position on this. I'm just reading it because it is germane to the conversation, and I'm attempting to stay germane to the conversation. So that's it, that caveat. LB617 is a bill that provides funding-- this is a summary-- it's a bill that provides funding to the economic development, DED, the Department of Economic Development to provide for economic development in the area of microchip fabrication and microelectronics manufacturing in Nebraska. The bill will provide section by section as follows. Section 1 amends Section 84-612 by adding a sub-- subsection requiring the State Treasurer to transfer \$20 million from the Cash Reserve Fund to the Economic Development Cash Fund on or after July 15, 2023, or as soon thereafter as administratively possible, and in such amounts as directed by the Budget Administrator of the Budget Division of the Department of Administrative Services. Section 2 creates a new section that creates an Economic Development Cash Fund. It also requires that the DED administer the fund. Such an administration includes providing grants to qualifying educational institutions in order to offer microcredentials to support education expansion, curricula development, and staff hires to meet demand for microchip fabrication and microelectronics manufacturing in Nebraska. It also states that the fund shall include money transferred by the Legislature and gifts, grants, or bequests for any source, including money remitted to the fund from any other federal, state, public, or

private sources. It also states that any money in the fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act. OK. So here is the testimony from the State Chamber. OK. Again, if anybody wants to give me time, I'm happy to take it. Otherwise, I think we'll probably get to a vote on this motion before we go to lunch. OK. Chairwoman Slama, members of the Banking, Commerce and Insurance Committee, I am Bryan Slone, president of the Nebraska Chamber of Commerce and Industry. I'm here today to testify in support of LB617 on behalf of the State Chamber, the Greater Omaha Chamber, and the Lincoln Chamber of Commerce. At the beginning of my business career in the 1980s, the United States led the world in technology, innovation, and microchip design and production. But that global advantage decreased by nearly two thirds over the years since. When Congress passed the CHIPS and Science Act last year, it took a much needed strategy step-- strategic step to invest in our economic future by boosting microchip production in the United States. The investment will secure critical supply chains for our, our industries, increase domestic research and development, and address important national security concerns. Specifically the federal legislation authorized federal funding--

ARCH: One minute.

M. CAVANAUGH: Thank you. --to accelerate strategic technologies and advance manufacturing in the United States. It also, also authorized federal resources to create 20 new research and development technology hubs in the United States. Many states already actively engaged in leveraging the Federal CHIPS Act to grow their technology ecosystem and thereby grow their economic base and success for the years to come. The same kind of effort fits within Nebraska's economic future and strategies. In 2019, the Blueprint Nebraska report set forth a comprehensive strategy for economic workforce and community development in Nebraska through 2030. Out of the 15 strategic initiatives in that report, 2 of those initiatives incorporated building innovation hubs and making Nebraska an advanced manufacturing center of excellence. By the end of the decade, Nebraska needs to be a technology state to continue to compete for talent.

ARCH: Time, Senator.

M. CAVANAUGH: Thank you.

ARCH: Senator McDonnell, you are recognized to speak.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

McDONNELL: Thank you, Mr. President. I apologize. I stepped outside to answer some questions, and I believe one of those questions was also brought up in here. With, with the amendment, I just want to make sure it's clear what we're trying to do is currently with Imagine, that some of us were here in 2019 when we passed Imagine or the inland ports and the-- and the ability to bond, if one of these semiconductor companies come here today without this legislation, they can take advantage of those, those incentives that are in place. What we are doing is making sure now on the education side, it is different. That's in the mainline budget for training people. In '23-24, it would be \$5 million available and '24-25 would be-- would be \$15 million. So that, that is different. But with this, what we're doing right now is we're not adding to the incentives. We're saying that if we have legislation in place going back to what the federal government did in the bipartisan legislation in July of 2022, we're saying we are giving them a landing strip here in Nebraska. And what's already in the toolbox is Imagine and is the inland ports, but we're not adding to it. So we're not giving them any special-- we're going to make sure we have that very clear in the amendment if we move on to Select at that time. But yeah, again, trying to make sure everyone understands if a company moved here today and they were going to talk about manufacturing semiconductors, without this legislation, they could apply for Imagine and they could look at the inland port. But what we are trying to do is say, if you come here on top of that, because of what the CHIPS for America Act, you can apply for that also. So that's what we're, we're adding to their ability to apply for the federal government. Also, we are last dollar in. Unless they receive that, they go through their application and they receive that dollar, again, we talked about earlier \$53 billion, and they want to spend-- they want to invest 33 of those billion dollars before the end of this year and then hold \$20 billion approximately for the next four years, unless they have that agreement based on the federal government, we never spend a dime. If they do get that and they move here, that's when we start training people and that's when they can also take advantage, of course, like they can today of Imagine or the inland ports. Thank you, Mr. President.

ARCH: Senator Hunt, you are recognized to speak.

HUNT: Thank you, Mr. President. I yield my time to Senator Machaela Cavanaugh.

ARCH: Senator Cavanaugh, 4:50.

M. CAVANAUGH: Thank you, Senator Hunt. So I was reading Barry Slone-- Bryan Slone's-- Bryan Slone's testimony. And I just internally, I'm just going to share with everyone. So it's in all caps, and I've been reading it in a very, like, soft voice, but part of me wants to read it like you're, like, yelling because it's all caps, like, I am Bryan Slone, president of the Nebraska Chamber. But I mean, that would be entertaining if I read this entire thing as though I was reading it in all caps. But I think I'll just finish reading it regular. OK. So where was I on it? LB617 is an important step to be-- now I-- now I really do want to read it like I'm yelling. Be very aggressive in my tone. LB617 is an important step to begin that process by establishing the Economic Development Cash Fund within the Department of Economic Development to provide funding to economic educational institutions to train the workforce. I'm trying to step away from the-- the phone-- the phone-- the microphone-- to train the workforce-- lost my place-- necessary to compete for microchip production and related research and development in Nebraska. For some reason, I need to use my fists while I am doing this. Nebraska is uniquely positioned to attract a major economic project related to microchip production in conjunction with the CHIPS Act. Our natural resources, affordable energy costs, and central location and transportation infrastructure are all competitive advantages. Our cost of living and quality of life regularly place us as one of the best places to work and live. The quality of our educational institutions is also a competitive advantage. Thus, this legislation would help them to be successfully engaged in providing the specialized workforce training to make any larger economic development investment in this space successful and a driver of significant economic returns for the state. Thank you for the opportunity to appear before you today as I ask the committee to support LB617. That is my interpretation of an all caps reading. OK, what else do we got here? This is Mr. Thomas Goldberg's testimony in support of LB617. This is also in all caps. You know, it is fascinating. It's not a typical way to type. And actually, I think the laptops that we have provided here do not have, like, a button. Do they have an all caps button? I feel like I am always having to hold down the shift bar whenever I capitalize something. But I mean, you can format something to be all caps. Like in Google Docs you can, like, select all and then you can just change it. You can-- you can type it regularly--

ARCH: One minute.

M. CAVANAUGH: --and then just change it to all caps. And maybe these individuals prefer reading things in all caps, but it's not a particularly large font. So the, the font point isn't, like, large and

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

in all caps, which I could understand if, if it was for me to read, it would be like in 15 to 20 point font because I've got old eyes and this place ages my eyes every day a little bit more. But anyways, this is from Thomas Goldberg, vice president for strategy at Nantero, and in a prior incarnation was one of the principal subject matter experts that drafted the authorization legislation known as CHIPS for America Act. I first was about to read in a prior incarnation as a prior incarceration. I was like, oh, all right.

ARCH: Time, Senator.

M. CAVANAUGH: Thank you.

ARCH: Mr. Clerk.

ASSISTANT CLERK: Mr. President, Thank you. Your Committee on Enrollment and Review reports LB574 and LB753 as placed on Final Reading. In addition, Enrollment and Review reports LB565 to Select File with amendments; LB565A to Select File; LB626 to Select File with amendments; and LB753A to Select File. In addition, new A bill. LB138A introduced by Senator Bosn. It's a bill for an act relating to appropriations; to appropriate funds to carry out the provisions of LB138, One Hundred Eighth Legislature, First Session, 2023; and declare an emergency. An announcement that the Executive Board will meet at noon in Room 1525. And finally, priority motion. Senator DeKay would move to recess until 1:00 p.m.

ARCH: Senators, you've heard the motion to recess until 1:00. All those in favor say aye. All those opposed say nay. We are recessed.

[RECESS]

HANSEN: Good afternoon, ladies and gentlemen. Welcome to the George W. Norris Legislative Chamber. The afternoon session is about to reconvene. Senators, please record your presence. Roll call. Mr. Clerk, please record.

CLERK: There's a quorum present, Mr. President.

HANSEN: Thank you, Mr. Clerk. Do you have any items for the record?

CLERK: I do. Mr. President, your Committee on Government, Military and Veterans Affairs, chaired by Senator Brewer, reports LB569 and LB624 to General File, both having committee amendments. That's all I have at this time, Mr. President.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

HANSEN: Thank you, Mr. Clerk. We will proceed to the first item on this afternoon's agenda, Mr. Clerk. Returning to the queue, Senator Hunt, you are recognized to speak and this is your third opportunity.

HUNT: Thank you, Mr. President. I'll yield my time to Senator Machaela Cavanaugh.

HANSEN: Senator Cavanaugh, 4:55.

M. CAVANAUGH: Thank you, Mr. President. Thank you, Senator Hunt. Before we broke for lunch-- well, I hope everyone had a nice lunch. Before we broke for lunch, I was going to read Thomas Goldberg's testimony. I do, I do wonder-- I've been trying to stand further away from my mike and you can still hear me. I feel like my mike is, like, super loud. Sometimes, it's really loud. Just to-- just noticed that. And some people's mikes are like, they'll be too far away and you can't hear anything they say, but you can still hear me when I'm far away from my mike. Just an interesting observation I had. OK. Well, actually, it's interesting to me. I should not declare that is an interesting observation. Other people might find it to be a very mundane observation. OK. So Mr. Thomas Goldberg testified in support of LB617. Thank you, Chairwoman Slama and members of the Banking Committee. My name is Thomas R. Goldberg. I am a vice president for strategy at Nantero and in a prior incarnation, not incarceration, was one of the principal subject matter experts that drafted the authorization legislation known as the CHIPS for America Act. Nantero supports both LB617 and LB617 [SIC-LB616]. With regard to LB617, Nantero supports the workforce development component relating to the federal Chips for America Act, to establish-- its establishment of the Economic Development Fund in support of collaboration between Metropolitan Community College and the University of Nebraska at Omaha-- support education expansion, curricula development and staff hires, meets the demanding perspective requirements for the CHIP for America Act. That act, specifically, Section 9902(B)(ii)(II)(aa) states: that covered entities seeking funds have made commitments to provide training and educational benefits paid by the covered entity and (bb) through programs to expand employment opportunities for economically disadvantaged individuals; and (3) secured commitments from regional educational and training entities and institutions of higher education to provide workforce training, including training and job placement for economically disadvantaged individuals. This legislation ensures that semiconductor manufacturers locating in Nebraska will have the means of achieving these two elements of the Act's prescriptive eligibility criteria. Let me emphasize that in order for a covered entity to become eligible to submit a bid under

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

the CHIPS for America Act, it must partner with regional, educational and training entities and institutions of higher education. The U.S. Department of Commerce emerging evaluation scoring system is weighted so that 51 percent of that evaluation is aimed at the eligibility criteria. LB617 makes a significant contribution towards enabling covered entities to meet those requirements. Nantero meets the other eligibility, eligibility criteria--

HANSEN: One minute.

M. CAVANAUGH: --thank you-- elements through its choice of location under Section 9902(B)(ii)(II) having made commitments to worker and community investment that benefit economically disadvantaged individuals by choosing a site in a metropolitan statistical area of the state that has a mean income for a family of four that falls below the national average. LB616 will provide another benefit required by the Biden administration's implementation of the CHIPS for America Act, namely, partnership between covered entities and state and local governments. I think I am about out of time. Thank you, Mr. President.

HANSEN: Thank you, Senator Cavanaugh and Senator Hunt. Senator Cavanaugh, you are now recognized to close.

M. CAVANAUGH: Thank you, Mr. President. OK. So this is the motion to reconsider the adoption of AM1379, Senator McDonnell's bill. AM1379 is the CHIPS bill's LB617. It was, before lunch, voted on and adopted. I've made a motion to reconsider the adoption. I don't have a horse in this race. Vote for the motion or don't vote for the motion. I do like to remind you all that anything, like my motion, needs 25 green votes to be adopted. So you can vote against it. You can abstain from voting. You can check out, not vote at all. It is incumbent upon me to get 25 votes for my motion to be adopted. I very highly doubt that it will be. I'm not voting for it. So, you know, we'll see. We-- when we returned from lunch, we had about 5 hours left on this bill. 5 hours and 15 minutes, to be precise, when we started. But-- 50? One-five. Yes, 15, 5 hours and 15 minutes, to be precise, as I love to do-- be precise-- not usually, but, but I didn't pay attention to when we started. I think we started at 1:10. I'm going to say 1:10. We started at 1:10. So 5 hours and 15 minutes from when we started, at 1:10 and it is 1:17. And that is some math that I should be able to do.

DORN: 7:00. 7:00.

M. CAVANAUGH: But we have a 30-minute break for dinner. Are you taking into account the 30-minute break for dinner? We are taking into

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

account the 30-minute break for dinner. I'm phoning a friend behind me. So, 1:10 plus 5:15. It'll be after 7:00, actually. It will be, 25-- 6:25. No, it will be six-- if we take a 30 minute-- it'll be seven-- 6:55. All right. If we take a 30-minute break for dinner, cloture on this bill will be 6:55. It took a village to get there on that math. Just going to write that down, 6:55. That's helpful. The reason it's helpful for me to know is that we have other amendments and motions pending. And so, I'm trying to figure out exactly how much time I need to take on things and if I need to draft anything additional to take up more time. And so, that's-- hence, the math. And each motion that I have, I personally can take 25 minutes on. Because I can do a 10-minute open and then two times talking and then a five-minute close, 25 minutes. So I have three motions and I then would have three motions to reconsider. So that is 25 minutes times six motions. Zero, carry the three-- 12, 50. That is 150 minutes, which is-- 120. That's two and a half hours. So I have 2.5 hours worth of motions for myself, which means I need about another 2.5 hours worth of talking. Now, I know we have another amendment coming up, so I'll take my times on that. That's Senator Wayne's amendment. That'll be another 15 minutes. And then I'd do a motion to reconsider on that. That's another 25 minutes. So now I'm up to 150--

HANSEN: One minute.

M. CAVANAUGH: -- thank you-- plus 40-- I'm at 190 minutes. And then, I can take my times when we vote on FA56. Again, that's another 15 minutes and a motion to reconsider, another 15 minutes, so that's another 40 minutes. And ,so we're just going to keep doing the math here. What I'm ba-- essentially doing in doing the math here is trying to figure out if I need to put anything else up on the board in the next five hours. I'm kind of hoping not, because it's just a lot of work for other people when I do stuff like that. So if I can--

HANSEN: That's time, Senator.

M. CAVANAUGH: --thank you. Call of the house. Roll call vote. Actually, call of the house, machine vote.

HANSEN: There's been a request to place the house under call. The question is, shall the house go under call. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 18 ayes, 3 nays, Mr. President, to place the house under call.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

HANSEN: The house is under call. All, all members present, record your presence. All unexcused senators, please return to the Chamber. The house is under call. All senators are present. There-- the question before the body is reconsideration of AM1379. Mr. Clerk, call the roll. Oh, there's been a request for a machine vote. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 2 ayes, 34 nays, Mr. President, on the motion to reconsider.

HANSEN: The motion fails. And I raise the call. Mr. Clerk, for items.

CLERK: Mr. President, concerning LB92, the next item. Senator Wayne would move to amend FA56 with FA57.

HANSEN: Senator Wayne, you're recognized to open.

WAYNE: Thank you, Mr. President. This amendment-- I hope people listen to this. This amendment is actually just to remove LB68 from the package and any amendments that were connected to LB68. And here's, here's the reason. If you look at medical malpractice and overall, it's keyed into the access backup. There are three bills that kind of touched on this area. There's a punitive damage bill, medical malpractice bill that I introduced that includes provisions of Senator Slama's LB68, and then LB68, in and of itself. For whatever reason, the Executive Committee moved LB68 to Banking against a rereference motion-- letter. I did not file a motion in front of the body. So what we have is a medical malpractice trust, we'll call it a fund. But we also know that medical malpractice, in general, is a problem in the state of Nebraska. I brought this scenario up and here's an example I'm going to use again. If I wake up-- well, if a doctor wakes up and decides to get drunk in the morning, drives to work, performs a surgery negligently, because of being under the influence of alcohol, that is capped at \$2.5 million. The same day after the surgery, the doctor gets in his car and hits somebody on the street, that is not capped. Tell me in what world it makes sense for your licensed profession to have a cap on it, but your everyday license doesn't. That's the general issue with a medical malpractice cap. I'm not saying today let's get rid of the cap. But what I am saying is, before we fund a fund, let's look at the overall picture of what it does. And let's have an interim study, jointly with Judiciary or in Banking. I don't really care where it goes, but to understand the actual fund and where it should move. And why is that \$2.5 million important? Well, 2.-- yeah, 2.5 is important, because the people who typically hit that cap are children. And they spend the rest of their lives on the state's dime, for an accident that a doctor who had a license did. We

pick up that tab the rest of that kid's life. Think about that. We are subsidizing their neglect and in no other industry is that OK. Construction? No. Farming? No. Insurance? No. As attorney, no. No other industry but this one. And I'm not, again, I'm not saying we should get rid of the cap. That's not what my amendment does. My amendment says take out LB68 and let's understand the overall picture. And how I got to the overall picture is looking right across the river at what Governor Reynolds has did in Iowa. They passed medical malpractice reform. They didn't increase it per se. Actually, they didn't increase it at all. They actually took it down a little bit. But what they did is they looked at the punitive damages, they looked at the whole system and said, where does it fit and how does it make sense? Right now, LB68 is just a, a sliver of the problem. But if you start funding it and we don't know what we're doing with the rest of these pieces, to me, it's a, it's a-- it's, it's not what we should be doing. It's not good policy. So I'm truly making a policy argument here. Punitive damages was voted out of committee. It is on the floor. However, Senator Ibach wanted an Attorney General Opinion, so it is sitting. I haven't asked the Speaker to schedule it. And in fact, when I spoke with Attorney General Hilgers, I said I'm looking at doing a overall package and we probably won't get to it this year, i.e. I don't know if it's on the front of his paper to get it done immediately, because my understanding is that's-- the goal is to look at everything. I had multiple conversations with the Speaker about LB68. There was conversations about not-- it not being included. I understand why Senator Slama did, but I think if we're going to look at this, we need to really look at it from all sides. And, and again, why that cap is important is because there are cases and I can pass them out and do all this, but you can Google them, where juries award \$12 million for a kid who had a surgery performed, that totally messed up this kid for the rest of their life. Because of our cap, it's lowered down to 2.5, but that kid has over \$12 million of medical expenses in future. Do you know who picks that up? We do. We pay for that. I'm not saying today if that's right or wrong. But I'm saying before we start putting more money into a fund that has been doing just fine-- yes, it's a little underfunded, but they haven't called-- came crawling to us, saying fix it right now. I'm saying let's look at the overall thing. And the reason this is important is because when Senator Lathrop was Chair of Judiciary for two years, Department of Insurance said they would get us an analysis of the overall fund. I still have yet to see that. Maybe he had it and never shared it with anybody. But we should definitely look at the overall picture of medical malpractice. And again, we like to do what our neighbor states are doing for everything else. In fact, Governor Reynolds called her

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

overall package with punitive damages. And again, Hilgers may come out-- Attorney General Hilgers may come out and say it's not constitutional, then we don't have to worry about that element. But the point of it is, is in Iowa, it actually was used to save rural hospitals, when they looked at the overall package and their fund. And you can Google it. It's not Justin talking. You can look up medical malpractice. Iowa reform. Governor Reynolds said the entire process was about saving rural Nebraska hospital-- rural Iowa hospitals. And I'm saying before we just start funding something, let's step back, you can have an interim study and we can figure out what the overall picture looks like, whether there is punitive damages, whether there's not. And I don't want to get in a punitive damage debate, because it's not just a simple negligence. It has to be, you know, gross and reckless, which is a whole different standard, but that's a different debate. But I do think it's important that we look at everything and not just take a sliver. Again, all this amendment does is remove LB68, which, LB68 increases thresholds for-- to pay into the fund, but we're not looking at the overall problem. If, if somebody goes into the hospital, you know with surgery, two surgeries, three surgeries, that gets expensive. But right now, they're all capped. That's another conversation we should have. Maybe we leave the cap the same, maybe we lower it. I don't know. But just moving one piece of the lever without looking at the overall system is not how we should be doing business down here. I don't think it's healthy for what we do. And unfortunately, I don't know if we're even paying attention, because when people get on the mike, people just been talking so much, we kind of turn a deaf ear. But I do hope we step back and think about that. There are three parts of medical malpractice. One, the Supreme Court has said, I think, erroneously, about punitive damages and that bill is on the floor on General File. I have not pushed it because I waited for Senator Ibach to get her ruling back from Hilgers. The second piece is what is the cap and is it the right cap? Does it make sense? Should we increase the cap for just medical? Should we lower the cap for medical. Should we increase the cap for medical, but say, hey, general damages, you know, pain and suffering, that's capped at a different cap. Should there be a catastrophic exception? So when we're only talking about children who are going on the state's budget, maybe that's an exception, but everybody else is capped. We should have that conversation. I think it's a healthy thing to do. I don't think it's healthy to piecemeal legislation that can have significant impact on an industry. So that's why I'm asking for a green vote to remove LB68. And I'll be here to entertain and ask-- answer any questions. Again, I'm not saying I'm opposed to LB68. I'm saying there's no reason why we have to do it now, without looking at the overall picture and

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

making sure everybody's at the table. As you all know, once you start piecemealing legislation like this, parties don't tend to come to the table anymore and it makes it more difficult to have true, comprehensive reform. And I don't mean reform to, to make money for somebody, I mean reform to help rural Nebraska, help Omaha, help Lincoln, help the overall industry like was done in Iowa. And again,

HANSEN: One minute.

WAYNE: --that was a Republican-led governor, Republican body, who took all three pieces, studied it, and came out with legislation to help save Iowa hospitals in rural Iowa. Thank you, Mr. President.

HANSEN: Thank you, Senator Wayne. First in the queue, Senator Slama, you are recognized to speak.

SLAMA: Thank you, Mr. President. I rise in support, still, of my own bill, LB92. And I, I am grateful to have this debate with Senator Wayne today. We had a similar debate when LB68 was up as a stand-alone bill on General File. And I thought it was a very valuable discussion about med mal and how these different policies are-- and different pieces of policy are in play, in the state and with healthcare in our state. LB68 did pass on first round, 36-0. It got stuck on Select File. It was not prioritized. I'd say it'd be a consent calendar worthy bill, which is why we attached it back into the Christmas tree. Just to respond and lay kind of a foundation, from my perspective and why we are handling LB68 the way we are, is that right now, our healthcare providers, doctors, hospitals, CRNAs, sustain themselves through this insurance fund, to protect themselves from lawsuits. There's a reason why LB68 was taken to the Banking, Commerce and Insurance Committee and separate-- treated as a separate issue from the overall med mal cap increase, which, as Senator Wayne put really well, he's got a lot of wonderful experience in this area. Those bills do normally go to Judiciary. LB68 deals solely with the insurance fund, which yes, actually, those interested parties actually did come to us asking, because the fund is not sustainable as it is structured right now, to raise that limit so that we can ensure that this fund is available to allow healthcare providers across the state to operate, without fear of going into bankruptcy over a claim. It's purely an insurance-related discussion. And I'm a big supporter of keeping the insurance side of it, especially when we're facing an underfunded insurance fund and the med mal cap, which I think is another solid discussion we can have, I am wholeheartedly on board for it. We've had it several years in the past of-- I saw a debate back on-- back and forth, as to whether or not \$2.5 million as a med mal cap is enough. I

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

think that's an entirely separate discussion from the insurance rates. So for me, I'm looking at LB68. I see it as a very reasonable piece of legislation that has already been, been passed through, first round, one time, with pretty overwhelming support. And I'd really appreciate your support of it by voting down Senator Wayne's floor amendment, because this insurance fund is critical to ensure access to healthcare across the state of Nebraska. Thank you, Mr. President.

HANSEN: Thank you, Senator Slama. Senator Jacobson, you are recognized to speak.

JACOBSON: Thank you, Mr. President. Well, Senator Slama kind of stole, stole my thunder, but I kind of want to reiterate that same issue. I appreciate Senator Wayne's concerns. And I can also make it very clear that, that the reason it got referenced to Banking, Commerce and Insurance Committee is because this is an insurance issue. This has nothing to do with what the cap should be. We're not messing with the cap. The cap is currently at \$2.5 million. It's always been at \$2.5 million, for quite some time. We're not messing with that. All we're trying to do is figure out how we're going to rebuild the fund, because the fund is going broke and that's why we felt like we needed to move forward. That's what this bill is about, is it's about insurance and it's about how do we make this work for hospitals, rural hospitals in particular. And how do we make this work for rural practitioners? And if we want to have a discussion, an interim study on whether that cap should be raised, then have that study. But we're not messing with the \$2.5 million cap. I also-- I want to refer this back to OK, the doctor that's drunk and shows up and has surgery. Well, how, how often has that happened? OK. You're going into an ER with other nurses and other professionals that are in that room. You don't think someone is going to notice this person's drunk? I mean-- and we also talk about who pays for this person that might be injured and has to spend the rest of their life doing something. Well, who do you think pays for the medical malpractice premiums? Who do you think pays for the cost one other way? I mean, the doctors are going to have to either pass that through to the insurance companies who are going to charge higher premiums on malpractice insurance, which is going to put more pressure on the doctors. We likely lose those practitioners. I mean, ultimately, we all have to pay. So I, I would welcome a debate and have that done, through Judiciary, on whether those limits should be raised if that's what we want to do. But this is a separate bill. This is a bill that's fixing an immediate problem that's in front of us. Even though the start date isn't until 2025, it's in letting all the hospitals and the practitioners understand that we have to change the arrangement here, on how this Hospital Medical Liability Act gets

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

handled, as to who pays what portion of it under the existing caps that are out there today. We're not messing with the cap. Different story. So I fully support the bill. I thank Senator Slama for bringing it. I appreciate Senator Wayne's concerns. It's rare that I disagree with Senator Wayne, because we have a lot of things that we do together. But in this case, I think if you want to have an interim study, have an interim study, on-- in terms of where medical malpractice should be. But I can tell you that from someone who is involved with rural practitioners, I think we-- it's appropriate the way it is today. And this bill is not dealing with that. Thank you, Mr. President.

HANSEN: Thank you, Senator Jacobson. Senator Wayne, you are recognized to speak.

WAYNE: Thank you, Mr. President. I was kind of taken aback by the thought of how many doctors would do this or how many kids-- we, we pass legislation for few people all the time in here. And the fact of the matter is, you can Google the state of Nebraska and see that we got over, right now, \$40 million in jury verdicts in the last six years, that dealt with kids. That's \$40 million and that's medical expenses. That's \$40 million we're picking up, as a state. You know, and nobody can deny that. And I think Senator Jacobson would agree with that, that once medical expenses are too high for a parent to take, they go on Medicaid or DED waivers. That's just what it is. Again, I can read the body. I'm not going to spend too much time-- I mean, you guys want to keep going the way we're going, but then we're going to start operating the way we have to operate. But I'm not asking to kill the bill. I'm saying let's look at the overall picture. And nobody-- again, no other industry are you capped like this. Not one. You're talking about subsidies, no other industry. And the talk that our insurance might go up or whatever about these caps, incorrect. Other states don't have them. Here's what I will say. I have a year left. We move forward with this without looking at the overall picture and rural Nebraska hospitals are having problems, don't ask for my support. Because this is a simple bill, saying remove LB68. Look at the overall health system when it comes to Medicare-- medical malpractice and how it's funded. We're going to throw more money in and create-- and increase provider rates, Senator Jacobson. And what if we come back and say we can actually lower our cap? Are we going to cut them a check back? No. So we've increased rates for two or three years for no reason. But we're OK with that, because we're going to get this bill done. So when your hospital rates go up, particularly in rural, the next two or three years because of this and then we find out you don't need this, that we have a better solution

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

by looking at everything and those hospitals maybe lose some doctors, this vote's why. Thank you, Mr. President.

HANSEN: Thank you, Senator Wayne. Senator Machaela Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. Well, this is an interesting conversation and I welcome it. And I actually needed to look up-- because I know Senator Wayne said it at the start, but I forgot which bill number F-- FA57 is striking, so I was going to look that up again. It is important that when we make changes to legislation and I know we're doing some things today, you know, adding a lot of bills and adding them quickly to make substantial changes-- so it says, on page 75, strike through lines 24. Well, I don't know what bill that is. I thought it was LB68. I think it is LB68. OK. So the original bill of LB68, nothing in the Nebraska Hospital Medical Liability Act shall be construed to require the excess liability fund to serve as primary coverage or to provide a defense for or on behalf of a, a qualified healthcare provider for claims filed against such provider after such claims have exhausted the provider's per incident or annual aggregated limit of liability amount set forth in Section 44-2824, whether paid by a professional liability insurer or directly by such provider. So let's see here. We've got in support, the NMA and C-O-P-I-C. I'm not sure who that is. COPIC. And then there's the hospital-- no. I don't know who this is, an individual, I guess, is a proponent and Eric Dunning, with the Department of Insurance. Hospital Association, neutral-- the trial attorneys. That's interesting. I don't have a copy of their testimony and I would be interested to know what the trial attorney's testimony was on LB68, since this is what they deal with. And I think Senator Wayne is a-- is representing a similar perspective as the association. So I'm looking at the NMA's testimony. Members of the Banking, Commerce and Insurance Committee, my name is Dr., Dr. Daniel Rosenquist. I am a family medicine physician in Columbus and the current president of the Nebraska Medical Association, which represents nearly 3,000 physicians, residents, medical students in the state. I would like to thank Senator Slama for introducing this bill, which is incredibly important to the NMA. The NMA has been involved in the Excess Liability Fund since the Hospital-Medical Liability Act was adopted in 1976. We continue to feel a responsibility to be good stewards of the fund, even when it means our own members must pay more to keep the fund sustainable. The impetus for LB68 began in late 2019, as the NMA engaged in conversations with the Department of Insurance about the health of the fund. At that time, the actuarial analysis completed by

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

the Department of Insurance, showed that over the previous four years, the fund's assets had decreased--

HANSEN: One minute.

M. CAVANAUGH: --thank you-- by more than \$8.5 million or roughly 9.2 percent for five years, ending in 2019. The operating reserve suffered losses totaling \$26.6 million. To put it simply, there was more money being paid out of the funds for claims than there was coming in to the fund's surcharge. I-- just occurred to me that I am reading kind of slowly and Senator Hansen is presiding and cannot tell me to speed up. So he just has to sit there and listen. That's just for fun for me. I know. You want to say something, but you just can't. Thank you, Mr. President.

HANSEN: Thank you, Senator Cavanaugh. Senator Sanders would like to welcome 33 4th graders and 2 teachers from Belleaire Elementary, in Bellevue, Nebraska. They are located in the north balcony. Please stand and be recognized. Senator Conrad, you are recognized to speak.

CONRAD: Thank you, Mr. President, and good afternoon, colleagues. I wanted to thank my friend Senator Wayne for bringing forward this floor amendment to help sharpen and focus our discussion on some of these key issues, in relation to the provision of healthcare in Nebraska and making sure that we have systems and safety nets in place to deal with not only risk, but of course, when our citizenry is injured and how those different systems impact our ability to provide care in this state, in particular, recognizing that we already have a lot of barriers in access to care, based on geography and workforce issues and provider rate issues and a host of, of other things, including our medical malpractice systems and caps. The one thing that I did want to make sure to put a finer point on, in regards to this measure as it continues-- sorry, I'm just still getting over that, that froggy cough from last week-- that froggy throat from last week. As this measure continues to move through is, a, a few members brought up some points that, that piqued my interest as I was listening to the debate this afternoon. And colleagues, be clear. When we look at some of the major issues impacting healthcare that we have moving through this body, mainly LB574 and LB626, there are incre-- significant changes to the standard of care in Nebraska. And we'll have plenty of time to debate the ins and outs of those specific policies, but it does have implications for things like medical malpractice, and hospitals and healthcare providers are already trying to kind of sort through the different risks and liabilities that come with significant changes to the standard of care and the scope of practice and the, and

the ambiguities in the legislation as it is presented and what that can mean for their ability to access medical malpractice insurance, in order to continue to provide care for citizens in the future. So it may seem like these issues are disconnected, but actually they're, they're quite closely connected. And if you do a quick Google search or look at even business industry publications about the chaos in the insurance industry and the regulation industry for healthcare providers, doctors, nurses, pharmacists, insurance, hospitals, you can see that it takes quite a bit of time to promulgate appropriate rules and regs to update the insurance products and the statutory and policy framework surrounding those, as well. And all of those pieces weigh into whether or not we're going to continue to have a better healthcare environment for our citizens or have a healthcare environment that has more restrictions and less talented practitioners to meet our citizenry's need, either through an all out ban or through making the practice so cost prohibitive, from a medical malpractice insurance perspective, that we see the fate that has befallen our sister states, where more and more practitioners, more and more hospitals and more and more rural areas are closing their doors. So we need to be really thoughtful about those implications, as well. Thank you, Mr. President.

HANSEN: Thank you, Senator Conrad. Senator Machaela Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. I echo a lot of what Senator Conrad was just saying. So I'm reading supporter testimony for LB68. And I would say this probably qualifies as expert testimony. The Department of Insurance, the Nebraska Medical Association, the Nebraska Hospital Association, the entities that would be directly impacted by the legislation, this is their testimony. Similarly, the Nebraska Medical Association has come in opposition to the bills that Senator Conrad was just talking about, LB574 and LB626. They have clearly come to tell us, in their expert opinion, how those two pieces of legislation are detrimental to healthcare in Nebraska. And I think that it is inappropriate to say that they are the experts here, when it suits what you want to accomplish, but they're not the experts here, when it works against what your ideology is. I was told by a member of the body that they have become a, a activist group. And I said, well, they have like 3,000 members and the majority of Nebraskans are Republicans. So I don't think that they're a activist, activist being code for liberal, progressive whatever. I mean, most of our medical providers in Nebraska are conservatives, as are most of the people in Nebraska. And it's because that their, that their views and their values and their testimony and the practicality of their

industry does not align with an ideology, that we are calling them such. I only bring this up because I think that if we're going to treat an entity as an expert testifier, as I believe they are in this instance, on LB68, we should be consistent in how we view them. And we should not malign their testimony as inaccurate or inconsequential when they're telling us how legislation will impact their industry, if that testimony doesn't align with our world view. And I have had entities, the Medical Association included, that have come in opposition to my legislation. And I have found that frustrating but I have respected their opinion, because when they tell me that something that I am trying to do is detrimental to the medical community, I listen to them because they are the experts. I might question them, I might push back on them, but at the end of the day, I listen to them. I value their opinion and I value their opinion consistently. So if we are to take them at their word on LB68, then we should take them on their word-- at their word as the experts in the medical community, in regards to medical legislation and changes to standards--

KELLY: One minute.

M. CAVANAUGH: --of care. Thank you, Mr. President. So back to the testimony. Throughout the second half of 2020, the NMA has been working with our partners to determine the best path forward to ensure that excess-- the Excess Liability Fund is healthy for years to come. Over the summer and fall, we've had many conversations with stakeholders, including the Department of Insurance, the fund administrator, malpractice carriers and agents, as well as the affected providers: CRNAs, physicians and the hospitals. At the end of 2022, the Department of Insurance had an analysis completed by an outside actuarial firm. And that analysis showed that the actuarial, actuarial indicated surcharge has been well over 50 percent for the past 10 years and as high as 84.9 percent in 2016 and 76.5 percent in 2021. The surcharge is capped by statute at 50 percent, meaning--

KELLY: That's your time, Senator.

M. CAVANAUGH: --thank you.

KELLY: Thank you, Senator Cavanaugh. Senator Conrad, you are recognized to speak.

CONRAD: Thank you, Mr. President. And good afternoon, again, colleagues. I just had maybe a minute or two, I wanted to continue on this thread that I ran out of time on in the last go around. But just to be clear, on the intersections between how more risk creates higher

ho-- higher costs and how that means less access, when it comes to an ever-changing legal landscape in regards to the provision of healthcare, most notably women's healthcare and essential healthcare for, for trans youth. And so, when we see that kind of heightened risk, malpractice and malpractice rates come into play and that impacts our overall ability to recruit and retain top medical professionals in the state and then, also have access to care for our citizenry, every time we see those increased costs. And I want to be clear that in addition to settling cases where there's been wrongdoing, malpractice insurance isn't just about that. But of course, it also is about providing a defense to doctors or healthcare professionals in court or in a license revocation or disciplinary process. So that's why you start to see those costs spike or skyrocket in that regard, as well. So you're going to see, any time you have a legal landscape change and particularly quickly and significantly on an existing standard of care to a new standard of care, you're going to see medical malpractice insurance pressured. You're going to see pressure on, on those, on those costs and those payments. Any additional exposure to private lawsuit and to licensure or disciplinary sanction is going to impact the level of risk and therefore, the bottom line and therefore, means less access to care for, for more Nebraskans when we already have a pretty significant set of maternal health deserts in the state of Nebraska and otherwise. So just wanted to point that out and, and thank the bodies for their time and attention in regards to those intersections with these key healthcare and insurance-related issues. Thank you, Mr. President.

KELLY: Thank you, Senator Conrad. Senator Machaela Cavanaugh, you're recognized to speak. This is your last time on the amendment.

M. CAVANAUGH: Thank you, Mr. President. Colleagues, if anybody wants to yield me time, I would happily take it. OK. So the NMA on LB-- well, this is LB68, which is the amendment that Senator Wayne-- the bill that Senator Wayne is attempting to strike from the amendment. OK. So the surcharge is capped by statute at 50 percent, meaning the fund is currently being funded at a level well below what is indicated by the most recent actuarial analysis. By raising the underlying limit to \$1 million in qualifying coverage, LB68 would bring additional revenue into the fund because the surcharge will be based on the premium for a \$1 million policy. Additionally, settlements and judgments won't impact the fund until they exhaust the \$1 million policy limit. LB68 would increase revenue and decrease risk, yielding a significant benefit to the fund's bottom line. While according to the fiscal note, the Department of Insurance was unable to estimate the amount of additional revenue, it was able to estimate that

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

approximately \$8.28 million less would be paid out of the fund over the next two fiscal years. We don't take it lightly that we've been-- that what we're proposing would result in physicians, CRNA's and hospitals paying more. In talking with the carriers, we understand that the current difference in premium between a \$500,000 policy and a \$1 million policy is roughly a 16-20 percent increase for an individual provider. I'm a family physician in independent practice and I can tell you that I wouldn't be here advocating for this unless I felt it was needed. The underlying coverage requirement was last increased 19 years ago, in 2004. It was previously raised in 1986 and before that, in 1976. Healthcare providers today are benefiting from the increase, shouldered by fund participants in the past and we can't neglect our responsibility to do the same for the future of healthcare in Nebraska. We understand that the Nebraska Hospital Association has concerns about the cost and timing of making this change. We value our partnership with the Nebraska Hospital Association and those concerns are understandable. So we want to assure this committee that we will continue to work together to find the best path forward. I thought that the Hospital Association had testified as a proponent, but maybe not. They, they testified neutral. OK. And I don't have, have their testimony, testimony, so I'm not sure what their concerns were. But-- so then, they-- LB68 this is an attachment from the Medical Association. LB68 increase underlying limits for the Excess Liability Fund, the Excess Liability Fund. The Department of Insurance or DOI, administers the Excess Liability Fund as required by the Nebraska Hospital Medical Liability Act. To qualify for coverage under the act, physicians, hospitals and CRNAs must furnish proof of underlying insurance coverage. Currently, hospitals, physicians and CRNAs must carry a policy with a \$500,000 limit per occurrence. Physicians and CRNAs must have a \$1 million aggregate limit. Hospitals must have a \$3 million aggregate limit. Additionally, hospitals, physicians and CRNAs pay--

KELLY: One minute.

M. CAVANAUGH: --thank you-- pay a surcharge based on the amount of the premium they pay for the underlying coverage into the Excess Liability Fund. The surcharge rate is set annually by the DOI or Department of Insurance and is limited, statutorily, to a maximum of 50 percent of the provider's annual premium. The Excess Liability Fund invests the surcharge funds and pays settlements and judgments which are in excess of the provider's underlying coverage up to the liability cap, which is currently \$2.25 million. OK, that was my last time. If anybody yields me time, I'm happy to take it. Thank you, Mr. President.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

KELLY: Thank you, Senator Cavanaugh. Senator Brewer has guests in the north balcony, seniors from Burwell High School. Please stand and be recognized by your Nebraska Legislature. Senator Hunt, you are recognized to speak.

HUNT: Thank you, Mr. President. I will yield my time to Senator Cavanaugh. Thank you.

KELLY: Senator Cavanaugh, that's 4:54.

M. CAVANAUGH: Thank you, Mr. President. I need to speak up. My soft voice-- I have so many different voices. And thank you, Senator Hunt. I have my booming, frustrated voice, which is kind of my mom voice, as well. I have my soft-spoken, just reading into the record voice. So I've been using my soft-spoken voice and I think I was too far away from the microphone, that my soft-spoken voice was too soft. OK. Why does the NMA support LB68? LB68 will reduce risk to the Excess Liability Fund, as only judgment and settlement amounts to over \$1 million will be paid out of the fund. Additionally, a surcharge based on a \$1 million/ \$3 million policy for all fund participants will increase revenue into the fund. Reduced risk and increased revenue into the fund are important to improving the health of the fund, which has shown troubling indicators in recent history. According to the most recent actuarial report, commissioned by the Department of Insurance, the actuarially indicated surcharge has exceeded the statutory 50 percent maximum in 11 out of the last 15 years and by double digits in 8 out of the last 15 years. See Exhibit 1, sheet 1 on-- sheet 1, on page 3, also represented in the table below. So the table below has actuarially indicated surcharges from 2008 through 2022. And I don't think I need to read through those. Between 2012 and 2015, the fund's assets hovered consistently, between \$91.2 million and \$92.9 million. See table 1 below. Beginning in 2016, however, there has been a steady decline, reaching a year-end low of \$84 million, at the end of 2019. For the five years ending 2019 pre-pandemic, the operating reserves suffered losses totaling \$26.6 million. The fund's as-- the fund's assets rebounded significantly in 2020 and 2022, due to the effects of the COVID 19 pandemic, which resulted in delayed procedures and slow claims payout, as well as favorable investment results in 2020. However, as the effects of the pandemic subside, the fund can anticipate a significant uptick in claims, due to the increasing demand for previously delayed treatment and continued progression of the legal system. The table 1 is assets and operations of the fund, cash basis, it has a calendar year, beginning cash and invested assets, cash revenue, net reimburse-- reinsurance, reinsurance, paid loss and loss expense, net of

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

reimbursement-- reinsurance, sorry, administrative expenses, underwriting cash flow net of reinsurance, investment activity, annual change in assets, year-end cash and invested assets. The fund's past five years' net loss ratios for claims-made coverage are, respectively, 171 percent, 167 percent, 136 percent, 134 percent and 112 percent. In the past 10 years, the lowest loss and claims expense ratio was a hun--

KELLY: One minute.

M. CAVANAUGH: --thank you-- was 113 percent in 2012. Despite surcharge rate increases and fewer reported claims in 2020-2021, the five-year loss ratio is still 138 percent. That means net of reinsurance costs, the fund's incurred loss and adjustment expense for claims-made coverage was 38 percent more than surcharge revenues. These trends are especially troubling when paired with the rising severity of claims in Nebraska. According to the National Practitioner Data Bank, the average severity of claims showed an increase in 2020-- 2012 and has continued to climb, with the highest in 2019 at \$653-- \$653,421, when compared to the country that is almost two times higher-- thank you.

KELLY: That's your time, Senator. Thank you, Senator Cavanaugh. Senator Riepe, you're recognized to speak.

RIEPE: Mr. President, thank you very much. As many of you know, I did serve as the president of Mercy Hospital in Council Bluffs, which, for those of you who may or may not know, that happens to be in Iowa. My experience with personal professional liability insurance was-- and I give this to maybe add to the discussion, because that-- Iowa is a state that did not have a cap. We had OB-GYN physicians practicing in Council Bluffs and this was in the year 2008. The premium, the annual premium for one OB-GYN physician in Iowa, in Council Bluffs, was \$80,000 per doctor, per year. We had to compete with the Omaha market, so it threatened the possibility of keeping a program open. We did that, partly because of our commitment to family healthcare. And we were obviously, too, a Catholic hospital and we felt that that was very important. It also had an impact on us and would on others, in terms of being able to recruit talent, primarily physicians. That, that cost becomes excessive to the point where, and I could see in some of our rural communities, if they have to pay those kinds of premiums, all of a sudden you have a real threat-- even further threat to the delivery of babies in Nebraska. And I think that that has to be a concern. There are two concerns that I have about healthcare outside of Lincoln and Omaha. One is trauma care and the other one is delivery

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

of babies. And I think those are both issues. I appreciate, Mr. President. Thank you very much.

KELLY: Thank you, Senator Riepe. Senator Hunt, you are recognized to speak.

HUNT: Thank you, Mr. President. I'll yield my time to Senator Machaela Cavanaugh, if she would like it.

KELLY: Senator Cavanaugh, that's 4:51.

M. CAVANAUGH: Thank you, Mr. President. Thank you, Senator Hunt. OK. So would Senator Riepe yield to a question?

KELLY: Senator Riepe, would you yield to a question?

RIEPE: Yes, if it's an easy one.

M. CAVANAUGH: It should be. Do you support FA57 or do you oppose FA57?

RIEPE: I-- I'm sorry, oppose what?

M. CAVANAUGH: Do you, do you support or oppose Senator Wayne's floor amendment?

RIEPE: I would probably, at this time, oppose that.

M. CAVANAUGH: OK. That's what-- I was trying to listen, but also have another conversation while you were talking. And so, I didn't quite catch where you were at on the actual--

RIEPE: Well, thank you for the opportunity to clarify.

M. CAVANAUGH: Well, thank you for taking the opportunity.

RIEPE: Well, thank you more.

M. CAVANAUGH: Well thank you. Mutual appreciation society. Still waiting for my brownie recipe. OK. When compared to the country, this-- oh, sorry. Back to the, the document from the NMA. When compared to the country, that is almost two times higher than the national average. Nebraska's five-year claim severity average, between 2016 and 2020, is \$512,873, and the country's average for the same time period is \$379,058. While the fund's assets may give the illusion that there is no urgency to address these trends, the fund must maintain a strong operating syst-- reserve to address future uncertainties, such as unanticipated fluctuations in claim costs,

operational expenses and investment activity. I'm going to pause for a second because-- in case I run out of time. So I was talking about-- I didn't realize that the NMA-- so the, the NMA, the Nebraska Medical Association-- sorry, I'll try not to do alphabet soup here. The Medical Association came as a proponent of LB68. And in their testimony, they talked about or referenced that the Hospital Association would be in opposition. And the Hospital Association actually testified in neutral, but there's no copy or at least I do not have a copy of the Hospital Association's testimony. And what I'm intrigued about and maybe members that are on the committee can speak to, is what was the Hospital Association's testimony, Why were they neutral instead of in support or in opposition? Probably won't change my vote. I have previously stated, where my level of appreciation is on the Hospital Association's lack of engagement in this legislative session is around healthcare issues, unless they specifically have to do with their bottom line. So neither here nor there for how I will vote on something, but curious, nonetheless. OK. Back to the document from the Medical Association. Nebraska has among the lowest malpractice insurance rates in the country, in large part due to the success of the Excess Liability Fund. If not for the fund, the rising severity of claims in Nebraska would be even more troublesome for the future of Nebraska's hospitals, physicians and CRNAs. And then there is a Excess Liability Fund-indicated surcharge based on excess claims made-- experienced, through June 30, 2022. And I, I swear, as the day goes on, my eyes get worse. Every day, I start out and I'm like, I can read whatever is in front of me. And then it's like 2:00 and I'm like I--

KELLY: One minute.

M. CAVANAUGH: --I don't know if I should have it up close or further away. I've got my progressives and so I'm like reading and then reading and then moving my glasses around. The struggles of aging, I guess. So I can't read this chart, is-- that's all to say that I can't read that chart. It's too small. There is the Nebraska Hospital, Hospital Medical Liability Act. Another testimony from David Buntain, Buntain that if anybody yields me additional time because I am out of time, that I will continue on sharing in my next time on the microphone. I know that I was doing my math earlier, trying-- I am trying. I don't know what everybody else is trying to do. I'm trying to not have to put together more floor amendments on this bill, to take this bill to 6:55 p.m.

KELLY: That's your time, Senator.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

M. CAVANAUGH: Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Hunt, you are recognized to speak and this is your last time on the amendment.

HUNT: Thank you. I'll yield my time to Senator Machaela Cavanaugh.

KELLY: Senator Cavanaugh, you have 4:52.

M. CAVANAUGH: Thank you, Senator Hunt. One day, I don't know if it was yesterday or last week and I mentioned Senator Dungan and I said Senator George Dungan. And I guess I-- in my head, whenever anyone references me on the floor, they always say my first name because there's two Senator Cavanaugh's. And so every once in a while, I almost said, thank you, Senator Megan Hunt, is where I was going with that. So if I say your first name when saying your full name on the floor, it's just some sort of weird mechanism in my brain, I guess. OK. The Nebraska Hospital-Medical Liability Act-- and this is the testimony from David Buntain, from the Nebraska Medical Association. Proposes-- purposes of law, see Neb.Rev.Stat. whatever that little weird mark is-- I'm sure it has a name, when we're talking about statutes. It looks like two S's on top of each other, which it probably is, state statute, maybe, that's what it is-- 44-2801 The NHMLA was enacted-- that's the hospital-- the Nebraska Hospital-Medical Liability Act was enacted in 1976 to improve the availability and affordability of medical liability insurance for hospitals, physicians, nurses anesthesiologists, nurse anesthetists, encourage physicians to locate and practice in Nebraska, improve availability and affordability of medical services in Nebraska. Basis-- basic features of the law: providers who elect to participate must provide proof of insurance coverage to the department-- Nebraska Department of Insurance or DOI, physicians and CRNAs have a \$500,000 per occurrence-- occurrence and \$1 million aggregate, hospitals have a \$500,000 per occurrence and \$3 million aggregate, participating providers must pay a surcharge on their liability insurance premiums to the Department of Insurance which funds the Excess Liability Fund. The Excess Liability Fund covers judgments and settlements above the underlying coverage, up to the statutory cap. Cap on damage recoveries-- this is a list. From 1976 to 1984, it was \$500,000; 1985 to 1992, \$1 million, 1993 to 2003 [INAUDIBLE] so, a long time for it to stay the same, but it was \$1,250,000; 2004 to 2014, it was \$1,750,000; and 2015 to present, it is \$2,250,000. Four thousand three hundred practitioners and entities participate in the fund: 3,800, 3,800 physicians, 360 CRNAs and 145 hospitals. Status of Fund as of March 31, 2021: fund balance is affected by number of claims, severity of claims and investment

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

performance of fund; Fund balance: \$100.9 million. Since 2014, estimated liabilities have risen from \$18.8 million to \$42.3 million. Operating reserve has decreased from \$74.1 million to \$58.6 million. Impact--

KELLY: One minute.

M. CAVANAUGH: --thank you-- impact of Hospital-Medical Liability Act. It has greatly improved the availability and affordability of medical liability insurance, assuring that the cov-- there is coverage for patient claims. It has had a positive impact in recruiting physicians and nurse anesthetists to practice in Nebraska and has helped with access to physician and hospital services in critical access areas. It has reduced medical costs through reduction insurance premiums for participating providers. Well, it sounds like it has done the three things that it set out to do in 1976. Sounds like it is doing them. So it's one of those things, where the intentionality behind the legislation seems to be working exactly as it was intended, which is a great thing. Thank you, Mr. President.

KELLY: That's your time, Senator. Thank you, Senator Cavanaugh. Senator Jacobson, you are recognized to speak.

JACOBSON: Thank you, Mr. President. And Senator Cavanaugh, I'm going to help you a little bit here with the filibuster by answering some questions. But I want to thank you, first of all, for keeping the, the debate relevant to the bill. I appreciate that. I am concerned with the big monster bills here that we can get into debate. And even though we're going to take 8 hours, that at least we're going to be able to talk through each of the points of these bills and, and have good, robust debate. I also want to note that you mentioned Senator George Dungan. Well, I'm not going to speak on this on the mike, but Senator George Dungan refers to me as Senator Mike. And you can talk to him about why that is, so-- but there's a story that goes with it. So I did want to address the issues that you've raised, in terms of NMA, why is NMA in support? Why was the Nebraska Hospital Association having concerns or in a neutral capacity? I think both organizations understand that this is a problem and that's why I believe we need to deal with this bill, with this amendment, this year, is the fund is in trouble. And so, what's happening is we're raising the amount of liability that has to be funded by the liability policy of that individual physician and less reliance on the fund, to be able to take pressure off the fund to allow it to rebuild itself. The compromise was to put this off a year so that we could allow the NMA, because if you think about it-- or the, the Nebraska, Nebraska Medical

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

Association is recognizing that their physicians need to have this fund in place. And so, they recognize their liability insurance is going to go up, because they're going to have a larger liability that they're going to have to be paying a premium against or for. At the same time, the Hospital Association, what's happening over years, is more and more physicians are finding that because of all of the red tape and particularly, in rural areas, because of the limited number of practitioners, they're interested in being employed by the hospitals as opposed to running a private practice. It's not because they don't want to be independent, it's because they don't want to deal with all the red tape, Medicare, Medicaid reimbursements, dealing with all of the, the overhead that goes with that. They would prefer to practice medicine. So now you can imagine if you have all these employed physicians working at a hospital and all of a sudden you shift the liability insurance premiums on all of these hospitals employed by the hospital, they're going to have to pay that premium. And they're all looking at varied minimal bottom lines. And I would say most rural hospitals across the state the last couple of years have lost money and, and the margins are very, very tight. So they are very concerned about seeing a huge increase in liability insurance premiums to pay premiums for their insured, for their physicians that are employed. And so that's why they were in a neutral position. They were initially opposed, went to neutral by moving this out a year and that's why I think it's important that we do move this forward. It doesn't diminish the concerns that Senator Wayne has. And if there's a way to do an interim study and to do a broader look at medical malpractice and be able to make it more cost effective, I'm all ears. But all I know is that the NMA and the Nebraska Hospital Association recognize the concerns of the, of the fund today and we need to take steps to move forward. And so what we were really dealing with in the Banking, Commerce and Insurance Committee, is really, who's paying what portion of the liability premiums, basically, that need to be handled. And we're not messing with liability caps, because that would make sense to be in Judiciary. So, so that's why I think it's important to move the bill forward. That's why you had testimony for the NMA and, and the Medical Association.

KELLY: One minute.

JACOBSON: Thank you, Mr. President. That's why they were not totally on the same page, but ultimately, came into agreement that this is the best solution to really save the fund. Thank you, Mr. President.

KELLY: Thank you, Senator Jacobson. Seeing no one in the queue, Senator Wayne, you are recognized to close on FA57. There's been a

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

request for a call of the house. The question is, shall the house go under call. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 10 ayes, 2 nays to place the house under call.

KELLY: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel, please leave the floor. The house is under call. Senator Wayne, you're recognized now to, to do your close on FA57.

WAYNE: Thank you, colleagues. As colleagues are coming in. I just want people to understand, again, I am not necessarily opposed to LB68. I think it's a timing issue. Again, we just heard from Senator Jacobson that supposedly, the fund is super underfunded. I can submit to you that two years ago, that was not the case when they talked to Steve Lathrop-- Senator Lathrop. What happened? We should know. We should figure out what's going on. We should look into these things. I don't think we should just fund a portion of it and not have a overall discussion about everything. And so to Senator Riepe's point about Iowa didn't have caps, that's why they passed a comprehensive reform this year, to save rural hospitals, again, by looking at all sides. We're only taking one piece of the puzzle here and we're trying to fund one piece of the puzzle to supposedly create or impact a fund that is in dire need. But we don't even know what that need is. We only know where it's at, stagnant right now, but we're not looking at a overall picture. I think we got to have a comprehensive conversation. And why is that not difficult to do? Because every bill's taking 8 hours. We can do it on these bills. But I think the problem is right now, we don't have the information. What, what are they paying out, right now, of claims? How are they paying out? What are catastrophic that-- to the point where they're paying above the 2.5? Yes, that happens. They pay above sometimes the actual statutory cap. And somebody-- another senator just asked, well, what about these big awards you hear? Yes. You hear about an award for \$12 million, out of Bellevue, Nebraska that involved a kid. They filed a motion, saying to set aside the jury verdict because there's a cap of 2.5. That cap of 2.5 includes everything, including the medical. And here's the most ironic part. We have bills on this floor that deal with standard of care in surgery. How is that going to change the overall impact of a cap? What is that going to change, as far as overall standards of practice and liability and premiums going up? How is that going to affect the fund? We don't know any of that. So we're just going to throw a little money in and hope in two years everything works out,

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

without looking at a overall thing. By the way, I was on the school board that tried that and the pension went further south, because we didn't step back and look over the overall thing. In fact, we had to have the state come in and help look at the overall picture because the board wasn't doing it. When we start just throwing money and this is-- I'm making the conservative argument here, when we start just throwing money at things without looking at the overall problem, we're creating a bigger problem. If you don't like how our caps are, let's talk about that. But if a-- if we don't know what we're actually funding here and how it fits and how it works, then why are we throwing money at it? And that's what we're doing. And we're not just throwing money at it, we're raising rates on corporations, insurance companies, hospitals, which ultimately raises the rates on us, the individual insurer. We added regulations in this bill. How does that change? We're not having that conversation. We're just going to plow ahead, keep LB68, throw some more money at it and then next year, maybe a year after that, we'll look at how everything affects everything. I'm telling you to follow what Senator-- or Governor Reynolds did over in Iowa. Let's step back, look at the overall picture and make a decision then. So all my amendment does-- let me be clear-- all my amendment does is it removes LB68 from this bill. We can have an interim study on it and look at the overall health of the fund, the overall impact of medical malpractice claims, the overall impact of how medical malpractice claims affect our budget in cases of catastrophic injury, where the kids are now on state Medicaid or being funded by the state or parents, but typically, those are kids--

KELLY: One minute.

WAYNE: --and look at a overall, comprehensive plan. That's all I'm asking for. I'm not opposed to the bill, not opposed to the underlying bill. But this is not a good way to make policy decisions at this point, without looking at the overall picture. We don't do that in anywhere else. We shouldn't start today with what I would consider one of our biggest things that we need: healthcare. So I would ask you to vote green, step back, let's do a interim study, make sure we can understand the overall picture and come back with a comprehensive bill next year. Thank you, Mr. President.

KELLY: Thank you, Senator Wayne. All unexcused senators are present. The issue in question is the adoption of FA57. There's been a request for a roll call vote, regular order. Mr. Clerk.

CLERK: Senator Aguilar voting no. Senator Albrecht voting no. Senator Arch voting no. Senator Armendariz voting no. Senator Ballard voting

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

no. Senator Blood voting yes. Senator Bosn. Senator Bostar not voting. Senator Bostelman not voting. Senator Brandt not voting. Senator Brewer not voting. Senator Briese not voting. Senator John Cavanaugh voting yes. Senator Machaela Cavanaugh not voting. Senator Clements voting no. Senator Conrad voting yes. Senator Day. Senator DeBoer voting yes. Senator DeKay voting no. Senator Dorn voting no. Senator Dover. Senator Dungan not voting. Senator Erdman voting yes. Senator Fredrickson not voting. Senator Halloran voting yes. Senator Hansen not voting. Senator Hardin voting no. Senator Holdcroft voting no. Senior Hughes not voting. Senator Hunt voting yes. Senator Ibach not voting. Senator Jacobsen voting no. Senator Kauth voting no. Senator Linehan not voting. Senator Lippincott voting no. Senator Lowe voting no. Senator McDonnell not voting. Senator McKinney voting yes. Senator Moser not voting. Senator Murman not voting. Senator Raybould voting yes. Senator Riepe not voting. Senator Sanders voting no. Senator Slama voting no. Senator Vargas voting yes. Senator von Gillern voting no. Senator Walz voting yes. Senator Wayne voting yes. Senator Wishart not voting. Vote is 12 ayes, 17 nays, 7 [SIC-17] present not voting, Mr. President.

KELLY: FA57 is not adopted. I raise the call. Mr. Clerk for items.

CLERK: Mr. President, your Committee on Education, chaired by Senator Murman, reports LB356 and LB520 to General File. Additionally, new LR, LR99, from Senator Fredrickson. That will be laid over. Concerning LB92, Mr. President, Senator Machaela Cavanaugh would move to reconsider the vote just taken on FA57.

KELLY: Senator Machaela Cavanaugh, you are recognized to speak and open on the motion.

M. CAVANAUGH: Thank you, Mr. President. So putting this motion up to reconsider is just part of my general strategy. But seeing the vote that we just took, maybe this motion for Senator Wayne's amendment might actually-- people might reconsider their vote, because there were 17 people who were present not voting. And if 13 of those 17 do-- go with this and vote to reconsider, Senator Wayne, you may just get your floor amendment yet. So there we go. We have done that once this session, with a floor amendment that-- or not floor amendment, it was an amendment Senator John Cavanaugh had. And I had been filibustering and I stopped. And then it caused chaos, as it does, sometimes. And so, he had to do a motion to reconsider the vote and then that, actually, was successful. So if this motion to reconsider the vote were to be successful, to get 25 votes, then Senator Wayne would get another bite at the apple on his motion, on striking LB68 from FA56,

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

LB92. So, you know, practicality of what could happen with the motion 958. I'm wondering when we're going to get to motion 1,000. That is going to probably be not that far off. That is-- we are 42 motions away from a thousand. Wow. So let's see here. I-- you know what? I should get in the queue. And so, I was doing my math. OK. I have this motion and then I have, I have three other priority motions. And then I have-- I'll have three motions to reconsider on all of those. And not saying that my math is necessarily accurate, but if my math is accurate, I-- if nobody else gets in the queue and talks and/or yields me time, then I, I am going to be short about-- let's see here, 65 minus 15, 50 minutes, 5-0. So if five people want to get in the queue, no, 5-- 50 minutes, 5 minutes-- 10 more times. I need 10 extra times of talking. So if anybody wants to give me extra times to talk, then I will get to my cloture without having to do another motion or floor amendment. I'm OK with doing another motion or floor amendment, just trying to, you know, stave off more paperwork. OK. I was remiss on my last time on the mike. I've been meaning to talk about this. This is a burning issue that I've really wanted to talk about. I heard last night that we may have the next Michael Phelps right here, at Southwest High School in Lincoln, Carter Brady. And I also heard that Carter is a fan of watching the Nebraska Legislature after school. Not only is he an athlete, but he also is interested in paying attention to what happens in his Nebraska Legislature. So, Carter, if you're watching, I look forward to being invited to your gold medal ceremony at the Olympics. Just remember me when you're famous. OK. So we are on-- we are still on LB68. And I have got things on all the bills. You know what? I am just-- I appreciate Senator John-- Jacobson's comments about staying on topic. I'm going to stay on topic to the package of bills, but I am going to move off of LB68 because, well, I've run out of things to say on LB68, so that's why. This is comments on LB779 that is part of the package. And this is from online comments from Amy Behnke from the-- representing the Health Care [SIC] Association of Nebraska. And this-- let's see here. On behalf of Nebraska's seven Federally Qualified Health Centers, FQHCs and the over 113,000 patients they serve each year, the Health Care [SIC] Association of Nebraska or HCAN, submits this letter in support of LB779. Nebraska's seven FQHCs are nonprofit, community-based organizations that provide high-quality medical, dental, behavioral, pharmacy and support services to persons of all ages. We have a firm belief and commitment to ensuring that all Nebraskans have access to high-quality health care, regardless of their income or insurance status. Nebraska FQHCs are a critical component of the safety net in Nebraska. Nearly 37 percent of health center patients are uninsured and 92 percent are low income. Access to insulin is critical to the management of diabetes

and lack of access can turn a treatable illness into a fatal disease. The cost of insulin has tripled over the past decade, without-- while out-of-pocket costs have doubled. One study found that nearly one in four individuals either did not use or used less insulin than prescribed due to cost. This eventually, this eventually-- this is especially true of low-income patients. In 2021, Nebraska health centers served 9,600 diabetic patients, a majority of whom were low income. Our health centers are all too familiar with the serious negative effects that lack of access to insulin medications can have. One of our health care-- center patients, quote Mike, was diagnosed with diabetes at age 32 when he went to the emergency room with a blood sugar over 600. He works to support his young family with two part-time jobs in a restaurant and a warehouse. He does not qualify for insurance coverage at his work and he does not earn enough to purchase insurance on his own. He put off going to the doctor until he was really in bad shape because he just could not afford to pay out of pocket. Now, he struggles with all-- with his medical bills. Even though health centers can offer him affordable services on a sliding scale, the cost of his insulin and other medications adds up. He tries to stretch out his insulin and eats less, but not properly caring for his diabetes is beginning to take its toll. He has nerve pain in his feet that is so severe he is worried he will lose his warehouse job. His kidneys have started to fail and he may face dialysis in the future, unless he turns things around. This fall, his diabetes, diabetes numbers were particularly bad. The reason? He had to choose between buying his medication and getting school clothes for his son starting kindergarten. All patients deserve access to high-quality care. Excessive out-of-pocket costs create unnecessary barriers to delivering this care and ensuring that hardworking Nebraskans can live happy lives-- happy, healthy lives. LB779 helps to alleviate some of the barriers. And for this we reason. We urge the committee to support LB779. I'm not sure who-- this is an insulin bill. I just, I just randomly started picking one to read. LB779-- I don't know.

KELLY: One minute.

M. CAVANAUGH: Thank you, Mr. President. All right. I will go on to the next one: Kathy Calder, District 24, proponent, representing self. I urge the committee to move LB779 or LB142 to the floor with support for passage. At this point, there are approximately 141,491 insulin-dependent people in Nebraska. That is 9.6 percent of our population. After 52 years in education, I have several students diagnosed with insulin-dependent diabetics. The financial burden these families carry is tremendous and should be-- and should there be more than one child diagnosed, diagnosed, it can break the family

financially. Regarding those young people just starting careers and can no longer be on their parent's insurance, the costs are excessive. It makes it difficult for them to support themselves with added expense--

KELLY: That's your time, Senator and you're next in the queue.

M. CAVANAUGH: Thank you, Mr. President. It makes it difficult for them to support themselves with the added expense of up to \$1,000 per month. As for the elderly on Social Security and Medicare, not all costs are covered and certainly make it a hardship for them to maintain their health. Please send LB779 or LB142 to the floor. Thank you, Kathy Calder. And then we have Jerry Dougherty-- one moment-- representing the American Diabetes Association. My name is-- did I say Jerry? It's Gary, Gary Dougherty and I am the director of state government affairs for the American Diabetes Association, or ADA. I regret that I'm unable to join you today. However, I want to thank both Senator Briese and Senator Bostar for introducing LB142 and LB779, respectively and to share the ADA's interest in their efforts to limit patient cost-sharing for insulin. People with diabetes are facing a crisis. At the American Diabetes Association, consistently-- we, at the American Diabetes Association, consistently hear from people with diabetes who struggle to afford their insulin. There is no medication that can be substituted for insulin. It is, in fact, life-sustaining. And many Nebraskans are struggling to obtain the insulin they need to survive. Insulin prices have tripled between two-- 20-- 2002 and 2013 and have doubled since then, with many of the most costly prescribed insulins typically costing upwards of \$300 per vial. However, the cost to produce a vial of most analog insulins is between \$3.69 and \$6.16. When you consider that all people with type 1 diabetes and historically, 30 percent or more of people with type 2 diabetes use insulin, there's no way to reconcile that math. And with people often needing multiple vials of insulin each month, the cost is beyond the reach of many, for a drug that is necessary for upwards of 50,000 Nebraskans to live. People shouldn't die because they can't afford to live and without insulin, people with diabetes die. Rationing or skipping doses of insulin is unsafe and can lead to costly and preventable emergency room and hospital visits and potentially deadly complications. The legislation before you today would help people in state-regulated health plans by capping the costs they are paying for their insulin for a 30-day supply, regardless of the amount or type of insulin needed to fill a person's prescription. LB142 would limit patient cost-sharing to \$100, while LB779 would limit the cost-sharing to \$35. Twenty-two states plus the District of Columbia have enacted some form of limitation on patient cost-sharing

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

for insulin. Nearly half of those have limits set at \$35 or lower. Additionally, as of January 1 of this year, Medicare recipients can receive a 30-day supply of each part D covered insulin for only \$35. Therefore, ADA supports patient cost-sharing of \$35 to be in line with Medicare and many other states. We would also support any effort to exempt the cost-sharing limit from the patient's deductible to make the insulin even more affordable. The American Diabetes Association believes that no individual in need of lifesaving medications should ever go without due to prohibitive costs or accessibility issues. Nebraska should be--

KELLY: One minute.

M. CAVANAUGH: -- thank you. Nebraska should be the next state to enact a limit on patient cost-sharing for insulin. We urge you to advance the legislation to limit the patient cost-sharing obligation to no more than \$35 for a 30-day supply, regardless of the amount or type of insulin needed to fill a person's prescription. That was the end of Gary Dougherty, director, state government affairs, of the American Diabetes Association. And that's probably about my time. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Hunt, you're recognized to speak.

HUNT: Thank you, Mr. President. I mentioned before lunch that I was getting some material together, because I wanted to take a little bit of a deeper dive into the portion of LB92 with the committee amendment that is addressing breast cancer screenings. And I had the chance to talk to a former staffer of Senator Crawford, who worked on this bill for years. And it's exciting that it may get across the finish line finally, in 2023. But I did not know how important it is for people with dense breast tissue to get MRIs instead of just a mammogram and how inaccurate mammograms can actually be and that we have better diagnostic tools at hand that I didn't realize wasn't already required to be covered under insurance, especially since it's not really a higher cost. I learned-- some material here. Many women who have mammograms get normal results that come with a caveat. They are told they have dense breast tissue which can make their scans harder to read and could leave cancer undetected. Sometimes, those patients are advised to follow up by getting ultrasounds or magnetic resonance imaging, MRI scans. But for many, it is unclear what their next steps should be. Now, a new study provides strong evidence that supplemental MRIs are more effective in finding tumors in these women than mammograms alone. The study of more than 40,000 women with extremely

dense breast tissue, tissue in the Netherlands, found that those who had mammograms followed by MRIs had more tumors detected than with mammography alone. The research also found that those who had MRIs were less likely to find a palpable cancerous lump in between routine screenings. By the time tumors are big enough to be felt, they tend to be more advanced. The study, the first large, randomized controlled trial of supplemental MRIs in women with dense breasts, was published in New England Journal of Medicine on Wednesday. This is from the New York Times. And the article is from November 27, 2019. So that's the timeframe we're talking about here. Just under half of women over the age of 40 have dense breast tissue, which means they have more connective and fibrous tissue than usual and relatively less fat. Women with dense breast tissue have a higher risk of developing breast cancer than women with more fatty breast, breast tissue. Dr. Wendie Berg, a professor of radiology at University of Pittsburgh School of Medicine and chief scientific advisory for DenseBreast-info.org, said the study's findings were very important. Quote, the standard practice of mammography alone is not adequate for women with extremely dense breasts, Dr. Berg said, adding that her own cancer was detected early enough to require minimal treatment, because her family history led her to seek an MRI. Quote, women should be advocating for increased access to screening MRI, she said. But though the study results were significant, it is still unclear whether supplementing mammograms with MRIs ultimately reduces breast cancer deaths. Quote, the ultimate test of the value of MRI screening in these women will be whether it improves survival, an answer that we will not have for a very long time, cautioned Dr. Dan L. Longo, a deputy editor of one of-- of the New England Journal and professor of medicine at Harvard Medical School, in an editorial accompanying the study. For all the promise, there is also a downside to using MRIs for breast cancer screening. They yield many false positive results that lead to unnecessary biopsies, and they can detect very early stage tumors that might--

KELLY: One minute.

HUNT: --never become life threatening, said Carla van Gils, senior author of the study and a profession-- professor of clinical epidemiology at University Medical Center Utrecht. Nevertheless, Dr. van Gils said, the significant reduction in interval cancers, cancers that are diagnosed after a negative mammogram, suggests a supplementary MRI may be a life-saving tool for women with dense breasts. Quote, it's not the same as mortality, but it's a first step. It's a prerequisite, she said, adding that the study is ongoing and mathematical models will be run to make further predictions about

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

mortality and overdiagnosis. Quote, there are more questions that need to be answered. Thank you, Mr. President.

KELLY: Thank you, Senator Hunt. Senator Machaela Cavanaugh, you're recognized to speak. And this is your third oppor-- last time before close.

M. CAVANAUGH: Thank you, Mr. President. OK. Would Senator Hunt yield to a question? Would Senator Hunt yield to a question?

KELLY: Senator Hunt, will you yield to a question?

HUNT: Yes.

M. CAVANAUGH: What's the bill number that you're discussing?

HUNT: The bill number is the one that Senator Bostar introduced. And I, I can get you that bill number in like, 30 seconds.

M. CAVANAUGH: OK. I just was going to start reading comments--

HUNT: OK.

M. CAVANAUGH: --on that instead of on insulin, but that's fine. I'll go back to insulin.

HUNT: Insulin is also relevant to this bill.

M. CAVANAUGH: It is a very important issue. So thank you. I actually-- before I start reading the comments on the insulin bill, I-- when I was in grade school, I think it was fourth grade, there was a boy in my class who was diagnosed with diabetes. And we had to all learn about diabetes, including like they had a nurse come in and they-- he did his blood draw, prick his finger and the blood-drawn test and all that stuff. Not for us to do, just-- I think part of the learning process of, of-- so we could understand what he was going through on a daily basis. But then we also had to learn about-- to recognize system or symptoms of when he was having a diabetic episode. And I just remember that very clearly, which is interesting. And I had kind of, I guess, the things you tuck back in your brain that you completely forget about that even existed. And in reading about the insulin here, I started thinking about that time, in third or fourth grade, when my classmate had-- was diagnosed with diabetes. I have several family members also, who have diabetes and juvenile diabetes and so-- they don't actually live in Nebraska. So this legislation would not impact them. But it's been a big, a big, big part of their lives as diabetes

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

is want to do. So in reading through some of this testimony about-- from Gary Dougherty, with the American Diabetes Association and then, thinking about the testimony from the previous individual, Amy Behnke with the Health Care Association-- Health Center Association and she was talking about an individual who has to ration his insulin because it's too expensive. And then, he has medical complications as a result. So I will say that the, the bill, LB779, I think, in a lot of ways, is a good opportunity to really improve our economy. Because if we have individuals who could be in the workforce contributing in the workforce, but they don't because they have to medically ration-- they have to ration their medications and that's making them too sick to work, that's really problematic. And then if they're getting so sick that they go to the emergency room, that's a whole 'nother layer of, of being problematic. So I do think this is a really important step for us to be taking. And I appreciate that the Banking Committee has brought it forward and that both Senator Briese and Bostar have brought iterations of the bill. I believe the iteration that is amended into FAC56 is Senator Bostar's, but of course, I could be incorrect in that. There's a lot of things in this bill. OK, so this letter is from--

KELLY: One minute.

M. CAVANAUGH: --thank you-- representing Friends of Public Health in Nebraska, from Jeremy Eschliman. And I may end up just saving-- reading this one in my closing, unless individuals want to yield me time. And I think Senator Hunt is on her own conversation topic, so if anybody else wants to get in the mix and yield time, I would happily take it. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Hunt, you're recognized to speak.

HUNT: Thank you, Mr. President. I want to complete the article I started here, titled MRIs Can Better Detect Cancer in Women with Dense Breasts, Study Finds, from the New York Times, December 5, 2019. It continues: only about 10 percent of women have extremely dense tissue like the women in the Dutch study. But having dense breast tissue generally makes it harder to see tumors on a mammogram because both the dense tissue and the tumors show up white on an X-ray. Fat, on the other hand, shows up black. So tumors are easily seen. The Dutch study, called DENSE, which stands for dense tissue and early breast neoplasm screening, very smart, is a multicenter, randomized, controlled trial of 40,373 women between the ages of 50 and 75 in the Netherlands, all of whom have extremely dense breast tissue and had a

normal screening mammogram. Scientists randomly invited 8,061 of the women to undergo a supplemental MRI, while the remaining 32,312 [RECARDER MALFUNCTION.] Only the mammography, though only 59 percent of the women invited to have an MRI accepted the offer and had the additional screening, 16.5 additional cancers were detected for every 1000 women who had an MRI. That in itself was not surprising and had been demonstrated by earlier studies. The researchers were more interested in another question. Did the supplemental MRI screening catch so-called interval cancers that would become symptomatic before the next routine screening two years hence? Their analysis found that it did. Among the women in the study who had an MRI, the rate of interval cancer detection was 0.8 interval cancers per thousand, far less than the rate of interval cancers in the mammography only group, which was five per thousand. Many states now require that women having mammograms be informed that their breast tissue is dense when they get their results. And the Food and Drug Administration is developing similar guidelines. But there is little to no guidance on what women given the information should do about it. The American College of Obstetricians and Gynecologists does not recommend routine use of additional tests after mammography in women who do not have symptoms or other risk factors, though many patients are referred for a supplemental scan. Quote, The takeaway is that there is no one perfect screening test, and each patient's perspective on the best course of treatment needs to be considered, said Dr. Marisa Weiss, founder of breastcancer.org, an additional resource for patients. That's the end of that article. And really the final thought of it is sticking with me. The takeaway is that there's no perfect test, and each patient's perspective on the best course of treatment needs to be considered. It would be so cool if we treated medicine that way for all Nebraskans. Trusting doctors, saying that we trust doctors to choose the best course of individualized treatment for each patient. And that perhaps us yahoos in the Nebraska Legislature who had the crazy idea to run for office and come here shouldn't have such a role in playing what kind of health care people are getting, what kind of health care they can't get. I should put, put it that way. What this bill does is it allows people to have more options for their health care by trusting doctors, by saying that we trust the experts to use their best judgment and that every patient can have a course of action and treatment that suits them as opposed to other bills we are considering, which takes these opportunities away from doctors and patients.

KELLY: One minute.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

HUNT: And that's what really concerns me. The American Cancer Society says that regular mammograms are the best way to find breast cancer early. But if your mammogram report says you have dense breast tissue, you may be wondering what that means. What is dense breast tissue? Breast density is a measure of how much fibrous and glandular tissue (also known as fibroglandular tissue) there is in your breast as compared to fat tissue. It isn't related to breast size or firmness. Breasts are made up of lobules, ducts, and fatty and fibrous connective tissue. Lobules are the small glands that produce milk, while ducts are the tiny tubes that carry the milk from the lobules to the nipple. Together, the lobules and ducts are referred to as glandular tissue. Fibrous tissue and fat give breasts their size and hold the structures in place. Fibrous and glandular tissue are harder to see through on a mammogram, so your breast tissue may be called dense--

KELLY: That's your time, Senator.

HUNT: --if you have a lot of these tissues (and not as much fat). Thank you, Mr. President.

KELLY: Thank you, Senator Hunt. Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President. I yield my time to Senator Cavanaugh, if she so desires.

KELLY: Senator Cavanaugh, that's 4:54.

M. CAVANAUGH: Thank you, Mr. President. Thank you, Senator Conrad. This is a proponent testimony on LB779 from Jeremy Eschliman, representing Friends of Public Health in Nebraska. Dear Senator Slama, members of the Committee. The local health directors are submitting this letter in support of LB779 to limit the out-of-pocket costs of prescription insulin drugs to a covered individual. As health directors of Nebraska's health districts, we continually-- continuously interact with our residents and frequently learn of their most significant barriers to achieving or maintaining good health. A commonly voiced concern is that the most-- is that the cost of prescription insulin. Anyone requiring the use of insulin recognizes that it is a life sustaining medication for those insulin dependent individuals who struggle to pay the cost of their insulin because of limited insurance coverage or high co-pays. The barrier of the cost of this essential medication is real and impactful to both physical and mental health. The consequences of inadequate insulin for insulin

dependent diabetics are many, including frequent infection, heart and kidney problems and diabetic keto-- ketoacidosis. These complications lead to increased hospitalizations and increased health care costs. The consequences of not taking insulin for those who require it is rapid health decline until death. Removing the barrier of cost of insulin is critical to many Nebraskans who struggle to pay for a prescription. Ensuring that insulin is attainable by all who require it can have a meaningful impact on health care costs across the state. We urge you to move this important bill forward. Respectfully, Jeremy Eschliman, President, Friends of Public Health in Nebraska. The next testimony is from Andy Hale, the Nebraska Hospital Association would like to submit for the record the following testimony in support of LB779. According to the U.S. Centers for Disease Control and Prevention, more than 30 million people in the United States have diabetes. That is nearly one in every ten Americans. Another estimated 84 million are pre-diabetic and could require insulin later in life. By 2030, 79 million adults worldwide have type two diabetes, are expected to need insulin to manage their condition. Prices for insulin have skyrocketed, nearly tripling over the past ten years. The Health Care Cost Institute reported that type one diabetes patients, who generally must inject themselves every day, paid an average of \$5,705 for insulin in 2016, nearly double what they paid for years earlier. The dramatic price hikes have left some people with diabetes to either go without medication or ration their prescription dose to prolong it until they can afford the next prescription. As many as one in four people who take insulin skip doses because they cannot afford the medication. We thank Senator Bostar, for introducing this important legislation and encouraged the Committee to advance LB779. Sarah Hanify, another proponent representing the Nebraska Chapter National Association of Soco-- of Social Workers.

KELLY: One minute.

M. CAVANAUGH: Thank you, Mr. President. As a social worker and a member of the Nebraska chapter of the National Association of Social Workers (NASW-NE), I would like to go on the official record in support of LB779, which will set a maximum out-of-pocket cost of \$35 per day for a 30 day supply of insulin for any insured Nebraskan. This bill is an incredibly important piece of legislation that will allow Nebraskans to engage in preventative health care by accessing needed insulin. Many individuals who are insulin dependent have access to health care co--insurance coverage that requires medication co-pays and have no medication coverage at all. According to the Health Care Costs Institute in 2016, the one year cost for insulin for adults with

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

type one diabetes was approximately \$5,700. I'm probably about out of time, so I will wait till next time.

KELLY: That's your time, Senator.

M. CAVANAUGH: Thank you.

KELLY: Thank you, Senator Cavanaugh. Senator Hunt, you're recognized to speak, and this is your last time on the motion.

HUNT: Thank you, Mr. President. I want to thank the experts that are listening to this floor debate, because one of them contacted me and reminded me that the FDA recently changed the standards on national mammogram standards. And there's an article in The Washington Post that outlines this. It says, FDA sets national mammogram standards to protect women with dense breasts. Almost half of women over 40 have dense breast tissue, which is linked to a higher risk of breast cancer - and also makes it harder to detect cancer. So this is new guidance that I should read because I have accidentally read outdated guidance into the record, actually. Mammogram providers will be required to inform women with dense breast tissue that their cancer screenings may be difficult to interpret and suggest that they consult their doctors about the need for additional tests, the Food and Drug Administration announced Thursday. And this is from March 9th, 2023. So this is just a month old. Supporters of the FDA's long-expected decision say the new standards will save lives by helping women learn about their breast density risks and potentially detect cancer earlier. Providers must implement the new regulations within 18 months, the agency said. Breast cancer is the most common cancer among women, after skin cancer, and the leading cause of cancer deaths among women overall. The American Cancer Society estimates that in 2023, about 297,790 women will be diagnosed with invasive breast cancer, and some 43,700 will die of the disease. Quote, today's action represents the agency's broader commitment to support innovation to prevent, detect and treat cancer, Hilary Marston, the FDA's chief medical officer, said in a statement. 38 states already require that women be informed if their mammograms reveal dense breasts, but the language varies widely and does not always require providers to recommend that women seek guidance about additional tests. The FDA's decision sets a minimum standard for about 8,700 facilities across the United States, while states can still require even more in-depth language. Some states currently tell women they have dense breasts, but nothing more, said JoAnn Pushkin, executive director of New York based densebreast.info [SIC], a resource website that aims to teach patients and health care professionals about dense breasts. Quote, that's not really enough to

raise a red flag in a woman's brain that they need to circle back around with a health provider and have a conversation about additional screening, said Pushkin, whose advocacy helped establish a New York law that since 2013 has required that women with dense breasts be told of their condition and suggests speaking with doctors about more testing. The FDA in 2019 first proposed requiring the standard language for providers of mammograms, low-dose X-rays widely used to help detect breast cancer. The FDA had to review hundreds of public comments on the proposal and was delayed by the agency's efforts during the pandemic. We went into this all hands-on-deck response to the pandemic, Marston said in an interview. Things like this took a little bit to get out the door. To say nothing of all the staff they lost, right? Dense breasts have relatively less fatty tissue and higher amounts of glandular and fibrous connective tissue. Nearly half of all women 40 and over have the condition. Dense breasts can appear white on a mammogram, but so does cancer, making it difficult for radiologists to detect tumors. Women with dense breasts also have a higher risk of getting breast cancer, according to the National Cancer Institute. Pushkin--

KELLY: One minute.

HUNT: Thank you, Mr. President. --who in 2005 felt a large lump in her breast, had her own experience with the challenge of cancer detection as someone with dense breast tissue. After she got a mammogram and was told no cancer was found, she pushed for an additional screening. It appeared 5 minutes later in an ultrasound, she said. Colleagues, I want to give a little credit and thank Senator Sue Crawford for all the work that she did on this for years and years. And I'm sorry she's not here in the body as a member to see her work be successful with the support of the Legislature. But it really matters. And women for so long have been telling us, you know, that they know what's best for their bodies. And this is another way to give more control to women over their own health care. Thank you, Mr. President.

KELLY: Thank you, Senator Hunt. Seeing no one in the queue, Senator Machaela Cavanaugh, you are recognized to close on your motion to reconsider.

M. CAVANAUGH: Thank you, Mr. President. So this motion to reconsider the vote that we took on Senator Wayne's bill-- or not bill. Senator Wayne's amendment FA57. It actually did not have 25 in opposition. So being the eternal optimist that I am, I think that it has an opportunity to pick up some votes on the motion to reconsider. And if we were to reconsider the vote, then we would actually vote a second

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

time on FA57. So if those of you who were present, not voting on Senator Wayne's floor amendment the last time think you actually might want to vote for his floor amendment, then you vote for the motion to reconsider and then you get to re vote on FA57. Of course, if you don't want to vote for it, then probably don't vote for the motion to reconsider. I hadn't really taken a position on FA57, but it did strike LB68 from the underlying bill, and I don't know if Senator Wayne wants any of my remaining time to talk about it. No. No. Yes. No. All right. OK. So FA57 strikes LB68 from the FA56 package of banking, and it had 12 votes, green votes, on the last round, and it had 17 present, not voting. And if 13 of that 17 changed their mind and decided that they wanted to vote for it, this is your opportunity to vote for FA57. And I am definitely going to vote for my motion to reconsider. I'm normally present, not voting on everything that-- even the things that I'm doing, but I'm definitely going to vote for my motion to reconsider. And while I am doing that. I'm going to reconsider if I'm going to vote for FA57, because I'm not sure. I'm kind of leaning towards it. It kind of seems like it maybe should be a standalone bill. And I get it. I get why people are, are trying to hitch rides on everything. It makes total sense. You're trying to get your thing attached and get it through to the finish line before the end of session. But sometimes maybe we should not do that. Maybe sometimes we should slow things down and have it be standalone as it normally would be in a normal time. So yeah, with FA57, I'm kind of getting myself there. I'm kind of think I might-- I m-- If the re-- motion to reconsider is successful, I might be the 13th vote for FA57. That's kind of where I'm at. I don't know. Mr. President, how much time do I have?

KELLY: 1:37

M. CAVANAUGH: OK. Thank you. So this underlying amendment, FA56 has a lot of stuff in it. And it is a lot of complicated stuff and a lot of important stuff. And I was reading about some of the testimony, online testimony, of LB779. And as we move through the evening, I will be talking about other online testimony for other pieces of the bill and I thought I had it-- there we are. LB779. But I do think that there is a lot to talk about in this bill. Just organically talk about. I do have here Rita Parris, District 29, thanking Senator Bostar for introducing LB779 to set an out of pocket limit for a 30 day supply of life saving insulin. Obviously you understand the need for this legislation-- anything. I am asking you your support of Senator Briese's. LB142. We've got Patrick Hotovy, the-- representing the Nebraska Academy of Family Physicians, who are-- who help us have our doctors of the day. And the Nebraska Academy of Family Physicians is a

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

membership organization consisting of over 1,200 members across the state of Nebraska. The Nebras--

KELLY: That's your time, Senator.

M. CAVANAUGH: Thank you, Mr. President, call of the house.

KELLY: Thank you, Senator Cavanaugh. There's been a request, request to place the house under call. The question is, shall the house be placed under call? All those in favor vote aye. All those oppose vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 8 ayes, 2 nays to go under call, Mr. President.

KELLY: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel on the floor, please leave the floor. The house is under call. All unexcused senators are now present. The question is the motion to reconsider. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 7 ayes, 36 nays on the motion to reconsider. Mr. President.

KELLY: The motion fails. Mr. Clerk-- I raise the call. Mr. Clerk, for items.

ASSISTANT CLERK: Mr. President, two items before we move to the next item for consideration. Amendment to be printed from Senator Lippincott to LB600, and a Communication from the Chair of the Executive Board regarding the appointment of Senator Brandt to the Performance Audit Committee. Returning to the bill, next is a priority motion. Senator Machaela Cavanaugh would move to bracket LB92 until June 1, 2023.

ARCH: Senator Cavanaugh, you're welcome to open on your bracket motion.

M. CAVANAUGH: Thank you, Mr. President. Colleagues, uh, we lost some votes, that motion to reconsider the vote. I guess people reconsidered how they voted the last time on it and didn't want to do that again. OK. I have been reading about LB779, and I'm going to get in the queue. I just keep working on the math over here to see, like, if I can get to enough time on the things that are already filed to take up the time that I need to take, and getting closer. Though I am

considering if there's any-- if there's any opportunity to amend the package, if anything else. Maybe there's other things that people want to add into this. I haven't paid attention enough to what bills are in committee to know. So I'm just looking through-- my staff put together this great binder on a lot of issues. Let's see here, I'm going to look at LB207, fiscal note. No, it's not fiscal. That's a committee statement. My goodness. There's the fiscal. It doesn't have a fiscal note. LB-- if passed, LB207 would clarify that notices announcing the future sale of trust property could also be posted in buildings where county offices are held. There would be no fiscal impact to the state and very little, if any, impact to local entities. Huh? LB207 amends Section 76 to allow a safe-- a sale of trust property under the Nebraska Trust Deeds Act to occur at a public building where county officials are located within the county in which the property to be sold, or some part thereof is situated. Currently, the sale of trust property under the Act may only take place on the premises of the trust property, or at the courthouse of the county in which the property to be sold, or some part thereof, is situated. OK, so it's allowing it to be a public building where county offices are located. My confusion on this is coming from the germaneness of LB207 to an insurance package for health care insurance. Again, there's a lot in this, in this bill, and I wasn't quite clear on everything that was in it. Part of the reason to take so many hours, I guess. But I do find that to be an odd addition to the, to the package. I'm trying to see if there's any written testimony, because I'm curious as to the reasoning. I mean, I don't see the introducer here, so I don't-- if there's an explanation of the reason for the need for LB207. I guess I'm trying to understand how this would work. So currently the sale of trust property may take place-- only take place on the premises of the trust property or the courthouse of the county in which the property to be sold, or some part thereof is situated, so-- My desk has become increasingly less organized as the day has gone on, and again just look up this bill. I don't have the underlying bill handy, so-- LB207. I'm curious what's-- what we're trying to achieve here. I'm just, just curious because it's in front of us, so. OK. That's right the-- introduced copy. It's not a long bill. OK. It just says-- the initial statute says the sale shall be held at the time and place designated in the notice of sale, which shall be between the hours of 9 a.m. and 5 p.m. and at the premise-- the courthouse of the count-- or the courthouse of the county in which the property to be sold or some part thereof is situated, or, this is the added part, or a public building wherein county offices are located within the county in which the property to be sold or some part thereof is situated. I'm just curious what the need is for this. If there's an issue somewhere in the state

where we're not able to have these sales in the county courthouse. I don't-- full disclosure, I don't know who all needs to be involved in these sales. So as such, I, I don't know if this makes, like, complete sense or no sense. And I don't know that this had any online testimony, and I don't have any access to the documents or the hearing materials. So I'm checking to see if there's any online testimony. There is not. It's probably a very simple bill, as people like to start out with. It's a simple bill. This might actually be a simple bill. It has no fiscal impact. So, OK. Well, maybe I'll get an answer to that at some point in the next 3 hours. 3 hours and 25 minutes. Oh, my gosh. I just realized-- math. I-- in the amount of time that I was accounting for that I needed to take to cloture, I was not accounting for the 30 minute dinner break. Whew. Well, that's a load off. That just gave me 30 extra minutes of time I don't have to fill. So this is comments for LB578. The Department of Insurance submits this proper-- proponent testimony on LB5-- I said LB578, on LB587 and requests it be made a part of the official hearing record. LB587 proposes an "Insurance Regulatory Sandbox" program that would allow for the waiver of specific legal or regulatory requirements which, if enforced, would restrict the ability to offer an innovative insurance product. The Nebraska Department has been a leader in insurance innovation. Through our Insurtech on the Silicon Prairie event in Omaha, we've worked to bring together companies, regulators, and Insurtech vendors to discuss means of collaboration. The Insurance Regulatory Sandbox program proposed by LB587, would serve as another tool for the department to promote innovation in the industry and sends a message that Nebraska is open for business. OK. You know what sends a message as well that Nebraska is open for business? Policies that are, you know, welcoming--

ARCH: One minute.

M. CAVANAUGH: --to all citizens and families. That also says we're open for business. A strong public policy that supports parents and their rights. That's good for business, too. While we were opposed to the regulatory sandbox bill that Senator Wishart introduced last year, we were optimistic about the potential for a similar program tailored specifically for the insurance industry. Specifically, we, we were concerned with a sandbox program restricting the Department's ability to regulate the financial solvency of potential insurers. The Department is primarily a solvency regulator. As part of that, the department reviews the application of a potential insurer which includes their financial status. Without the ability to properly monitor a company's solvency, the financial consequences could be dire for policyholders--

ARCH: Time, Senator.

M. CAVANAUGH: Thank you.

ARCH: Senator Cavanaugh, you're next in the queue.

M. CAVANAUGH: Thank you, Mr. President. OK. The-- without the ability to properly monitor a company's solvency, the financial consequences could be dire for policyholders and, in some circumstances, to taxpayers under the guaranty-- guaranty fund. We believe that LB587 addressed our concerns with prior versions of this proposal. LB587 allows the department the time necessary to conduct a review of an applicant's financial status. The bill prohibits participation in the state's guaranty fund. Guaranty? I'm saying-- I know I'm pronouncing that wrong. As well as the waiver of requirements for paid-in capital and surplus. Additionally, the bill prohibits the waiver of any law or regulation required for the Department to maintain its accreditation with the National Association of Insurance Commissioners. This Committee has heard me discuss the necessity-- necessary accreditation standards, these standards are critical for us as an agency and for the insurers that want to do business in Nebraska. For these reasons, the Department supports LB587. That is from Mr. Dunning, the director of the Department of Insurance. That is the only online testimony comments that I have from LB587. LB669, from Michael Mooring, self representing himself a proponent. I write to urge the support of LB669, or LB679. A bill that would create a \$2 million grant program within the Nebraska Department of Education to help teachers-- This has two different bill numbers in it, so I'm going to skip that because I think it was filed under the wrong bill. OK, LB779. I had started reading about LB779, which is the insulin bill, and I had started reading Sara Hanify's comments. I don't believe I got through them. So I will go back to her comments. Oh I gotta get in the queue. My arms are not long enough to stay on the microphone and punch the cue button at the same time. I am curious if anyone else is hot in the Chamber. I am very warm. Is it warm in here? Just me. No, it's just me. OK. Sarah Hanify on LB779. As a social worker and a member of the Nebraska Chapter of the National Association of Social Workers (NASW-NE). I would like to go on the official record in support of LB779, which will set a maximum out of pocket cost of \$35 per day per 30 day supply of insulin for any insured Nebraskan. This bill is an incredibly important piece of legislation that will allow Nebraskans to engage in preventative health care by accessing needed insulin. Many individuals who are insulin dependent have access to health insurance coverage that requires medication copays or have no medication coverage at all, according to the Health Care Cost

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

Institute in 2016. The one year cost for insulin for adults with type one diabetes was approximately \$5,700. Nebraskans should not have to choose between feeding their families and accessing medication that their lives depend on. There have been numerous instances of preventable deaths attributed to individuals--

ARCH: One minute.

M. CAVANAUGH: --having to ration their insulin because they couldn't afford the astronomically month-- astronomical monthly costs. This doesn't take into account the long term cost to society related to a diabetic's poor health outcomes stemming from not using enough insulin as prescribed due to the expense. Over the past three years, especially, Nebraskans are increasingly struggling to pay for basic needs, such as food, housing, transportation and medical care. The cost cap will help individuals across the state more easily, access urgently needed medical supplies, as well as make sure their family's basic needs are met. I would advocate that Nebraska join the ranks of the numerous other states that have passed insulin price caps. NASW-NE would like to thank Senator Bostar for introducing LB779 and respectfully request that the Banking, Commerce and Insurance Committee advances--

ARCH: Time, senator.

M. CAVANAUGH: Thank you, Mr. President.

ARCH: Senator Hunt, you are recognized to speak.

HUNT: Thank you, Mr. President. I just want to take the opportunity to finish some thoughts that I didn't get the chance to complete on my last time on the mike regarding this article from The Washington Post that's outlining new FDA guidance around breast cancer screenings as it relates to LB92. This article continues: Pushkin, who in 2005 felt a large lump in her breast, had her own experience with the challenge of cancer detection as someone with dense breast tissue. As she got a mammogram and was told no cancer was found, she pushed for an additional screening. Quote, it appeared 5 minutes later in an ultrasound, she said. Pushkin, 63, believes her cancer could have been detected years earlier had she known about dense breasts when she had earlier annual mammograms. She underwent eight surgeries, eight rounds of chemotherapy and 30 rounds of radiation treatment for her cancer. Someone should have told me, she said of the greater difficulty detecting cancer in people with dense breasts. Quote, When I'm denied this information, I have effectively been denied an opportunity for

early stage diagnosis. Under the new standards, information about having dense breasts will be included in a, quote, summary letter mammography providers must give to patients. A fuller report will be sent to the patient's physician. The language also tells women that mammograms, while the best screening test for detecting breast cancers, don't always detect tumors that other screenings may also be able to find. Quote, talk to your health care provider about breast density risks for breast cancer and your individual situation, the new language says. The prescribed message uses language that's easy for people to understand, Marston said. Quote, anyone can pick up the letter and understand what it means, she said. While there's no universal consensus on what other tests are the most effective for detecting cancer in women with dense breasts, MRI's and ultrasounds are among the most common. While mammograms are free for most women, supplemental cancer screenings may not be fully or even partially covered by health insurers. Only nine states and D.C. mandate that plans cover at least part of the cost of tests beyond mammograms, said Rachel Brem, director of breast imaging and intervention at the George Washington Cancer Center. She applauded the new regulations but cautioned that without additional measures to cover insurance gaps-- thank you, Cassy. Special delivery hot chocolate. She applauded the new regulations, but cautioned that without additional measures to cover insurance gaps, they may not address, quote, health care disparities among underserved women for essential and critical screenings, unquote. It can be a daunting amount of money for many women, said Brem, who founded the Maryland-based Brem Foundation, which helps women pay for tests after abnormal mammograms. And that is the article. My, my AA, Cassy, has been getting hot chocolate from this machine in the vending room on the first floor since she started working here. And she would often ask me, Do you want a hot chocolate? Can I go get you a hot chocolate? And I'm like, nah, because it's not really my thing and I don't really want anything from a vending machine that's a beverage. I had a block against that for some reason, and then one day I tried it and it's legit. So good. It's so good. It's better than anything I've ever had at a chain coffee shop or something. But to me, the best part esthetically, there's this classic cup design called jazz. And if you Google it--

ARCH: One minute.

HUNT: Thank you, Mr. President. If you Google it, you'll recognize it immediately because you've seen this iconic design. It's a a paper, or a Styrofoam, or a plastic cup design. It's called jazz. You can, you can see what I mean, and you'll recognize it. I like these cups because they have kind of a coffee version of the iconic jazz design.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

The jazz design is teal and pink, and this one is brown and purple, and it says Java and it has the very eighties scribble, very, very Memphis design, and a couple coffee cups. And I think it's the best designed packaging I've seen for a coffee cup ever. And we do have these at the Capitol. Incredible. Thank you, Mr. President.

ARCH: Senator Machaela Cavanaugh, you're recognized.

M. CAVANAUGH: Thank you, Mr. President. Is this my last time before closing ,or is this my first time? I don't remember.

ARCH: Yes, this is your last before closing.

M. CAVANAUGH: Thank you, Mr. President. Hard to keep track. I was actually just looking up vending machines because I didn't want to miss space-- say it, but I think vending machines are actually managed by, I want to say, the Nebraskan-- I don't want to get the name wrong of who they're ven-- who they're managed by, Nebraska vending machine. Coin, oh. Regulations on coin operated vending machines. Well, I'll come back to it when I have that. I do-- I have to say, though, I've never tried the hot chocolate out of the vending machine. I'm a little hesitant to try the vending machine coffee, but I probably should give it a whirl. I did hear rave reviews from Senator Dungan yesterday about the cafeteria coffee, and there was a robust conversation about the pages made coffee in the back. My brother is a big fan. He, he likes to-- he drinks way too much-- I'm going to be annoying, big sister. He drinks way too much coffee and I really bug him about it a lot. And he should drink more water. So there. That's me being a bossy big sister. Everyone in here should probably drink more water. I try to drink a lot of water. I normally have water with me most of the day. I am having a second coffee today. I usually have like a just a big coffee, and then a kind of drink. I usually have iced coffee, I drink it throughout the day. But this morning I had a hot coffee, and then I had a can of cold brew that I put in my mug in the afternoon with my favorite crushed ice. I have talked about it before. I am a big fan. I haven't tried the vending machine coffee or the vending machine hot chocolate, but I am a big, big, big fan of the ice machine downstairs and it is my big treat to myself whenever I go down there to get ice. And I'll-- I never ask the pages to get me that ice because, well, first of all, it seems ridiculous to ask them to go leave this area to get a specific type of ice, although I know they would be very kind, and do it if I asked them to. But also, it's like my indulgence in the day is to go and get myself a big cup of ice. I actually have in my drawer, I have my ice cup in the drawer that I use to go and get my ice from the vending machine room. It's like crushed

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

ice. Someday I may go wild and bring in some, like, syrup and make snow cones for everybody out of the vending machine ice, it's like that level of crushed ice, so. Anyhow, I was reading about LB779, which is the insulin cap bill, which I believe is a very important piece of legislation. And I have-- OK, it is Paul Henderson from the Nebraska Medical Association is a proponent. The Nebraska Medical Association supports LB142 and LB779, both of which would cap the cost of insulin for Nebraska patients. Part of the NMA's, or Nebraska Medical Association's mission statement is to advocate for the health of all Nebraskans. With that mission comes a belief--

ARCH: One minute.

M. CAVANAUGH: Thank you. --that no person should have to choose whether they receive life saving medicine solely based on cost. Roughly 8.4 million Americans need insulin to maintain their health, and this number is expected to continue to rise over the next decade. According to GoodRx, the average retail price for insulin rose 54 percent from 2014 to 2019. When patients have difficulty affording this necessary medication, they often make desperate decisions, including rationing their insulin supply-- which can have deadly consequences. Nonadherence due to high insulin costs leads to increased health care costs overall, including more hospitalizations and emergency room visits and increased mortality rates. For these reasons, the NMA supports the advancement of legislation that would cap insulin costs for Nebraska patients. So that is the Nebraska Medical Association, or NMA.

KELLY: That's your time, Senator.

M. CAVANAUGH: Thank you.

KELLY: Thank you, Senator Cavanaugh. You're recognized to close on your bracket motion.

M. CAVANAUGH: Thank you, Mr. President. OK. It is. 3:52. So this goes to 6:55 with a 30 minute break for dinner. So we've got, fi-- 1-- about 2 hours left on this. So, great. 2 more hours of talking about all of these bills. I'm super excited. Lots of great stuff in here. We'll just keep on keeping on. I have, Dr. Patrick Hotovy. Maybe I already read that one. Oh, my goodness. I might have already read Dr. Hotovy. Or I could have read it on a different one. Let's see here. Let's look at LB145. OK, LB145. Ann Ames says her testimony-- What is LB145? Oh, I would love this, insulin. OK. I'll come back to LB145. I'm going to talk about insulin. Thank you to my, my-- You know,

Senator Hunt's staff brings hot chocolate. I'm just kidding. I love my staff. And they just handed me a document on insulin. So, which is kind of related to hot chocolate. You probably shouldn't have too much of it. Or maybe sometimes, you know, you can balance it with your sugars. Anyway, thank you, Margaret, for the document. I probably should buy you hot chocolate. OK. Insulin is an extreme financial burden for over 14 percent of Americans who use it. And this is from news.yale.edu/2022/7/5. I think that's July 5th, 2022. Insul-- and the title of the article is Insulin is an extreme financial burden for over 14 percent of Americans who use it. For more than 14 percent of people who use insulin in the U.S, insulin costs consume at least 40 percent of their available income, a new study finds, by Mallory Lockye-- Locklear, Yale News, July 5, 2022. Over 30 million Americans have diabetes, and more than 7 million of them require daily insulin. But the cost of the drug has risen considerably in the last decade. Though U.S. lawmakers are considering policies to address the challenge, not much is known about who is most burdened by insulin prices. In a new study, Yale researchers provided much-needed data on Americans who use insulin, whether and how they're insured, and who is most at risk of extreme financial burden. According to their findings, 14 percent of people who use insulin in the United States face what we are-- what are described as, quote, catastrophic, end quote, levels of spending on insulin, meaning they spend at least 40 percent of their post substance [SIC] income -- what is available after paying for food and housing -- on insulin. Interestingly, that they describe it as, quote, catastrophic, a level of spending. And then they define what that is. So according to this article, catastrophic spending would be 40 percent of what is left after you pay for--

KELLY: One minute.

M. CAVANAUGH: --your essential food and housing. 40 percent of it is spent on insulin. That is catastrophic. That is significant. The findings were published July 5 in Health Affairs. In 1996, when the pharmaceutical company Eli Lilly debuted its Humalog brand of insulin, a fast acting type of insulin, a vial cost \$21. Now it costs more than ten times that, said Kasia Lipska, an associate professor at Yale School of Medicine and senior author of the study. OK. This goes on and I will go into it more detail when I do my opening on my motion to reconsider, after my bracket motion inevitably fails on this next vote. So that's where we're at.

KELLY: That's your time, Senator.

M. CAVANAUGH: Thank you. Call of the house.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

KELLY: Thank you, Senator Cavanaugh. There's been a request to place the house under call. The question is, shall the house go under call. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

7 ayes, 1 nay to go under call.

KELLY: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel, please leave the floor. The house is under call. Senator Cavanaugh, we're missing. Senator Ibach. How do you wish to proceed?

M. CAVANAUGH: Wait.

KELLY: Thank you. The-- all unexcused senators are present. That-- the question is the adoption of the bracket motion. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 0 ayes, 35 nays on the motion to bracket, Mr. President.

KELLY: The motion fails. I raise the call. Mr. Clerk, for items.

ASSISTANT CLERK: Mr. President, the next item for consideration is an amendment offered by Senator Walz, AM1383.

KELLY: Senator Walz, you are recognized to open on your amendment.

WALZ: Thank you, Mr. President. Good afternoon, colleagues. I am introducing AM1383 to LB92. You might recognize this amendment because it's the amended version of LB278, which we voted to move to Select File in February. This is a friendly amendment, and I want to thank Chairwoman Slama for supporting this addition. As a brief reminder, LB278 directs the Department of Economic Development and NIFA to work to help fulfill the housing goal within the Olmstead Plan. This is to help ensure individuals with disabilities can find safe, affordable, and accessible housing. I just wanted to touch on one more thing. This was voted out of committee unanimously and, as I said, moved to Select File. With that, I would ask for your yes vote on AM1383. Thank you, Mr. President.

KELLY: Thank you, Senator Walz. Senator Slama, you're recognized to speak.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

SLAMA: Thank you, Mr. President. I'll briefly rise in support of Senator Walz's amendment. It is LB278, which we very overwhelmingly passed from General File to Select File. The Speaker was gracious enough to greenlight adding LB278 as an amendment to our Christmas tree, so I'd encourage everyone to greenlight vote AM1383. Thank you, Mr. President.

KELLY: Thank you, Senator Slama. Seeing no one else-- Senator Hunt, you're recognized to speak.

HUNT: Thank you, Mr. President. I wanted to finish a couple of thoughts that I was sharing about dense breast tissue and, and screening and things for that. The American Cancer Society says having dense breast tissue is common. Some women have more dense breast tissue than others. For most women, breast becomes less dense with age. But in some women, there's little change. The question tha-- some people ask, How do I know if I have dense breasts, especially if you haven't had a mammogram, or you haven't had a screening before? The American Cancer Society says radiologists are doctors who "read" mammograms and other types of imaging tests. They check your mammogram for abnormal areas, and also look at breast density. There are 4 categories of breast density. They go from almost all fatty tissue to extreme dense tissue with very little fat. The radiologist looks to your mammograms to determine which of the four categories best describes how dense your breasts are. In general, patients whose breast density is heterogeneously dense, or extremely dense are considered to have dense breast tissue. This includes about half of all women in the U.S. who have mammograms to look for breast cancer. Mammogram reports sent to health care providers typically include a description of breast density. So your health care provider can tell you if your mammogram shows that you have dense breasts. Mammogram reports sent directly to patients often mention breast density as well. This is also a little bit of outdated information compared to what the Washington Post was reporting about new guidance from the FDA, about making sure that all women who receive breast exams are notified if they have breast dense tissue and are notified that they might want to consider additional screening because traditional mammograms are not able to trace or pick up necessarily if there's cancerous tissue. So even the American Cancer Society has not updated their guidance on their website. Breast density is important for two main reasons. Women who have dense breast tissue have a higher risk of breast cancer compared to women with less dense breast tissue. It's unclear at this time why dense breast tissue is linked to breast cancer risk. It may be that dense breast tissue has more cells that can develop into abnormal cells. Dense breast tissue also makes it

harder for radiologists to see cancer on mammograms. Dense, fibrous and glandular breast tissue looks white on a mammogram. Breast masses and cancers can also look white, so the dense tissue can make it harder to see them. In contrast, fatty tissue looks almost black on a mammogram, so it's easier to see a tumor that looks white if most of the breast is fat tissue. If your mammogram report says that you have dense breast tissue, talk with your health care provider about what this means for you. Be sure that your doctor or nurse knows if there's anything in your medical history that indic-- indicates or increases your risk for breast cancer. Any woman who's already in a high risk group based on inherited gene mutations, a strong family history of breast cancer or other factors should have an MRI along with her yearly mammogram. I also have a source from-- Let's see here. About the coverage of breast cancer screening and prevention services that says among women in--

KELLY: One minute.

HUNT: --the United States. Thank you, Mr. President. Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer death. In 2016, an estimated 3.5 million women in the U.S. were living with breast cancer. However, we are able to to change the law and try to change our policy to make sure that women who are at risk for this horrible, horrible disease that has touched probably all of our lives in some way are able to get accurate screening care and better screening care that really people in the United States ought to all have access to. Thank you, Mr. President.

KELLY: Thank you, Senator. Hunt. Senator Machaela Cavanaugh, you are recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. I did look up the vending machines, and we actually have it in statute. So the vending machines, I think in pretty much any government building, are, are managed by the-- Wait, I missed. I went forward, so I need to go backwards. The Commission for the Blind and Visually Impaired. It is part of their programing for the purposes of providing blind persons with renumerative employment enlarging the economic opportunities of blind persons, and stimulating blind persons to greater efforts in striving to make themselves self-supporting, the Commission shall administer and operate vending machine facilities pursuant to the Federal Randolph-Sheppard Act, as the Act existed on January one, 2019. So, yes, our wonderful vending machines are maintained by individuals who are employed by the Commission. So I looked up the bill at hand, that is the amendment here, AM1383 is LB278. Oops. And there was some

proponent testimony online. And so I thought I would just read that. This is Rachel Siffing, and representing the Nebraska Council on Developmental Disabilities. Senators on the Banking, Commerce and Insurance Committee. I want to write-- I am writing on behalf of the Nebraska Council on Developmental Disabilities to express our support of LB278. Although the Council is appointed by the Governor and administered by the Department of Health and Human Services, the Council operates independently, and our comments do not necessarily reflect the views of the Governor's administration or the department. We are federally mandated independent-- we are a federally mandated independent council comprised of individuals and families of persons with developmental disabilities, community providers, and agency representatives who advocate for systems change and quality services. The council serves as a source of information and advice for state policymakers and senators. When necessary, the council takes a nonpartisan approach to provide education and information on legislation that will impact individuals with developmental disabilities. LB278 provides duties to the Nebraska Investment Finance Authority, which help-- which will help fulfill one of the goals of the Olmstead Plan to improve the lives of people with disabilities. The council has played an instrumental role in supporting the development of the Nebraska Olmstead Plan. The Neb-- the council's executive director serves as a member of the Nebraska Olmstead Advisory Committee and has been engaged throughout the initial Olmstead Plan development and ongoing evaluation process. The Olmstead plan works towards providing individuals with disabilities opportunities to live, work and be served in the most integrated settings they choose. Access to acces-- accessible housing is one of these opportunities. The issue of affordable housing is usually discussed at the legislative level. The council wants to make sure that accessible housing needs is also addressed, as this concern is vitally important to the disability community. LB278 addresses the accessible housing issue by having the Department of Economic Development and DHHS collaborate in obtaining state and federal grants for the purpose of building safe, affordable and accessible housing for individuals with disabilities. According to--

KELLY: One minute.

M. CAVANAUGH: --the Nebraska-- Thank you. According to the Nebraska Olmstead Plan Report, June 2020 to December 2021 prepared by Technical Assistance Collaborative (TAC), there has been little progress made in increasing access to safe, affordable, and most importantly, accessible housing for individuals with disabilities. The assessment also indicates that opinion-- that this opinion was reinforced by

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

consistent stakeholder feedback that the program was limited. Increasing the supply of affordable and accessible housing units for individuals with disabilities must become a priority for Nebraska. Based on TAC's experience and expertise, the lack of adequate housing options contributes to individuals with disabilities experiencing extended stays in institutions and congregate care settings where they can live successfully-- when they could live successfully in community integrated settings. Accessible housing is a must for any individuals with disabilities

KELLY: That's your time, Senator.

M. CAVANAUGH: Thank you. Mr. President

KELLY: Thank you, Senator Cavanaugh. Senator Hunt, you're recognized to speak.

HUNT: Thank you, Mr. President. I'll yield my time to Senator Cavanaugh.

KELLY: Senator Cavanaugh, that's 4:55.

M. CAVANAUGH: Thank you, Senator Hunt. I was just getting to the last sentence of the testimony on the Olmstead plan about how accessible housing for individuals with disabilities-- the Olmstead Plan, has been something that we have been working towards implementing for a long time. And I will say that, Senator, Senator Walz, whose bill this is, whose amendment this is, has been really at the forefront of that the entire time that I've been in the Legislature. And I think before I was in the Legislature, I think most of the work that we have done around the Olmstead plan in Nebraska has been at least legislatively driven by Senator Walz. And so I am grateful to her for her heart for this work. And I think it is a great asset that we have her here in the Legislature and that we have her on the Health and Human Services Committee. And even when a bill isn't in HHS, she's still finding ways to bring forward and improve the quality of care and life for those most in need. So that I would just pull up some information about the Nebraska Olmstead Plan, and it's on the DHHS website. The Nebraska Olmstead Plan: Core Values. Nebraska's Olmstead Plan reflects the following fundamental beliefs in supporting individuals with disabilities. Nebraska is committed to: Person and family centered approaches. Ensuring the safety of ,and improved quality of life for, people with disabilities. Services that are readily available, at locations accessible to individuals in need and their families. Supporting individuals tha-- to live a meaningful life in the

community they choose. The Nebraska Olmstead Plan: Guiding Principles. In addition to tho-- these core values, the following guiding principles serve as a foundation for Nebraska's Olmstead plan: Self Determination and Choice: Individuals with disabilities and their families will be supported in controlling decisions about their lives, selecting from an array of services, supports and providers. Independence and Least Restrictive: Individuals will receive services that maximize their full potential in the least coercive manner and in the most natural settings possible to meet their needs. Use of Respectful Language: Including, quote, People First, end quote, Language: individuals with disabilities and their families will be treated with dignity and as individuals who have their own unique strengths, wishes and desires. Evidence-Based Strategies: Individuals with disabilities and their families will have access to services and supports that adhere to evidence based practices, in order to achieve the best outcomes. Services Across the Life Span. Nebraskans with disabilities will have access to age appropriate services and supports from birth to end of life. Nebra-- Safety: Nebraskans with disabilities will be served in environments that are free from abuse and neglect, and that meet ADA compliance standards for health and well-being. Diversity: Services will honor the geographical differences, race, ethnicity, religion, socioeconomic, and gender identities of all individuals with disabilities. Inclusion: All individuals with any type of disability will have the opportunity--

KELLY: One minute.

M. CAVANAUGH: Thank you. --to live, learn, work and socialize with members of their community who do not have disabilities. Integration: Services and supports will afford individuals with disabilities the opportunity to live as neighbors in, and to participate as active members of, their communities. Accountability: the systems and services that support individuals with disabilities will be accountable to Nebraska's state administration, Legislature, taxpaying citizens, and most importantly, to those they serve. I am next in the queue, but my computer is about to die, so I'm going to plug it in real quick. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh, and you are next in the queue.

M. CAVANAUGH: See, I was almost quick enough. OK. I got through, that was all of the Olmstead Plan Guiding Principles. OK. And then the next part of the Olmstead Plan. Nebraska Olmstead Plan: 7 Goals. Just a moment. OK. Nebraska's vision for all individuals with disabilities to live, learn, work, and enjoy life in the most integrated setting of

their choosing. This Plan sets forth the following goals in order to achieve this vision. Goal 1: Nebraskans with disabilities will have access to individualized community-based services and supports that meet their needs and preferences. Goal 2: Nebraskans-- oh, this is part of Goal 2, LB, or AM1383. Goal 2: Nebraskans with disabilities will have access to safe, affordable, accessible housing in the communities in which they choose to live. There's a Nebraska supportive housing plan, which I will talk about after I get through the goals. Goal 3: Nebraskans with disabilities will receive services in the settings most appropriate to their needs and preferences. Person Centered Planning Initiative there. Goal 4: Nebraskans with disabilities will have increased access to education and choice and competitive, integrated employment opportunities. Goal 5: Nebraskans with disabilities will have access to affordable and accessible transportation statewide. Goal 6: Individuals with disabilities will receive services and supports that reflect data driven decision making, improvement in the quality of services, and enhanced accountability across systems. Goal 7: Nebraskans with disabilities will receive services and supports from a high quality workforce. I'm going to go back up to Goal 2: the Nebraska Supportive Housing Plan and-- well this I could read for the rest of the day, it's 100 pages. So this is from the Technical Assistance Collaborative in June 30th, 2016. Just going to read through the introduction-- the table of contents, and see what here might be pertaining to the bill, or the amendment at hand. So we have the introduction, the overview of the task, objectives of the plan, policy framework for DHHS strategy. Then there's the methodology, existing housing and services estimated need for affordable housing for persons with serious behavioral health conditions living in Nebraska, methodology used to determine need and projected need findings, and then strategic goals. I'm going to skip down to that part, the estimated need for affordable housing for persons with severe behavioral conditions living within Nebraska. So that is on page 34. And we'll see here. OK, estimated need for affordable housing for persons with serious behavioral health conditions living within Nebraska. Methodology-- methodology used to determine need. This section employs a limited methodology to identify a range of housing needed for people with a behavioral health diagnosis in Nebraska. DBH could continue to identify internal and external sources to identify specific housing services and housing and service needs for--

KELLY: One minute.

M. CAVANAUGH: -individuals. Thank you, Mr. President. Service needs for individuals with complex needs that are not currently in

supportive housing. Among the populations that need further study are people with a mental health or substance use diagnosis, transition-age youth, older adults with co-occurring medical and behavioral health needs, and individuals involved with the correction-- the criminal justice system. TAC consulted numerous data sources to identify the approximate need for PSH for persons with serious behavioral health conditions. Overall housing market conditions. As part of the consolidated planning (Con Plan) Process, the Nebraska carries out a comprehensive assessment of housing conditions and market conditions throughout the state. This assessment includes access to data and maps provided by HUD's eCon planning suite, public comments, point-in-time data, and other statistics compiled and presented by different state agencies. The following is a summary of some of the Con's-- Con Plan's key findings.

KELLY: That's your time, Senator.

M. CAVANAUGH: Thank you Mr. President.

KELLY: And you're recognized to speak, and, and this is your last time on the amendment.

M. CAVANAUGH: Thank you, Mr. President. OK. The following is a summary of some of Con Plan's key findings. These are bullet points. A significant number of single person households, particularly those who are low-income and have special needs, are in need of housing assistance. Approximately 81,000 persons in Nebraska live with SMI. I'm going to pause for a second. There are a lot of, like, acronyms in here. I don't know what they mean. Otherwise, I would I would define them. So I don't know what SMI stands for. I assume that since I've jumped down to page 34 of this report, or this plan, that perhaps they were defined earlier in the report. So my apologies to everyone. OK, resuming. Many of these individuals rely on SSI because their mental illness prevents them from finding employment. The average cost of a studio apartment in Nebraska is 73 percent of the average SSI payment. I believe that's probably Social Security Insurance payment, making housing unaffordable for many living with an SMI in the state. There is a significant unmet housing need in the state for persons with SUDs. There are approximately 9,063 individuals in Nebraska with SUDs. A majority (51.6 percent) of these persons are between the ages of 18 and 35. The value of housing throughout Nebraska is relatively low in comparison to the national average. As noted below, the median home value is \$123,900 and has increased 43 percent since 2000, while the national average median home value is \$176,700. The amount paid per month for rent is also relatively low compared to the national

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

average. Approximately 93 percent of the population pays \$999 a month or less, and over 47 percent of the population pays less than \$500 a month. Based on the number of households earning 0 to 30 percent of the AMI there are not enough rental units in Nebraska affordable to households earning 30 percent of HUD Area Median Family Income, with only 20,285 units available. Past experience has shown that the lack of available, affordable rental housing is due to lack of sufficient contractors, lack of bank financing, and the overall costs of producing units within some areas of the state. Overall, more TBRA for the non-homeless special needs population is needed throughout the state. Point-In-Time Count or PIT. The three CoCs in Nebraska conduct a point-in-time (PIT) count of sheltered and unsheltered homeless on the same night during the last week in January. The results in the Tables 6 and 7 are the most recent publicly available data from the statewide point-in-time count conducted on January 22nd, 2015. Table 6: Nebraska's 2014-- 2015 Point-In-Time-Count.

KELLY: One minute.

M. CAVANAUGH: Thank you. Household type. Household without children. Emergency shelter, 976. Household with at least one child-- one adult and one child, 152. Households with only children, 15. That's at the emergency shelter. Total households. Person in households without children, 991. Persons in households with at least one child and one adult, 481. Persons in households with only children, 21. The CoCs use a methodology to quali-- quantify those who are homeless and the special populations they represent. The following table extrapolates some of the data-- that data into the behavioral health categories of SMI, chronic substance use (CSA), and chronically homeless individuals (long-term homeless--

KELLY: That's your time, Senator.

M. CAVANAUGH: Thank you.

KELLY: Seeing no one in the queue, Senator Walz, you're recognized to close on AM13 [SIC] (AM1383) and you waive on AM1383. There's been a request for a call of the house. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 12 ayes, 1 nay to go under call, Mr. President.

KELLY: The house is under call. Senators, please record your presence. Those senators outside the Chamber, please return and record your

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

presence. All unauthorized personnel, please leave the floor. The house is under call. Senators Day and DeBoer, please return to the Chamber and record your presence. The house is under call. All unexcused senators are now present. Members, the question is the adoption of AM1383. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 46 ayes, 0 nays on the adoption of Senator Walz's amendment.

KELLY: Thank you. The amendment is adopted. I raise the call, Mr. Clerk, for items.

ASSISTANT CLERK: Mr. President, the next motion. Senator Machaela Cavanaugh would move to recommit LB92 to committee.

KELLY: Senator Machaela Cavanaugh, you're recognized to open on your motion.

M. CAVANAUGH: Great. Thank you, Mr. President. And I'll just get in the queue. OK. So we've got, including the dinner break, cloture is in 2 hours and 16 minutes, to be precise. OK. How's everybody doing? Great and good? I'm doing good. I'm not tired. You're tired. OK. So yesterday, I was talking about food costs, TANF, and I went on a journey, as I sometimes do, talking about the kind of-- making my kids spaghetti and meat sauce, and then broccoli, and then how growing up we always had broccoli with spaghetti and meat sauce because my mom watched the movie Moonstruck, and she was a big fan of the movie, but just also thought that, of course, broccoli goes with spaghetti and meat sauce. So because of the scene with Cher in Moonstruck, I grew up eating broccoli with spaghetti with meat sauce. I'm a vegetarian, however, so now I just eat broccoli with spaghetti. But then I started thinking about the bills today, and I-- well, at first I was questioning myself as to whether or not it was actually Cher that was in the movie. And then somehow I got, like, wrapped up in my mind that it wasn't Cher, that it was Barbara Hershey. And then I realized, no, it was Cher that was in the movie. But then I started thinking about the bills today, and how Barbara Hershey was in Beaches, and I couldn't remember what her character-- I don't mean to be a spoiler. If you have not seen the movie Beaches by now, however, I feel like that is-- the onus is on you here. So Barbara Hershey's character in Beaches dies, and I thought maybe she died from cancer, and that maybe then I would talk about that today with the bill because there's all these bills about cancer and cancer insurance. But she didn't die of cancer in Beaches. I don't know how many people remember this. What

she did die of was cardiomyopathy. I have no idea if any of the 15, 16, 17 bills in today's package have anything to do with cardiomyopathy. But Barbara Hershey's character in *Beaches* did not die of cancer. I will say that one of my absolute all time favorite movie quotes is when Barbara Hershey and Bette Midler have a bit of a reconciliation. They were friends, childhood friends, and they kind of drifted apart. And then she came to visit her, Bette Midler. She was performing on Broadway some ridiculous, like, Broadway production that probably had some drag in it. And I remember her song was about bras, about brassieres over the boulder shoulder holders-- over the shoulder boulder holders. But backstage, my favorite all time quote was when Barbara Hershey shows up, and Bette Midler is so excited to see her friend, and she's talking to her and talking to her and talking to her. And then she stops and she says, and I just think that this is such a hilarious quote, I don't know why: but, enough about me. Let's talk about you. What do you think about me? I don't know. I've just always really liked that quote from that movie, *Beaches*. But then I started thinking about another movie with another famous brunette. I think she's considered a brunette, maybe auburn. Julia Roberts in *Steel Magnolia* and *Steel Magnolia*, again, if you haven't seen the movie and I am spoiling the outcome, I'm sorry, but also the movie's really old. You probably should have seen it by now. In *Steel Magnolia*, Julia Roberts' character dies. She has diabetes and she gets married to Dermot Mulroney, I think is an actor who plays her husband in *Steel Magnolia*. She has a diabetic episode and kidney failure, I believe, and that is how she dies. It was a very, very traumatic-- that movie, even thinking about it, I want to cry. It was like just sobbing, sobbing, sobbing. But there's some really great scenes in that movie. Shirley MacLaine is in it, and Dolly Parton, phenomenal Dolly Parton, Sally Fields. I'm trying to remember who else. Oh, there is a younger, well, she was younger at the time, actress So it was they were always hanging out in the hair salon. And there was a younger ac--, younger character that, besides Julia Roberts, who was also always hanging out at the hair salon, who worked there. But it was like Sally Fields was Julia Roberts' character's mother, and they would all hang out there and get their hair done. Maybe I'm misremembering it. Maybe it was just they were hanging out there for the wedding, getting their hair done. But regardless, *Steel Magnolia* is a movie about a diabetic, and all of that is the journey that my brain went on in thinking about how I started yesterday, talking about broccoli with meat sauce. So, there you go. I was talking about the Olmstead Plan on the previous bill or-- previous bill, previous amendment, which was Senator Walz's bill, and it was great to see that get attached. That's a really great piece of legislation, and I'm very

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

excited for my dear colleague, Senator Walz, for getting that attached to LB92. We have a lot of work to do when it comes to taking care of individuals with intellectual and physical disabilities in our state. But every time we can, we should take an opportunity to make strides. And what Senator Walz presented us with today was one of those opportunities. And I am thrilled to see that so many members of this body took her up on it and got that attached to the bill. So I am going to go back, now that I have recapped probably very poorly and completely inaccurately the plot of Steel Magnolias. I'm going to go back to reading this article about insulin. OK. How much time do I have left?

KELLY: 2:57.

M. CAVANAUGH: OK. Thank you, Mr. President. And this is the article from the Yale News from July 5th of 2022. In 1996, when the pharma-school-- pharmaceutical company Eli Lilly debuted its Humalog brand of insulin, the fast acting type of insulin, a vial cost \$21. Now it costs more than ten times that, said Kasia Lipska, an associate professor at Yale School of Medicine and senior author of the study. And it's not just Humalog. Insulin list prices, on average, have more than doubled in the last decade. This is not inflation. There's much more going on, said Lipska. Much of the rising costs can be attributed to supply chains that have become more complicated, researchers said. Each step added to the chain means another entity is collecting profits, leading to higher costs for patients dependent on insulin. Going to pause there. We had a bill related to this-- the complexity of the supply chain in HHS, and I don't recall if it was Senator Riepe's bill or Senator Hardin's bill on the supply chain, the sort of the middle management, as it were. I'm going to circle back with our Committee Chair when I have a break and see if he remembers what it was. Surprisingly, the pharmaceutical industry opposed it. I know, it's shocking that they would oppose something that would cost them money and save people money. OK.

KELLY: One minute.

M. CAVANAUGH: Thank you, Mr. President. So, leading to higher costs for patients dependent on insulin. Quote, and we have no reason to believe that will change anytime soon, end quote, said Baylee Bakala-- Bakkila, a medical student at Yale School of Medicine and lead author of the study. Daryl Hannah. Somebody texted me. It was Daryl Hannah. So sorry. Yes. Daryl Hannah. Oh. You know, she's not in-- she wasn't in a lot, like, has she been in a lot, Daryl Hannah? Later? Like the last decade? I'm trying to think, Was she in Ten? She was the-- she

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

was the one with the beaded braids running on the beach in the movie Ten, right? Yes. No, she was definitely in Splash, another classic and another spoiler, if you haven't seen the movie Splash with Daryl Hannah and Tom Hanks, she is a mermaid. Yes, a mermaid. Now, I kind of want to rewatch Splash. I don't remember-- so when she's on land and her legs are dry or when she's dry, she has legs, but then her legs turn into fins--

KELLY: That's your time, Senator.

M. CAVANAUGH: Thank you.

KELLY: And you're next in the queue.

M. CAVANAUGH: Thank you. Her legs turn into a-- like a mermaid fin when they get wet, and I feel like she's discovered. And then she's becomes like a science experiment, and she's in love with Tom Hanks. It wasn't-- Thank you. There are so many people updating me here. It was not Daryl Hannah in Ten. My bad, it was Bo Derek, obviously, Senator Machaela Cavanaugh, Bo Derek. And that is like a classic, classic Bo Derek movie. I apologize to the universe that I conflated Daryl Hannah and Bo Derek. It happens to all of us someday-- some time or another. Somebody did text me Daryl Hannah in all caps. And as per you-- earlier conversation today, it's like they're yelling at me. And I think that that was their intention, that they're yelling Daryl Hannah. Daryl Hannah. Like, you got to know this, Machaela, the, the other hairdresser in the movie Steel Magnolias was Daryl Hannah. So Shirley MacLaine was one of the clients in Steel Magnolias. Daryl Hannah was one of the the beauticians. I think the other beautici-- I think Dolly Parton's character was the other beautician. I think. Dolly Parton: classic. Really got her acting chops, I think, start, in the movie 9 to 5, which-- well, I love that movie. They do commit some major crimes that kind of just like at the end get tied up in some sort of, like, OK bow But they did actually kidnap and restrain their employer. Not a great life lesson, but they did also implement some really fantastic and innovative workplace policies that we still should be looking at today. Like flexible work schedules, especially for working parents. Well, not especially, everybody needs a flexible work schedule. Working parents have a specific reason that they need a flexible work schedule, but everybody needs some flexibility in their work schedule. So, OK, that is Beaches-- I was going to say Mystic Pizza, not Mystic Pizza, Moonstruck-- Beaches, Moonstruck, Splash. Steel Magnolia. We could talk about Mystic Pizza as well. Another Julia Roberts classic, but I have no way to tie that to the rest of it except for Julia Roberts, because the rest of the movie conversation

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

made complete sense. OK, back to the article about insulin. How much time do I have, Mr. President?

KELLY: 1:45.

M. CAVANAUGH: Thank you. For the study, the research team used data from the most recent Medical Expenditures Panel Survey, which covered 2017 to 2018. They found that nearly 1 in 7 people who filled an insulin prescription in the U.S. experienced catastrophic spending on insulin during that time. And that's just what they're spending on insulin, Ballick-- Bikila-- Bakkila said. The estimate doesn't include other costs typically shouldered by patients, including other medications, glucose monitors and insulin pumps. It actually underestimates the extreme financial--.

KELLY: One minute.

M. CAVANAUGH: Thank you. The extreme financial toxicity that these individuals are experiencing because diabetes and other co-morbid conditions come along with a lot of other health expenditures, she said. The team also looked at how people use insulin-- who use insulin were insured. Most had Medicaid [SIC], 41.1 percent, or private insurance, 35.7 percent. Others were covered by Medicaid, 11.1 percent, or other insurance, 9.9 percent. The remainder, 2.2 percent, had no insurance coverage for insulin. Those with private insurance or no insurance paid the most out of pocket for insulin, followed by those with Medicare. Individuals with Medicaid or other insurance coverage paid the--

KELLY: That's your time, Senator.

M. CAVANAUGH: Thank you.

KELLY: Senator Hunt, you're recognized to speak.

HUNT: Thank you, Mr. President. Colleagues, I'm stressing out because I just read this news that's breaking today about a law that was just passed in Iowa that basically legalizes child labor to a degree that would sound crazy to any-- to any person, I would think. It says at 4 a.m., Republicans in the Iowa Senate passed a bill allowing 14 year olds to work night shifts, 15 year olds to work assembly lines, and 16 year olds to serve alcohol. The bill lets 14 year olds work six hour night shifts, 15 year olds work on assembly lines, and 16 year olds serve alcohol. The Senate worked through the night and voted on child labor at 4:52 a.m. And this stresses me out because-- I mean, it's, it's deranged to think that this is a direction that we're going. I

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

mean, aside from banning abortion access and banning health care for trans people, children and adults, apparently strengthening, you know, increasing child labor is also a priority for-- Can I say Republicans? I mean, that's what it seems to be. Hate to say it, but there you have it around the country. And it stresses me out because I never thought in the Nebraska Legislature that we would have a ban on health care for trans youth, or trans adults, which is what we can expect coming down the pike. And I'm trying to be very delicate about this topic right now, because I know that, you know, Senator Kauth is trying to negotiate with opponents to the bill. And, you know, it's a delicate situation and it matters a lot to me. So, you know, it's walking on eggshells for real. But I never thought in Nebraska either that we would have an abortion ban going from 22 weeks to six weeks, which in practical terms is before most people know that they're pregnant, even if they're planning for pregnancy and hoping for pregnancy, they, they likely only know for maybe two weeks if they take a pregnancy test right when pregnancy can be detected. It's just it's-- so it stresses me out because I never thought that we would see this type of thing in Nebraska. I never thought we would see every vote going along party lines up and down every single time. I never thought we'd see committee chairs coronated into place according to party lines. Because it's so against our culture. But now for the first time as a lawmaker, in my short, short time as a lawmaker, in my life, I'm sure, I cannot trust the Nebraska Legislature to do what's best for Nebraskans. Even if I didn't agree with it in the past, I could accept that reasonable people can disagree about some of the things that we do. But when you see what's happening with the LGBTQ community in Texas or Florida, or you see what's happening in these states like Tennessee and Florida, where they're banning books now, or in Iowa right next door, where they're allowing child labor, letting 14 year olds work through the night. WTF, stresses me out. Because what-- why wouldn't I think that the same stuff wouldn't come here next year? If I was feeling more aggressive, I would try to get all of you up on the mike and say, Would you support a bill to allow 14 year olds to work through the night? Because that would be a good thing to have on the record apparently. Only two Republicans in the Iowa Senate voted against that bill. Not great, not pro-life, not pro child. Talk about let them grow. That's a let them grow act, is don't make 14 year olds work through the night. My God.

KELLY: One minute.

HUNT: Thank you, Mr. President. The bill's Republican supporters said it will modernize Iowa's laws. Oh, my God. Modernize Iowa's laws, and teach children valuable skills through workforce training programs.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

Must we do that overnight? Must we teach them the valuable skills from the hours of, you know, 5 p.m. to 5 a.m.? Can't we just do some volunteer work after school? That's what we did in our day. I-- I'm just ill about this, and I'm more sick because I don't see any will in this body to stop something like that from happening in our state. So now I'm just going to stress about it. Thanks, Mr. President.

KELLY: Thank you, Senator Hunt. Senator Machaela Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. Thank you, Senator Hunt, for sharing that. I was watching the news this morning when I was getting ready. I don't normally, but I stayed here last night. And normally when I'm getting ready in the morning, I'm getting several other people ready, so I don't have the news on in the background. But I had it on this morning, and it was talking about the governor of Florida and the actions that they are taking against, I think it's the largest employer of the state of Florida, Disney. And it just-- yeah. I don't know. I've been focusing today, I'm focusing my energy very much today on just what is in front of me. Just first of all, one foot in front of the other. [RECORDER MALFUNCTION]. --in front of me, what is on the board, what, what has my wonderful staff put together on information on the bills, the numerous bills that are inside of the bills and I've just been trying to focus on that. But there still is chaos all around that is challenging to, to not engage with constantly. So for now, I'm either going to continue talking about random movies that remind me of other random movies or I'll read this article and there still is more to read about insulin. That is to say, not that I do not believe that what Senator Hunt was just talking about is not extremely important but I might fall to pieces if I start engaging in it. And since I am here with purpose and that purpose is to slow things down and I must maintain some semblance of my sanity, though most of it is gone, that is where I am at. So here we go. I have no idea where I left off, those with private insurance or no insurance paid the most out of pocket for insulin, followed by those with Medicare. Individuals with Medicaid or other insurance coverage paid the lowest out-of-pocket costs. Oh, Mr. President, is this my last time?

KELLY: Yes, before your closing.

M. CAVANAUGH: Thank you. That said, if anybody would like to yield me more time so that we take this to dinner it would be appreciated. OK. One thing I've been thinking about as I've been reading is working on, like, as I'm doing this, like, I'm standing up here, I'm reading a whole bunch anyways, maybe I should work on my different styles of

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

reading, dramatic interpretation. Like, what tone can I inflect into the reading of this article on insulin? And I haven't really settled on one. As you might notice, I've gone to do various tones. So I was just kind of just doing, like, just tone, just tone. OK. So how about this? Medicare beneficiaries who use insulin had lower incomes than those with private insurance, other, or no insurance. This fact combined--

KELLY: One minute.

M. CAVANAUGH: --thank you-- combined with Medicare's insulin coverage limits makes this group more vulnerable to financial burdens said the researchers. Quote, If your income is high, you may be able to absorb these higher out-of-pocket costs, Lipska said, but if you have fewer resources it might really drain your resources very quickly and lead to financial toxicity. And a lot of people with diabetes live on very small incomes. These findings should help inform policy, the researchers say. One option currently under consideration by Congress is a \$35 monthly cap on out-of-pocket expenses, much like LB779.

KELLY: That's your time, Senator.

M. CAVANAUGH: Thank you.

KELLY: Thank you, Senator Cavanaugh. Senator Hunt, you're recognized to speak.

HUNT: Thank you, Mr. President. I just want to complete some thoughts about this bill that just passed today in Iowa allowing 14-year-olds to work overnight. You know, with this-- if this law passes in Iowa, we'll be in a place where in Iowa a 14-year-old can marry a grown man, can be forced to carry a baby to term, can pick up a third shift at the factory, but can't see a drag show, can't see glam rock or, or a play where someone is playing a different gender. Like, what is going on with this future that you guys are creating? If we follow the bills that you all are introducing to their logical conclusion, how does that country look? How does that state look for commerce, for business, for families, for health? You might get your chance to see it. One of the senators says: while the responsibility of having a job might be more valuable than having a paycheck. Yikes, so he's saying it might be more valuable to have a job than a paycheck to a kid, let alone to anybody. So he's basically advocating for free child labor as well here. The reward of the paycheck will allow these youth who want to have a job to possibly save for a car, maybe buy a prom dress, go to summer camp, take a date out for the weekend, said Senator Adrian

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

Dickey, Republican of Packwood, the bill's floor manager. Democrats argued, Democrats argued obvious things. The bill talks about kids getting injured in the workplace. Imagine workmen's comp claims for 14-year-olds on the third shift. This is the future we want. OK. What would Iowa's child labor bill do? The bill would let the directors of the Iowa Department of Education or Iowa Workforce Development grant exceptions allowing 14- to 17-year-olds to work in jobs currently banned for minors as long as they have adequate supervision and safety precautions. If the bill becomes law, 16- and 17-year-olds would be allowed to serve alcohol at restaurants as long as the employer has written permission from a child's parent or guardian. The Senate also amended the bill Tuesday to clarify that 16- and 17-year-olds cannot work in strip clubs. That's great. The bill would let kids under 16 work up to six hours a day and can work longer into the evening and overnight; 16- and 17-year-olds would be able to work the same numbers of hours per day as adults. It would also create a committee to study the possibility of letting teens and older, teens 14 and older get a special driver's permit to drive to work. Think we have that in Nebraska, work permit. I remember having classmates that had work permits. Yeah, this worries me. This is not great. The article goes on talking about the hearing on the law. Chanting filled the Iowa Capitol Rotunda Monday afternoon as union representatives gathered to protest a bill that would allow teens to work longer hours and in a wider variety of jobs than they currently can under current law. About 75 union members protested the proposal Monday afternoon, yelling an echoing refrain: Our kids are not for sale. We don't need more kids working in factories and packing plants, said Jesse Case. We need to pay higher wages for their parents so the kids don't have to work in factories and packing plants. We also know, you know, most likely who are going to be the kids who are most exploited by a law like this. It's going to be migrant kids.

KELLY: One minute.

HUNT: Thank you, Mr. President. And we've already seen reports all over the country and in Nebraska and in our own backyard here in Nebraska of migrant kids working overnight in meatpacking plants. So is this just codifying, you know, current practices? Is that what Iowa is seeking to do so that kids can, can learn the value of a hard day's work? It worries me. I have never believed that quote from Martin Luther King Jr. that the arc of the moral universe bends towards justice. Things do not naturally get better. You have to work on it, and you have to diligently defend the people's rights and the ability of democracy and people to choose what they want for their own future.

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Floor Debate April 18, 2023

And this is not that and quite a slide backward. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Blood, you're recognized to speak.

BLOOD: Thank you, Mr. President. I stand opposed to the recommit to committee motion, but I did want to contribute to the conversation we're having on child labor. Some of you are aware that I had LR5 this year that was voted down by the Exec Committee, and what LR5 did was it was a child labor amendment, the child labor amendment of 1924, actually, that was waiting to be ratified by many states here in the United States. And once it was ratified, it would become part of the federal constitution. It's my understanding the discussion was that it basically codifies what is already law. But we literally just passed a bill last week through the first round that did that very thing. So I guess as far as codifying is just based on, I don't know, your personal preference, whose bill it is. So the amount-- amendment allowed Congress to regulate and prohibit the labor of persons under the age of, of 18. What Nebraska had the ability to do was we could send a symbolic but powerful message and fix this historical wrong. And what we're hearing from people is that, well, it's really not a problem. Well, it is a problem. It's a huge problem. And as Senator Hunt said, for the migrant workers. Senator Jacobson and I were just talking about how there were migrant workers, children that came into the United States that would be released to individuals that were not family. And we found that there were multiple children that came to work for individuals like this that had to pay off their room and their board and what it cost to transport them the first year before they were allowed any income. Some of them were actually dumped after that first year after that individual made money and were, were trying to find apartments and houses and, and these are kids so they could continue working. And then they were supposed to try and find better jobs, but they didn't have the correct papers to get to those better jobs. Now you can say whatever you want about migrants, the issue is these are children. These are children that right under our noses are being taken advantage of and should be in school. When you talk about the ones that worked for the cleaning service for the meatpacking plants here in Nebraska and other states, it's not just Nebraska, we know that children were working overnight shifts, getting chemical burns, getting injured on equipment that really adults should be cleaning. And then for those that are lucky enough to be in school couldn't stay awake while they were in school because they were so exhausted because they had worked all night long and many of those were actually helping to support their families. I noticed that one of the incidents in Grand Island that the parents were actually taken to

court as well because it's a type of child abuse. So the child labor amendment only needed ten more states until it became the 28th Amendment of the U.S. Constitution. We talk all the time about how we embrace children and how important they are to the future of Nebraska but we couldn't codify that here in Nebraska. We couldn't say that we love our children and we want to do everything we can to make a statement to protect those children. So Nebraska could have become the first state in 83 years to ratify this amendment, becoming the new champion of the modern anti-child labor movement. And it could have sent a message in this political time that is so chaotic that protecting the human rights of children is the American way. We know that child labor is still practiced around the world. We know that they are loosening laws as they just did in Iowa because we have a workforce shortage. And, and, again, Senator Jacobson and I just talked about how important it was for us as kids to have a good work ethic. We both grew up in rural communities on farms. You know, for many of us you worked because you had to eat. But there's a difference, there's a difference between someone working on the family farm and still going to school.

KELLY: One minute.

BLOOD: And there are protections for farmers. So changing the laws or putting out protections isn't going to change what happens on the family farm, but it is going to help people understand that they cannot take advantage of kids. And there are a long list of fast chain restaurants that we found when we wrote this bill where kids were working late and still had to go to school the next day and the fines were just a slap on the wrist. So we're not talking about in summer, we talking about in the school time. So the more that we ignore this the bigger the problem is going to grow and the bigger the problem grows means that in a couple of years we'll all be back here all of a sudden rushing around trying to protect the kids. I don't understand why we can't be more forward thinking when it comes to our children here in Nebraska. Thank you, Mr. President.

KELLY: Thank you, Senator Blood. Seeing no one in the queue, Senator Machaela Cavanaugh, you are recognized to close on the recommit motion.

M. CAVANAUGH: Thank you, Mr. President. I was doing a dramatic reading of this article in my best Disney voice. Why? Why not? You know, why not? It is-- there is an hour and a half-ish, hour and 45 minutes left on this eight-hour bill. And so, yeah, I did a Disney princess voice, and I've been talking about movies because why not? Why not? And, you

know, just, just thinking about what else is on the agenda. Can't wait to go back to talking about that hydrogen hub later tonight. Nothing like an after cloture eight-hour debate and passing the second and third bills of the session, like talking about a hydrogen hub. We've got pet insurance on the agenda. What I'm really disappointed about when it comes to pet insurance is that I didn't get my unicorn amendment attached. I was being collegial, trying to move things along, so I withdrew my amendment that would make sure that unicorns were treated like the pets that they deserve to be so I withdrew it. And now, maybe next year I can work with Senator Ballard to bring the unicorn cleanup bill. It'll be an ombudsman-- it'll be an omnibus package, I'm sure, we might come up with other magical, mythical creatures that need to be included. A Pegasus? I don't know. I don't know. I haven't spoken to Senator Ballard about what his favorite mythical potential pet is, but I look forward to having those conversations during the interim, Senator Ballard. But for today, the unicorns will have to wait. Perhaps, Senator Ballard and I can do an interim study on this issue and I, I suppose the committee it would go to would be Banking, an interim study on unicorn coverage in pet insurance at Banking. Now that actually would be a waste of taxpayer dollars, but it would be entertaining. We could do it as a lark on our own time not using staff resources. OK, so this is the motion to recommit to committee. We will have the vote on this and then I will have a motion to reconsider the motion to recommit to committee and then we will break for dinner for 30 minutes and then we come back and we have 55 minutes left. How much time did I say we have left, an hour-- if we have 55 minutes left when we come back and we have 13 minutes until dinner, an hour-- 12 minutes till dinner, we have an hour and 12-- no, 55 plus 12, oh, my gosh, math, an hour and seven minutes.

KELLY: One minute.

M. CAVANAUGH: Thank you, Mr. President. We have an hour and seven minutes left on this bill. I have a motion to reconsider the motion to recommit to committee and then I think I have an IPP motion and a motion to reconsider the IPP motion unless there are other floor amendments that when we come back from dinner people that are trying to attach, then I am willing to consider not putting my motions up to discuss the floor amendments, I suppose, depending on what the floor amendments are. So that's where we are. OK. Well, Mr. President, I think I'm just going to sit down and ask for a call of the house. Thank you very much.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

KELLY: Thank you, Senator Cavanaugh. There's been a request to place the house under call. The question is, shall the house be placed under call? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 12 ayes, 3 nays to place the house under call.

KELLY: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel, please leave the floor. The house is under call. Senators Day, Fredrickson, Bostar, Hughes, Moser, and McDonnell and Bosn, please return to the Chamber. The house is under call. Senators Hughes and Bosn, please return to the Chamber and record your presence. The house is under call. All unexcused senators are present. The question is the motion to recommit. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 2 ayes [SIC--1 aye], 41 nays [SIC--42 nays], Mr. President, on the motion to recommit.

KELLY: The motion fails. Raise the call. Mr. Clerk, for items.

CLERK: Thank you, Mr. President. Amendments to be printed, Senator Briese to LB16. Additionally, new LR from Senator DeBoer. That will be referred to the Executive Board, LR100. And new A bill, Senator Moser introduces LB683A. It's a bill for an act relating to appropriations; appropriates funds to aid in the carrying out of the provisions of LB683; and declares an emergency. Mr. President, concerning LB92, Senator Machaela Cavanaugh would move to reconsider the vote on motion 294 with motion 959.

KELLY: Senator Machaela Cavanaugh, you're recognized to open on the motion.

M. CAVANAUGH: Thank you, Mr. President. OK. So I get ten minutes to open on the motion, but we normally go to dinner at 5:30 and it's 5:27 so do I just talk for three minutes and give up the minutes? Do we still get a 30-minute break for dinner if I keep talking because the rest of you can probably eat your dinner regardless of if I'm talking or not but I can't eat my dinner and staff can't eat their dinner if I'm up here talking? So wondering, and I don't really care about giving up my seven minutes except for the amount of time that I've calculated. So I have one more motion or I have one more, yeah, I have an IPP motion which is 25 minutes and I have a motion to reconsider on

the IPP motion which is 25 minutes. That is 50 minutes. And when we return from dinner, we have 55 minutes so I think I probably can just talk until we adjourn for dinner and not talk my full ten minutes. If that works, I feel like I might be getting a note passed to me. I did get a note passed to me when we were sitting on Final or not Final, that wasn't Final, that was a call of the house and Senator Blood wants to know about narwhals and, oh, OK, well, never mind. I'm going to keep talking. I'm going to keep talking till I get, like, a thumbs up up front to be, like, just stop talking. I'm going to start seeing thumbs from, like, the, the pages are going to be, like, yeah, stop talking. Let's go home. OK. So we-- or I'm going to-- sorry. So at dinner, we always stand at ease for 30 minutes and at lunch we always adjourn or recess for lunch and then come back and have a whole check-in. And I once asked about why do we not adjourn for dinner and do a check-in when we come back? And it was thought that it would take a very long time for check-in if we did it that way because some people don't come back right away in the 30 minutes. And I know that to be true because, like, last night I was in here and I was going to just let what I was doing, I was actually going to do a call of the house, be kind of cheeky because I looked around and there were four senators, including myself, on the floor. And so I thought, ooh, I could do a call to the house right now but people were probably, like, mid-bite of their dinner still, because, you know, 30 minutes it can go by real quickly, especially if you, like, are waiting for the elevators for a long time and you might not get to your food or heat up your food, whatever you're doing for food or your food might not have arrived and so I thought it would be pretty rude of me to do a call of the house with only four people in the Chamber just because I was feeling a little bit cheeky so I didn't do that. Instead, I just talked my way through it until I got to whatever turn of voting I was at. So, yeah, I've been getting some interesting text messages from people about the movie conversations that I've been having. I honestly just tried today to just stick on topic as much as I could, but my brain is a little tired of looking down and reading and so now I'm kind of getting to that point where I'm just, just kind of riffing on whatever. Yeah, I-- the board-- this is a conversation that a lot of us have. And when I say the board, for people at home who are like, what, what do you mean the board? So in the front of the room we have, it's a wall and there is every senator's name and there's a red and green light next to the name so that when we vote then you can see it visually represented in front of the room. And I call that the vote board, that's the vote board. And then on either side of it are two screens, they're black screens with a silver metal border. So that is on the edges of the vote board and that is what when I am normally

referencing the board that is what I mean by the board. Sorry, excuse me. And the board is kind of, it's black and it has, like, bright green font on it and it reminds me of, I'm going to get the computer name wrong, but it reminds me of the computers that I grew up with in the '80s and '90s, maybe a Commodore was what it was called, that had the, like, blinking green square and then you would type and it would be the blinking green when you-- wherever you stopped it would be this blinking green. If you have seen the movie with Matthew Broderick, oh, shoot, WarGames, maybe is what, is that movie with Matthew Broderick? It's from the '80s. Yeah, Ferris Bueller, Ferris Bueller. The same actor who became famous for Ferris Bueller. I think it was WarGames. Yes, it was WarGames. And he's playing a video game and it is just like, it's like that screen. It's, like, this blinking green and it's a strategy game and he's playing it. And it turns out that he isn't actually playing a game, he is, like, launching war with Russia or something. Man, I know just, just enough to be dangerous about the plots of several movies to, like, tell you about the movie and get it completely wrong. Now that I've started talking about WarGames, I don't actually remember. But then they're, I know they're on the run for some reason and they use a telephone booth. I don't know why that stood out to me, but they're in a phone booth. We have phone booths here in the back of the Chamber, but, yes, WarGames. Again, I love, I love when people text me from outside of the Chamber because they're watching the Legislature. WarGames, Matthew Broderick, the bored reminds me of WarGames. All of that is to just say when I'm talking about the board, that's the board. And I was, where I was really going with is that the board is a little bit, like, hard on your eyes. It's very bright and so looking at it a lot kind of starts to hurt your eyes and I was going down that path because I've been reading all day into the record or on floor debate and my eyes are getting tired and the lighting in here is not fantastic. Yesterday, I grabbed a paper box top to put underneath my podium thing here because it was hurting my back having the podium down low. Now this is great, it's nice to have everything up higher at a much more comfortable level but the light here is lower than my podium and the light wasn't, like, a fantastic resource to begin with, but now it's completely blocked by my podium and as it is starting to get darker in here it is getting harder to read the things on my podium. So after seven hours of talking on this bill and it getting late, I-- my eyes are getting tired and I am kind of riffing. Hence, the conversation about the board and WarGames and Steel Magnolias and the movie 10 and Splash--

KELLY: One minute.

M. CAVANAUGH: --thank you-- and Splash and I quickly touched on Mystic Pizza, didn't really go into that one. But it all started with last night talking about Cher's starring role in Moonstruck, spaghetti and meat sauce with a side of broccoli. It all comes back to Cher or Kevin Bacon. I wonder if Kevin Bacon, what-- how many degrees Cher has to Kevin Bacon? I bet she, I bet she's pretty close to Kevin Bacon so maybe one degree to Kevin Bacon. Cher is in a bobblehead movie that I watched this weekend with my kids. I did not watch Babe. I did not watch Babe: Pig in the City or the original Babe. I talked about it last week. I talked about the talking animals and it didn't come to fruition because I am at the whim of young children and they were not in the mood for a talking pig. So instead they--

KELLY: That's your time, Senator,--

M. CAVANAUGH: Thank you.

KELLY: --and you're next in the queue.

M. CAVANAUGH: Thank you, Mr. President. They were not in the mood for a talking pig. They were in the mood for a talking bobblehead and Cher was one of the talking bobbleheads. And it was a movie called, get this, Bobbleheads and Cher was a Cher bobblehead. So she was the only bobblehead in the movie, I believe, playing herself. Well, she wasn't playing herself, which was a clear distinction that a bobblehead is its own bobblehead. It is not beholden to the personality that it is representative of, which was part of the journey of the bobbleheads, that one of them was a skateboarder. She had some, like, I don't know, she'd done something bad. Her person had done something bad like cheated. I think her person had cheated. And so everybody was like, well, you're a cheater. But she wasn't a cheater, she's a bobblehead. She hadn't cheated in some competition. The person who she's a representative of had cheated. So Cher comes in, gives a great speech and a Cher concert in bobblehead form and lets this bobblehead know that, no, you are not a cheater, you are a bobblehead and you are your own bobblehead. And every bobblehead is its own bobblehead, you don't have to be the cheater that the person you're based off of was. I guess that was the lesson. I think the lesson-- I don't know actually what the lesson is on that one. So I-- how much time do I have?

KELLY: 3:15.

M. CAVANAUGH: OK. So I've got this one, and then I've got the next one, and then I close. And eventually we will be breaking for dinner and I will probably be taking a 15-minute nap because my eyes really

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

hurt. They're really tired. Kindness, compassion, inclusivity costs nothing. That's the Post-it note on my, my desk here. Kindness, compassion, inclusivity costs nothing. My reminder to myself. Sometimes it's really a necessary reminder because sometimes it is difficult to be kind, mostly. It's challenging to have compassion and inclusivity requires purposeful thought and action. Inclusivity does not happen on its own. I think I am just going to wait to talk on my next time after dinner. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. The Legislature will now stand at ease till 6:10, 6:10.

[EASE]

KELLY: The Legislature will now resume. Senator Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. Is this my last time and then my closing?

KELLY: Yes.

M. CAVANAUGH: OK. I'm just going to announce for everybody. I got five minutes on this, and then I got a five-minute closing, and then we have a vote. And so you've got 10 minutes to come back up. That's, that's where I was going with that. I had some pizza for dinner. Last time I had pizza for dinner, I got up here and I talked about salad for a long time. I had pizza dinner for dinner and then, you know, the iceberg salad that you get with the pizza. So I've been really good, really good about trying not to eat things that will upset my gallbladder. But I could have eaten the kale salad I had in my office, but I had that for lunch. So kale salad twice in one day is a bit much even for me so I had the pizza. Apparently one of my colleagues, when I talked about food and cooking, somebody in here asked my brother if I'm a good cook. He told me this last night that somebody asked if I'm a good cook. He said, well, she is, but she's a vegetarian. I did remind my brother that I do cook meat actually. For family dinners and things, I, I will cook, sometimes I will cook some meat, but I am actually a fairly decent cook. I like to cook. It makes me happy. It's kind of relaxing. And I like to stand in the kitchen and cook on the weekends and listen to the radio. I have a radio in my kitchen that's like the undermount radio and it's the twisting dials, came with the house. We bought our house from a gentleman named Leroy, and he built the house in the '60s. And after his wife passed away and she was in her 90s, he was moving to a retirement community closer to his grown

children and so he was selling his house. It was only a few months after his wife passed away, but the radio came with the house. And I think about Leroy when I look at that radio. He was a Marine. I know that because out in the garage there's a pegboard with, like, old jelly jars screwed in and used for, like, nails and things are all in these little tiny jelly jars. So first of all, very economical, frugal, creative, good recycling. And the first tenet of recycling is to reuse, reuse, reduce, recycle. You should reuse your things. Well, actually reduce is probably the first, reduce your consumption, reduce your waste, and then when you do have waste, reuse it. So Leroy reused his waste, his jelly jars and he had them on the pegboard and you can just unscrew the jelly jars. And there are the nails of various sizes in various jelly jars. But that's not why I know that he was a Marine. I know that he was a Marine because below the pegboard is this very nice old, clearly made him-- himself, sort of workshop table that has a vise on it and, and these real sturdy wooden drawers and on them is a Marine Corps sticker. And so much about my house is very clear that it was built and designed by someone who's very structured. It's a very structured house. It's a square. All of the rooms are square. It's all--

KELLY: One minute.

M. CAVANAUGH: --three floors. The top floor, middle floor, bottom floor, bathrooms line up, very structured house. And I think that probably is reflective of the military training and background that dear Leroy had. He has since passed away. I've lived at my house for-- it'll be nine years this June and he passed away a couple of years ago. And one day a gentleman knocked on my door, total stranger, and he was visiting from out of town. And he was kind of just trying to see if maybe Leroy's family, somebody in the family lived there. He apparently dated Leroy's girlfriend in high school, like 40 years ago. And he said that Leroy hated him. So he was a little hesitant to come stop by. But I guess curiosity got the better of him, and he did. And yeah, it's kind of fun. I mean, to--

KELLY: That's your time, Senator.

M. CAVANAUGH: Thank you.

KELLY: And you're recognized to close on your motion to reconsider.

M. CAVANAUGH: Thank you, Mr. President. So I was saying, it's kind of fun to know a little bit of the history about your house. The house that I grew up in, my parents still live in it. And actually, they

purchased that house just before Senator John Cavanaugh was born. So I've lived in it almost my entire life because I am not, while I am Senator John Cavanaugh's older sister, just barely, just barely his older sister so I've lived in that house for almost my entire life. But the neighbors that I grew up with in that neighborhood that lived next door to us and across the street, they lived there for the entirety until they passed away in their 90s. So we really knew the people that kind of founded the neighborhood, I guess you'd say. And my parents were the second, no, the third owners of our house. The first owner were the people that built the house. And then another family lived there first, not a very long time, and then my parents bought the house in 1980. And someone who grew up in the house I think came and testified here recently because I believe my brother, they came up to my brother, they didn't come to me. They might have been in his committee, not mine. Another childhood memory of people who come to testify is the Foxes. So on-- in south Omaha there was a grocery store owned by the Fox family called Fox's, and we used to go through the alley at my grandma's house and go to buy the things at the grocery store. And they had a little-- a little pad of paper at the cash register and you literally put it on the tab. So they had these little pieces of paper and they had the little names and they had Kathleen Cavanaugh's name. And we would go in and, of course, it wasn't hard to figure out who we were buying groceries for because it was a gaggle of redheads coming in from the alley. But we would go and we'd get the meat that Grandma was going to use for supper. She always called it supper, the meat she was going to use to make supper and maybe what other-- any other things we needed for dinner. And so we would go through the alleyway. My grandma lived on 39th and R Street. And so we, we walked through that alleyway and go to Fox's and then we'd leave through the alleyway as well. And we never had to have any cash because we could just go up to the cash register and they would write down everything that we had on this little piece of paper. And I guess eventually, maybe once a month she settled up her tab. But that's the only time I ever remember somebody having a tab. I mean, you know, when you go out to a bar, you open a tab, but it's just for the evening and then you close out your tab at the end of the evening. This is like an ongoing tab that my grandmother had. And that was at 39th and R. And then we also had-- our family had a bar down there across the street from St. Mary's Church. And on Sundays after church we would go to the family bar because we're Irish and we're a cliché so we go to church and then we would go to a bar. I used to spend-- we used to have a big Christmas Eve party with my dad's side of the family and we did a-- we would always do the Nativity. We would reenact the Nativity. We still have the same costumes that we've used

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

my entire life over 40 old-- over 40 years old. These costumes, they do not smell great. They're very musty. But we have these costumes that we use to reenact the Nativity.

KELLY: One minute.

M. CAVANAUGH: When we were little, we would reenact the Nativity in the basement of a bar. When my great-uncle Red Munnelly, who if you go downstairs to the gallery of pictures, you can find John Munnelly. And he was my Uncle Red, and he was in the Legislature. I think it was in the early, no, not the '70s. It was in the '60s. Red Munnelly, Jack Munnelly was in the Legislature. So Uncle Red owned Duffy's Tavern across the street from St. Mary's in south Omaha. And that is where we would spend our Christmas, in the basement of a bar. Thank you, Mr. President. I would like a call of the house.

KELLY: Thank you, Senator Cavanaugh. There's been a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 14 ayes, 5 nays to go under call.

KELLY: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber please return to the Chamber and record your presence. All unauthorized personnel please leave the floor. The house is under call. Senator Hunt, please return to the Chamber and record your presence. The house is under call. All unexcused senators are present. The question is the motion to reconsider. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 2 ayes, 41 nays, Mr. President.

KELLY: The motion fails. Raise the call. Mr. Clerk for items. Senator Cavanaugh, could you approach, please? Mr. Clerk for an item.

ASSISTANT CLERK: Mr. President, priority motion. Senator Machaela Cavanaugh would move to reconsider the motion to bracket.

KELLY: Senator Cavanaugh, you're recognized to open.

M. CAVANAUGH: Thank you, Mr. President. So I have ten minutes to open and then two times on the mike to talk and then another five minutes so this should take us to cloture on this bill, I believe. OK. So I, I'm struggling a little bit with a frustration of the decorum of the

Chamber. Not really a little bit, I'm struggling with the decorum of the Chamber. It's just not respectful. It's just really not respectful. And I have been doing calls of the house today because it takes up a little bit more time. It allows me to sit down for a minute. But I am struggling because whenever I do a call of the house, the decorum in the Chamber is very inappropriate. It's very inappropriate. And, like, I get it. Like, I'm not-- I don't want to tone police people here. I'm toned, policed by this body constantly. But it seems to be getting escalating into just no respect for the institution. I just-- it is unfortunate. It is unfortunate. I've talked about it a few different times. I also have not been doing roll call votes because partially because I don't want to be putting that on the Clerks to constantly be doing the roll call, but also because the decorum in the Chamber when we are under call is so, in my view, unprofessional and disruptive that it would be almost inconsiderate to do a roll call vote because people are being so disruptive and inconsiderate. There seems to be a lack of value placed on the work that we are doing as represented in the behavior and decorum in the Chamber. I mean, I get, yeah, I get a little punchy after standing up here for nearly eight hours talking. So I get that. But like, it's been going since 9 a.m. I've been talking for over seven hours and I'm just now like, OK, I'm tired of reading. I'm just going to talk off the cuff. I am getting a little bit more punchy. But the decorum in this Chamber has been unprofessional and disrespectful all day, and I am not in a position of leadership. I don't view it as my role to talk about it, generally speaking. But I also don't see anyone in leadership standing up and talking about it on or off the mike. I don't see the people that are in leadership positions in the institution taking care of the institution by instructing those that are not behaving appropriately, that this is not how we do things. And it seems today, after nearly eight hours, it feels like this is becoming normalized. And that's why I'm saying something, because I really do feel like this unprofessional attitude and lack of decorum is becoming normalized. And that is why I really hope that people in leadership positions will do something, will step in, will have conversations, will not contribute to the problem, but will work to rectify it, to create a culture worthy of the Legislature, a demeanor worthy of the Legislature. We are embarking on serious business, and we should conduct ourselves as though we are dealing with serious business. And I think it is disrespectful to each other, to the institution and to the staff and to the people of Nebraska to do anything less. I 100 percent recognize that none of what I'm saying is going to resonate with a single person. The next call of the house, it's going to be like a frat house, sorority house, party house in

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

here yet again. And I am upset knowing that, but that is the reality. That is the reality. Though, Mr. President, the next time people are hooting and hollering, you can gavel even when we're under call. The only time I remember ever applauding for the passage of a bill was when it was Senator Chambers' last bill of his last year of a lifetime of service in this Chamber. And the entire Legislature stood up and applauded him. That is the only time I recall applauding a bill. Sometimes I really question, well, whatever. It doesn't matter. OK. So we are on LB92. We've got 19 minutes left. This bill has a lot of other bills in it. And there was one hour of substantive debate on LB92, a bill that has now 17 bills in it, one hour. I have been debating it for several hours, but one hour where this body sought to engage in an actual debate and conversation. And since that time, there's just hooting and hollering in these hallowed halls. So LB214 has a committee statement and it looks like it's long enough for me to read if I read slowly enough for the remainder of the debate. So I'm going to do that. I'm going to attempt to get some light on here. I apologize if I am blinding anyone with that light. Mr. President, how much time do I have left on this?

KELLY: 1:10.

M. CAVANAUGH: OK. LB214 was introduced by Senator Slama--

KELLY: One minute.

M. CAVANAUGH: --by her aide. It is adopt changes to federal law regarding banking and finance and change provisions relating to digital asset depositories, loan brokers, mortgage loan originators, and installment loans. I look forward to reading this and learning more about it. LB214 would amend a number of statutes under the jurisdiction of the Department of Banking and Finance. The bill would provide section by section as follows: Section 1 amends Section 8-135 of the Nebraska Banking Act, which authorizes minors to establish deposit accounts; to update a reference within subsection (3) to the federal Electronic Fund Transfer Act as the act existed on January 1, 2023. Currently, January 1, 2022.

KELLY: That's your time, Senator, and you're next in the queue.

M. CAVANAUGH: Thank you, Mr. President. OK, so I have this time, next time so that's ten minutes that takes us to. And then I have my close and then we probably are about at the time. OK. Section 2 amends Section 8-141 of the Nebraska Banking Act, which sets the lending limits for the state-chartered banks to update references with

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

subsection (6) to 12 U.S.C. 1817(a)(3), the federal regulation relating to filing Reports of Condition, as the regulation existed on January 1, 2023, currently January 1, 2022. Section 3 amends Section 8-143.01 of the Nebraska Banking Act, which governs loans to bank insiders to update a reference within subsection (7) to 12 CPR [SIC] 215.4(a)(2)-- Just pause for a moment. Colleagues, if you do have one of the 17 bills in this package, you have 15 minutes to get in the queue to say any final words about your bill that you are asking all of us to vote for. --relating to extensions of credit to benefits and compensation programs, as the regulation existed on January 1, 2023, currently January 1, 2022, and to similarly update references within subsection (10) to 12 U.S.C. 18 and its impending federal Regulation 0, as such law and regulation existed January 1, 2023, currently January 1, 2022. I'm just looking here and I really appreciate committee statements. I always read them, not always on the microphone, but I always read committee statements because I find them to be very helpful, informative. And the committee statements for this banking package have been exceptional so thank you to the staff for that. They have been comprehensive and I honestly would-- I am confused already by this bill. I would be lost in the woods if it weren't for this committee statement so thank you. Although this particular one says January 1, 2023, currently January 1, 2022, about a million times, but I will carry on. Section 4 amends 8-157.01 of the Nebraska Banking Act, which governs automated teller machines or ATMs and electronic switches to update a reference within subsection (4) to the federal Electric [SIC] Fund Transfer Act as the act existed on January 1, 2023, currently January 1, 2022. Section 5 amends Section 8-183.04 of the Nebraska Banking Act, which authorizes the conversion of certain mutual savings associations to state-chartered banks to update a reference to 12 CPR 5.21, the federal regulation--

KELLY: One minute.

M. CAVANAUGH: Thank you. --governing capital requirements for these associations such-- as such regulations existed on January 1, 2023, currently January 1, 2022. Section 6 amends Section 8-1,140 of the Nebraska Banking Act, which is the wild-card statute for state-chartered banks. I'm just that's a little bit of whimsy you threw in there, a wild-card statute. Senator Slama, why did you know that your staff was so whimsical? This section is being amended to provide that state-chartered banks have the same rights, powers, privileges and immunities as federally chartered banks doing business in Nebraska as of January 1, 2023, currently January 1, 2022.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

KELLY: That's your time, Senator. You're next in the queue and that's your last time before your close.

M. CAVANAUGH: Fantastic. Thank you, Mr. President. Due to state constitutional restrictions on delegation of legislative authority, the statute is amended annually. Section 7 amends Section 8-318 relating to consumer accounts in building and loan associations to update on a reference within subsection (1)(c) to the federal Electronic Fund Transfer Act as of January 1, 2023, currently January 1, 2022. OK. Section 8 amends Section 8-355, which is the wild-card statute for state-chartered savings associations. This session-- section is amended to provide that state-chartered savings-- I do see that the Chair of the committee and the introducer of the bill is in the queue. So I'm going to yield my time and I'll get back, well, I'll speak on my final time if there's if that is necessary. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Slama, you are recognized to speak.

SLAMA: Thank you, Mr. President. We are in the closing minutes of LB92, and I'd just like to take a moment to thank everybody for sticking around this, this morning and this afternoon and evening. Just a quick review of where we're at. LB92 currently, as it's amendment-- amended, has 17 bills: LB92, LB145, which as we talked about, Senator Bostar's mammography coverage bill; Senator Bostar's colorectal cancer screening bill, that's LB383; Senator Ballard's LB437, which is-- it changes the renewal period for business entity licenses under the Insurance Producers Licensing Act; LB779, which is Senator Bostar's insulin bill, just wonderful bill; LB392, Senator Ballard's bill to authorize the electronic delivery of certain health benefit plan documents; LB536, which is my bill to amend provisions in the Insurance Insurers Investment Act; LB68, which we did have a good discussion about today, which increases the amount of liability coverage that must be carried by physicians, CRNAs, and hospitals to qualify for the Excess Liability Fund coverage under the Nebraska Hospital Medical Liability Act; LB587, which is Senator Wishart's, Senator Wishart's insurance sandbox-- regulatory sandbox bill which has been years in the making; LB93 which changes some of the mandatory security deposit statutes; LB3 introduced by Senator Sanders that sets a deadline for reporting bond elections to county assessors that mirrors the deadlines for reporting annexations for the purpose of allowing assessors ample time to build a new tax district in the case of a recent bond initiative, actually solving a problem that happened in my district, the Palmyra School District, a year or so back; LB207,

which is Senator von Gillern's bill which amends the Nebraska Trust Deeds Act; LB214, which is the mainline banking bill; LB669, which is Senator Ballard's bill to provide powers to the Director of Banking and Finance to prescribe conditions on banks, trust companies, credit unions, building and loan associations, savings and loans associations, and digital asset depositories through the Nebraska Banking Act, the Credit Union Act and the Financial Innovation Act; LB674, as introduced by Senator Jacobson to amend provisions of the Nebraska Financial Innovation Act, so cleaning up the crypto bills that we've passed in the past; and Senator McDonnell's CHIP bill; and also Senator Walz's Homestead Act bill as well. So we've got 17 bills. This is the first Christmas tree of many that I think we're going to see. I'd like to thank the Speaker for getting this on the schedule and helping coordinate; my wonderful Banking, Commerce and Insurance Committee members and also my outstanding staff. This bill keeps our government running and in federal compliance, and it's also going to save lives. These bills are overwhelmingly consent calendar worthy, except for in a few cases. And on all of those bills, we discussed them today. And with that, that closes out everything I have to say about LB92. So in the spirit of the Christmas tree bill being considered tonight, Merry Christmas to all and to all a good night.

KELLY: Thank you, Senator Slama. Senator Cavanaugh, you are recognized to close on your motion.

M. CAVANAUGH: Thank you, Mr. President. Thank you, Senator Sama, for that recap. And you should compete in some like national speed reading because getting 17 bills described in 5 minutes, that is actually extremely impressive. OK. So lots of things in this bill. Lots of really great things in this bill, some things that I'm probably personally not super crazy about. But overall, as Senator Slama said, this is a very strong package of some great things to help with cancer treatments and access to healthcare. The-- I think I spent two hours talking about Senator Bostar's bill, LB779 and insulin. And so I do look forward to this bill moving forward and the great things that it can bring for healthcare in Nebraska. I think it's also been a really good conversation when others have engaged and the conversation about healthcare in Nebraska. I-- looking through the testimony and all of these bills and seeing just how much the Legislature is not just the 49 people in this room, it is so much more than that. We've got, of course, the staff, the committee staff and the committee staff for this committee sitting here that works on just this bill, which is 17 bills. But then there's the people that showed up, the people that showed up to testify. We have state agencies that showed up to testify. We have advocacy organizations that showed up to testify for

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

these bills. We had individual citizens showing up to testify for these bills and, and to take that and move it forward in a-- in a way that is, is good for the state, is strong public policy is something that we should all be really proud of. It's, it's good that we are able to come together on these important issues to carry forward strong public policy for the state of Nebraska. At the start of the day, the committee counsel sent or I guess Senator Slama distributed the committee counsel summary of all of the bills, and it was distributed by the pages on our desk. I think I have this here. It was 20, 26 pages, 26-page document of all the things that are in this bill, that is some really comprehensive work. But in addition to that document, there's also committee statements for any of the bills that were voted out of the committee in addition to being amended into this package. That is a lot of work. That is a lot of work. So I am grateful to the staff for being able to put all of this together because that is a significant-- it's part of the historical document of the legislation that we are passing, but it is also part of just the work product here and how this is so much greater than just 49 of us. That what we accomplish as a group of 49 is so much more--

KELLY: One minute.

M. CAVANAUGH: Thank you. --so much more than all of us. It is a real community. We are a unique Legislature in that we are a Unicameral. And in being a Unicameral, we are able to accomplish more things in a more significant and substantial way than other states do, and we are able to take on greater challenges together. Our uniqueness is our strength, and I just am very grateful to be here in service to the state. I'm also very tired, just very tired, and I am about out of time on my closing and I think then we will have a cloture vote on this and go work our way through the board.

KELLY: That's your time.

M. CAVANAUGH: Thank you, Mr. President.

KELLY: The question is the motion to reconsider. Senators, all those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 1 aye, 36 nays, Mr. President, on the motion to reconsider.

KELLY: The motion fails. Mr. Clerk.

CLERK: Mr. President, Senator Slama would move to invoke cloture pursuant to Rule 7, Section 10 on LB92.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

KELLY: Senator Slama, for what purpose do you rise?

SLAMA: Call of the house and roll call vote, regular order.

KELLY: There's been a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 35 ayes, 2 nays to place the house under call.

KELLY: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber please return to the Chamber and record your presence. All unauthorized personnel please leave the floor. The house is under call. Senator Day, please return to the Chamber and record your presence. The house is under call. All unexcused members are now present. Members, the first vote is the motion to invoke cloture. All those in favor-- roll call vote has been requested. Mr. Clerk.

CLERK: Senator Aguilar voting yes. Senator Albrecht voting yes. Senator Arch voting yes. Senator Armendariz voting yes. Senator Ballard voting yes. Senator Blood. Senator Bosn voting yes. Senator Bostar voting yes. Senator Bostelman voting yes. Senator Brandt voting yes. Senator Brewer voting yes. Senator Briese voting yes. Senator John Cavanaugh voting yes. Senator Machaela Cavanaugh voting yes. Senator Clements voting yes. Senator Conrad voting yes. Senator Day voting yes. Senator DeBoer voting yes. Senator DeKay voting yes. Senator Dorn voting yes. Senator Dover voting yes. Senator Dungan voting yes. Senator Erdman voting yes. Senator Fredrickson voting yes. Senator Halloran voting yes. Senator Hansen voting yes. Senator Hardin voting yes. Senator Holdcroft voting yes. Senator Hughes voting yes. Senator Hunt voting yes. Senator Ibach voting yes. Senator Jacobson voting yes. Senator Kauth voting yes. Senator Linehan voting yes. Senator Lippincott voting yes. Senator Lowe voting yes. Senator McDonnell voting yes. Senator McKinney voting yes. Senator Moser voting yes. Senator Murman voting yes. Senator Raybould voting yes. Senator Riepe voting yes. Senator Sanders voting yes. Senator Slama voting yes. Senator Vargas voting yes. Senator von Gillern voting yes. Senator Walz voting yes. Senator Wayne voting yes. Senator Wishart voting yes. The vote is 48 ayes, 0 nays, Mr. President, on the motion to invoke cloture.

KELLY: The motion to invoke cloture is adopted. The next vote is on the adoption of F-- the next vote is on the entire committee

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

amendment, AM484. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 46 ayes, 0 nays on the adoption of the committee amendment, Mr. President.

KELLY: The next vote is on advancing LB92 to E&R Initial. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 46 ayes, 0 nays on advancement of the bill, Mr. President.

KELLY: Next item, Mr. Clerk.

CLERK: Mr. President, turning now to Final Reading. First of all, I have a motion from Senator Hunt to recommit the bill with a note she wishes to withdraw. In that case, Mr. President, I have nothing further on the bill.

KELLY: The first motion is to dispense with the at-large reading. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 40 ayes, 4 nays to dispense with the at-large reading.

KELLY: The at-large reading has been dispensed with. Mr. Clerk, please read the bill.

CLERK: [Read title of LB296]

KELLY: All provisions of law relative to procedure having been complied with, the question is shall LB775 pass-- LB296 pass providing for the submission of such proposition-- The question is, shall the bill pass? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: Voting aye: Senators Aguilar, Albrecht, Arch, Armendariz, Ballard, Bosn, Bostar, Bostelman, Brandt, Brewer, Brieze, John Cavanaugh, Clements, Conrad, Day, DeBoer, DeKay, Dorn, Dover, Dungan, Erdman, Fredrickson, Halloran, Hansen, Hardin, Holdcroft, Hughes, Ibach, Jacobson, Kauth, Linehan, Lippincott, Lowe, McDonnell, McKinney, Moser, Murman, Raybould, Riepe, Sanders, Slama, Vargas, von Gillern, Walz, Wayne, Wishart. Not Voting: Senators Machaela Cavanaugh, Hunt, Blood. The vote is 46 ayes, 0 nays, 2 present and not voting, 1 excused not voting, Mr. President.

KELLY: LB296 passes. We will now proceed to LB775.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

CLERK: Mr. President, LB775. First of all, Senator Hunt, I have a series of motions with notes that you wish to withdraw. Additionally, Senator Lowe, I have a motion with a note-- series of motions with notes that you wish to withdraw those. And Senator Conrad, the same. In that case, Mr. President, that's all I have on the bill.

KELLY: The first vote is to dispense with the at-large reading. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 40 ayes, 4 nays to dispense with the at-large reading.

KELLY: Mr. Clerk, please read the bill.

CLERK: [Read title of LB775]

KELLY: All provisions of law relative to procedure having been complied with, the question is, shall LB775 pass? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: Voting aye: Senators Aguilar, Albrecht, Arch, Armendariz, Ballard, Bosn, Bostar, Bostelman, Brandt, Brewer, Briese, John Cavanaugh, Clements, Conrad, Day, DeBoer, DeKay, Dorn, Dover, Dungan, Erdman, Fredrickson, Halloran, Hansen, Hardin, Holdcroft, Hughes, Ibach, Jacobson, Kauth, Linehan, Lippincott, Lowe, McDonnell, McKinney, Moser, Murman, Raybould, Riepe, Sanders, Slama, Vargas, von Gillern, Walz, Wayne, Wishart. Not voting: Senators Machaela Cavanaugh, Hunt, and Blood. The vote is 46 ayes, 0 nays, 2 present and not voting, 1 excused and not voting, Mr. President.

KELLY: LB775 passes. OK. While the Legislature is in session and capable of transacting business, I propose to sign and do hereby sign LB296 and LB775. Mr. Clerk, next item.

CLERK: Mr. President, Select File, LB565. I have E&R amendments, Mr. President. Senator Machaela Cavanaugh would move to bracket LB565 until June 1, 2023.

KELLY: Raise the call. Senator Cavanaugh, you're recognized to open.

M. CAVANAUGH: Thank you, Mr. President. Colleagues, well, now we passed three bills. So LB565 is a bill that I previously spent a significant amount of time on. And it was my intention to spend a significant amount of time on it again tonight. So I have this motion to bracket until June 1 and then so I could do my 25 minutes on that. We have the E&R amendment, so I can do 15 on that. And then I see that

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

Senator Bostelman has an amendment to the committee amendments. And so I could spend another 15 on that. I can do a motion to reconsider the vote on all of these, which is another 25, 25, 25. But-- and I haven't spoken with Senator Bostelman about this, but it was brought to my attention by Senator John Cavanaugh that there were these amendments and that Senator Bostelman would like to get to them. And as such, and being a good colleague, I am going to withdraw my motion. Thank you, Mr. President.

KELLY: The motion is withdrawn. Mr. Clerk.

CLERK: Mr. President, I also have MO653, 652, and 651 from Senator Hunt with notes that she wishes to withdraw.

KELLY: They are withdrawn.

CLERK: In that case, Mr. President, I have nothing further at this time.

KELLY: Senator Ballard for a motion.

BALLARD: Mr., Mr. President, I move the E&R amendments to LB565 be adopted.

KELLY: For adoption of the motion, all those in favor say aye. Those opposed, nay. It's adopted. Mr. Clerk.

CLERK: Mr. President, Senator Bostelman would move to amend with AM1314.

KELLY: Senator Bostelman, you are recognized to open on the amendment.

BOSTELMAN: Thank you, Mr. President. Also good evening, colleagues. AM1314 contains provisions of the following five Natural Resource bills, all of which were unanimously, unanimously voted out of committee. You have LB217 introduced by Senator Hughes, extends a sunset date for the scrap tire recycling program; LB395 introduced by Senator Erdman, increases compensation for members of the Oil and Gas Commission from \$400 to \$500 per day and allows for wages to grow based on the Consumer Price Index. And this increase has no General Fund impact. LB400 as amended by AM878, introduced by Senator Brewer, allows for the taking of nest predators and mountain lions; and LB289 and LB425 introduced by myself which I'll explain in more detail. LB289 was brought to me by the staff of the municipal agency of Nebraska, the MEAN. MEAN requested an Attorney General Opinion on whether or not MEAN could assist with advancing-- with advanced

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

metering. The Opinion surprised them, as the Attorney General said it was unclear and that they should seek legislative clarification. MEAN would like to be able to provide standard utility services such as advanced metering, enhanced physical security, and helping small towns with their information technology. All three of these services are forward-looking and are important pieces to modern utility practices. MEAN would limit these normal utility services to public-- publicly owned utility systems for its members. MEAN question-- questioned Nebraska public power providers like power districts and municipalities and found that many are providing these authorized services for their members today. This bill clarifies that MEAN has authority to provide services similar to what public power districts and municipalities are providing-- are already providing. And LB425 is a Game and Parks bill, which updates several sections of Chapter 37, the first being to increase a quorum for the Game and Parks Commission from four members to five as they have a nine-member body. LB425 also increases the caps on nonresident fees for several hunting and fishing permits. The caps do not create an automatic fee increase. Those require a full promulgation of regulations by the agency and approval by the Governor. The increases in caps are listed in the committee statement for LB425. The bill also clarifies that if an individual receives an auction permit for mountain sheep, it does not count against the individual's lifetime total of one mountain sheep. Further, the number of people allowed to apply for a special permit in one application is decreased from two to six. Next, the bill adds language so the Game and Parks Commission can't put limitations on nonresident permits in, in an order for a special depredation season for deer, antelope, or elk. This change would not affect nonresident landowners seeking a permit. LB425 also increases the maximum area allowed to be a license as a game breeding and controlled shooting area from 2 to 5 percent of a county's total acreage. And finally, the bill would allow the Game and Parks to issue permits to harvest elk. Currently only deer, in areas of the state designated as game refuges when the number of elk has been determined to be detrimental to the habitat of the refuge or to adjacent privately owned, real or personal property. All bills in this amendment were voted out of committee with 8 to 0, and I would ask for your green vote on AM1314 and LB565. Thank you, Mr. President.

KELLY: Thank you, Senator Bostelman. Mr. Clerk for a motion.

CLERK: Mr. President, I have MO649 from Senator Hunt with a note that she wishes to withdraw that as well.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

KELLY: It's withdrawn. Returning to the queue, Senator Machaela Cavanaugh, you are recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. Would Senator Bostelman yield to a question? I wasn't at my desk. I couldn't write down all the bill numbers.

KELLY: Senator Bostelman, will you yield to a question?

BOSTELMAN: Yes.

M. CAVANAUGH: Senator Bostelman, could you repeat what bills are in AM1314? Just the numbers is fine.

BOSTELMAN: Sure. Let me get my book back out. So AM1314, LB289, LB425.

M. CAVANAUGH: LB289. Can you, I'm sorry.

BOSTELMAN: LB289 is the first one.

M. CAVANAUGH: OK.

BOSTELMAN: LB425.

M. CAVANAUGH: LB425.

BOSTELMAN: LB400.

M. CAVANAUGH: LB400.

BOSTELMAN: LB395.

M. CAVANAUGH: LB395.

BOSTELMAN: And LB217.

M. CAVANAUGH: LB217. Thank you, Senator Bostelman. So, colleagues, I moved aside what I'm doing to allow AM1314 to be brought forward. And it has one, two, three, four, five bills in it on Select File circumventing the General File process. It does feel like the least that can be done by the introducers of those five bills is to speak about your bill. You don't get to speak about it on Final Reading. You didn't have it on General File. This is very unusual, even though it's becoming the regular. But seriously, speak about your bill. Take five minutes and speak about your bill. People are watching us. People are out there listening to us. If you're not going to speak about your bill, then I'm going to go back to doing what I'm doing because

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

clearly there's not any respect for the institution or anything if you can't be bothered to spend five minutes telling the rest of us what your bill is. I got myself in the queue again because nobody was in the queue. And if I wasn't in the queue, we would have gone to a vote on this without any of the introducers of any of these bills saying a single word. I get it. This has been an unusual session, but come on. Conduct yourselves like the legislators, like the statespeople that you are. Talk about your bill. Tell us what it is. Give us an opportunity to ask you a question if we have one. Don't just leave it up to Senator Bostelman to do it quickly in his opening on the amendment. I will get myself out of the queue. Thank you.

KELLY: Thank you, Senator Cavanaugh. Senator Hughes, you're recognized to speak.

HUGHES: Thank you, Mr. President. I rise in support of AM1314 to LB565. AM1314 contains LB217 which I introduced. LB217 allows the continuation of grants for new scrap tire projects here in Nebraska. Each year, the state of Nebraska collects a dollar from every tire sold, which-- from which the proceeds annually fund \$1.5 million in scrap tire projects through grants from the Scrap Tire Management Program. Fees collected in excess of \$1.5 million are used to fund grants from the Waste Reduction Recycling Fund. LB217 extends the current availability for the new scrap tire projects from their current statutory end of June 30, 2024, to June 30, 2029. Why does this matter? The dollar per tire sold fee will continue to be collected past the date of expiration of those scrap tire project grants. And it is important to continue to support the scrap tire projects, which include but are not limited to partial payment for purchase of tire derived products or-- and/or crumb rubber for use in playgrounds, mulch products, athletic track surfaces, artificial football or soccer fields. It can be used for the set up of collection site cleanups for local communities such as scrap tire amnesty days. It can be used for capital and startup costs for processing, manufacturing, collecting, and transporting tires for purposes of processing scrap tires into crumb rubber and producing rubber modified asphalt, or the collection and transportation of scrap tires to a recycling site or facility. Colleagues, we simply don't have enough trees in Nebraska to place tire swings in to deal with all our scrap tires. So we need to continue this program as it was intended when it was first authorized 20 years ago. Please green light AM1314 and LB565. Thank you.

KELLY: Thank you, Senator Hughes. Senator Erdman, you're recognized to speak.

ERDMAN: Thank you, Mr. President. Good afternoon or evening. My bill is-- starts in Section 33, page 16, and it deals with the Oil and Gas Commission. Those of you who were here a couple of years ago may remember that we did raise the compensation for the Oil and Gas Commission. Let me be very clear when we start, they do not, they do not receive tax dollars. These funds are collected from those people who are in the oil and gas business. Maybe the best way to describe it, it's a checkoff. So several years ago, when I was in Sidney delivering sweet corn to the retirement center, I stopped at the Oil and Gas Commission to visit with the commissioners. And they had shared with me at that time that their compensation was \$50 per meeting. And I asked them, when was the last time you had an adjustment? And they said 1954. And so I came back to the Legislature in the fall-- in the spring, in the winter, and we introduced a bill to raise their pay to \$500. Senator Hughes, Dan Hughes, also introduced a bill to change their compensation to \$300. So he and I had gotten together and we negotiated \$400 and that's what it was. But the provision that we placed then was that they could not exceed \$4,000 of compensation annually. In the meantime, the commission received a \$25 million grant to clean up and restore old well sites, old oil well sites. They received a grant to do that because the oil well companies had gone out of business and had not cleaned those sites up. And they had met numerous times during the year accomplishing that operation. So they vastly exceeded the \$4,000 maximum. And so this year I introduced a bill. The bill would say it's-- would give them a \$500 per meeting compensation and it has no limits. So that way, if they get a grant again to clean up oil well sites, they have the money to do that and they'll be compensated for it. And we've also connected that to CPI so that as the inflation carries on and things go up, they'll have an opportunity to get a raise and they won't have to wait 54 years for another adjustment. So that's basically what this bill does. And as I said at the start, this is compensate-- their compensation is coming from the people who do oil and gas business. They don't get any compensation from tax dollars. So that is the explanation of Section 33, the Oil and Gas Commission. Thank you.

KELLY: Thank you, Senator Erdman. Senator Brewer, you're recognized to speak.

BREWER: Thank you, Mr. President. And good evening, colleagues. I need to start by thanking the Natural Resources Chairman for advancing my bill as a part of this combined package. My original bill was LB400 that's now part of a package. The language from my bill is now part of AM1314 to LB565. Specifically, my bill is now Section 31 of AM1314,

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

beginning at the end of page 13 and page 14. This bill makes a change in the law concerning how farmers and ranchers deal with mountain lions that are killing their livestock. Under the law now, only the landowner may defend the livestock if they are witnessing a lion stalking, menacing, or killing their livestock. What my bill does is add employees or tenants of the farm or ranch to the list of personnel that are authorized to defend the livestock from mountain lions. If a mountain lion is killed during the process, the rancher or farmer is still required to contact the Game and Parks Commission to report the incident, and they will also take possession of the animal. This bill is about-- is not about a hunting permit, but only the defense of livestock. So again, bottom line is this simply clarifies the language of the law that states who may protect livestock from mountain lion attacks. My bill adds tenants of the farm or ranch owner and hired hands. Thank you, Mr. President.

KELLY: Thank you, Senator Brewer. Seeing no one else in the queue, Senator Bostelman, you're recognized to close on AM1314.

BOSTELMAN: Thank you, Mr. President. And there is a handout that is being distributed by the pages to everyone on your desk that does give a brief on all the bills that we just talked about. My apologies of miscommunication with my other senators there. I do ask for a green vote on AM1314 and the underlying bill, LB565. Thank you.

KELLY: Thank you, Senator. Members, the question is the adoption of AM1314. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 38 ayes, 0 nays on adoption of the amendment, Mr. President.

KELLY: The amendment is adopted.

CLERK: I have nothing further on the bill, Mr. President.

KELLY: Senator Ballard for a motion.

BALLARD: Mr. President, I move LB-- I move that LB565 be advanced to E&R for engrossing.

KELLY: You've heard the motion. All those in favor say aye; all those opposed-- say aye. All those opposed, nay. It is adopted. Mr. Clerk for items.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 18, 2023

CLERK: Mr. President, a single name add: Senator Blood name added to LB775. Finally, a priority motion. Senator Dorn would move to adjourn the body until Wednesday, April 19, at 9:00 a.m.

KELLY: You've heard the motion. All those in favor say aye. Those opposed, nay. We are adjourned.