

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee February 2, 2023

HARDIN: Good morning. Good morning and welcome to the Health and Human Services Committee, which we feel is the best committee. My name is Senator Brian Hardin. I represent the 48th District, which is in the world of Banner County, Kimball County, Scotts Bluff County. We rub on Wyoming and Colorado way out there. I would like to invite the members of the committee to introduce themselves, starting on my right with Senator Ballard.

BALLARD: Beau Ballard, District 21: northwest Lincoln, and northern Lancaster County.

WALZ: Good morning. My name is Lynne Walz and I represent Legislative District 15, which is Dodge County and Valley.

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

RIEPE: Merv Riepe, District 12, which is southwest Omaha and the city of Ralston.

HARDIN: Also assisting the committee is our legal counsel, Benson Wallace, research analyst Bryson Bartels, our committee clerk Christina Campbell, and our committee pages Chrissy and Ken. Thank you all for being here. A few notes about our policies and procedures. Please turn off or silence your cell phones. We will be hearing bills this morning and taking them in the order listed on the agenda outside the room. On each of the tables near the doors to the hearing room, you'll find green testifier sheets. If you're planning to testify today, please fill out one and hand it to Christina when you come up to testify. This will help us keep an accurate record of the hearing. If you are not testifying at the microphone but want to go on record as having a position on a bill being heard today, there are white sign-in sheets at each of the entrances where you may leave your name and other pertinent information. Also, I would note if you are not testifying but have an online position or comment to submit, the Legislature's policy is that all comments for the record must be received by the committee by noon the prior day to the hearing. Any handouts submitted by testifiers will also be included as part of the record as exhibits. We would ask if you do have any handouts that you please bring ten copies and give them to the page. We use a light system for testifying. Each testifier will have 5 minutes to testify. When you begin, the light will be green. When the light turns yellow, what's that mean? Oh, oh OK. No, it means speed up. And so you have one minute left, OK? When the light turns red, it's time to end your

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testimony. We will ask you to wrap up your final thoughts. When you come up to testify, please begin by stating your name clearly into the microphone and then spell both your first and last name. That's the piece that we kind of all forget. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we will hear from supporters of the bill, then from those in opposition, followed by those speaking in the neutral capacity. The introducer of the bill will then be given the opportunity to make closing statements if they wish to do so. On a side note, the reading of testimony that is not your own is not allowed unless previously approved. We have a strict no prop policy in this committee. With that, we will begin today's hearing. Who's up? LB189, Senator Kauth. Welcome to the best committee.

KAUTH: The best committee. I have heard much, much great tales of this committee. Good morning, Vice Chair Hardin, and members of the Health and Human Services Committee. My name is Kathleen Kauth, K-a-t-h-l-e-e-n K-a-u-t-h, State Senator representing LD31, which is the Millard area. And I come before you to introduce LB189. LB189 amends the Cosmetology, Electrology, Esthetics, Nail Technology and Body Art Practice art-- Act to provide for an exemption for natural hairstyling. Natural hairstyling means to shampoo, condition, dry, arrange, curl or straighten hair using only mechanical devices such as blow dryers, combs, brushes, curlers, curling irons, blunt-tipped needles, thread, and hair binders. It also includes the use of hairspray and topical agents such as balms, oils and serums, and the styling of hair extensions and wigs. So basically the things you do in front of your mirror every day. There's currently a labor shortage for positions practicing natural hairstyling. It's a very, very small portion of what licensed cosmetologists do. I would ask that the committee help to address this shortage by advancing LB189. This is something we have a serious problem in our state with an overreliance on occupational licensing that tighten the market so that people can't even get in. I look at this bill as a way to introduce people to the act of cosmetology. If you are able to do some of the procedures but not all of them, and you get to see all the other things that people are getting to do, you are not allowed to cut, color, do any of those perms or anything with chemicals. This is strictly just washing, blow drying styling hair. I see it as a way to introduce people and let them think about whether or not they would like to-- a degree in cosmetology. It also gives those people who are in cosmetology a way to earn money while they're going through school and get practical experience at the same time and exposure to the community. So that's why we're bringing this bill.

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HARDIN: Thank you. Any questions from the committee? Senator Riepe.

RIEPE: Thank you, Senator. Welcome, thanks for being here.

KAUTH: Course.

RIEPE: I have two different questions.

KAUTH: OK.

RIEPE: One was, who was it that asked you to bring the bill?

KAUTH: This is Platte Institute.

RIEPE: Oh, Platte Institute. I think there's some connection with hair braiding there.

KAUTH: Yes.

RIEPE: Also, would you require of this group to then do registration so that we know at least who they are? Is that part of your bill?

KAUTH: I don't believe that's-- I'll let Nicole with the Platte Institute answer that. I don't believe that's part of it.

RIEPE: OK. That's all I have, Mr. Speaker-- speaker, Mr. Chair.

HARDIN: Whoever I am.

RIEPE: Whatever title you carry today.

KAUTH: Vice Chair?

HARDIN: Any other questions? If not, will you be around to close?

KAUTH: I will.

HARDIN: Wonderful, thank you. For those who are proponents, you are for this bill, would you please come forward? Welcome, Ms. Fox.

NICOLE FOX: Good morning, Vice Chair Hardin, members of the HHS committee. Nicole Fox, N-i-c-o-l-e F-o-x, representing platte institute. Thank you for this opportunity to discuss LB189's proposal to exempt national hairstyling from Nebraska's requirements under the Uniform Credentialing Act. Platte Institute supports policies that reduce barriers and help Nebraskans to start and grow businesses. During the past couple of interims, individuals have approached us

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regarding the desire to solely perform natural hairstyling for their clients. The services they want to provide include washing, conditioning and styling hair. Given that everyday Nebraskans are performing these very same activities right in their own homes, we feel it is reasonable to request a policy change. And I appreciate Senator Kauth's willingness to make this happen. Just to give you an idea of the types of people that have reached out to us and the types of business models that they have in mind, there are those that want to just solely style hair. You know, people-- they have clients that come in for a special occasion, like a wedding or some sort of, you know, formal event, and they just want their hair styled. There are people that participate in natural hair braid-- in hair braiding, and they want to be able to offer additional services to their clients, such as styling, natural styling of hair. And then there are some people that have full-service salons, but they don't want to-- they want to, you know, get clients through their appointment a little bit faster. So maybe they're going to hire somebody just to wash the hair and then turn them over to a cosmetologist to actually do the cutting or the coloring. So those are some of the business models that people that have approached us envision when it comes to this bill. So LB189 defines natural hairstyling and it proposes to exempt it from Nebraska's requirements under the Universal Credentialing Act, similar to the hair braiding bill. And that bill the Platte Institute supported in 2016. And it passed and became Nebraska's first occupational or workforce licensing reform bill. It exempted natural hair braiding from Nebraska's requirements under the Uniform Credentialing Act. And also, just to make note, additionally here in Nebraska, these are some things that you don't need a license to do. You don't need a license to do airbrush tanning. You don't need a license to apply makeup. You don't need a license to pierce ears. And you do not need a license for threading to remove hair. Under current state law, natural hair stylists must be fully licensed cosmetologists or barbers, and that means natural hair stylists must complete at least 18 hour-- 1,800 hours of cosmetology training, much of which has little to do with natural hairstyling. Nebraska is tied for the second highest education hours in the country at 1,800 hours, while 38 states and Washington, D.C. require only 1,000 to 1,500 hours. And I have there on your handout the regional comparison for our neighboring states, The cost of 1,800 hours of training is significant. To attend Nebraska's cosmetology schools, the tuition and fees alone add up to approximately \$20,000. But if you add in the additional loans that are needed to cover the cost of living, you're talking about somebody incurring upwards of \$45,000 in debt to complete training that they do not need. This cosmetology license creates an expensive barrier for

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those of modest means just trying to break into the industry. It makes it hard for the standalone entrepreneur with a vision of offering niche services to ever be able to pursue their business idea. And it can limit the supply of workers for business owners eager to hire for narrow services but can't find fully licensed cosmetologists. We want a thriving workforce and small business community in Nebraska, so why are we delaying entry into it by requiring individuals to spend hundreds of hours and thousands of dollars on training related to skills they will never use? The starting annual salary is often less than the money spent on a cosmetology program, especially when you figure in the cost of living expenses that may also require incurring debt. According to the Bureau of Labor Statistics, the average hourly wage was \$14.27 and the average median salary was \$29,680 in 2021. Since 2018, five states: Arizona, Arkansas, Minnesota, Utah, Virginia, they've enacted similar exemptions for natural hairstylist without compromising health and safety. With this bill, Nebraska can continue reducing occupational licensing barriers and create new opportunities to work in the beauty industry. Nebraska's beauty industry has the opportunity to cultivate would-be entrepreneurs and workers in a niche market. But current law is posing a barrier and limiting their ability to thrive. The Platte Institute strongly supports the barrier that LB189 proposes to remove. And with that, I'm happy to answer any questions.

HANSEN: Thank you for your testimony, Nicole. Any questions from the committee? Yes, Senator Riepe.

RIEPE: Thank you, Chairman Hansen. Are you at the same time recommending any changes in the curriculum? My sense is probably the most serious issue with any of the training or hours required would be is working with the chemicals. I know that some of the stuff that I have read that, that can be hazardous, that people that are getting hair coloring, that the chemicals put there can be problematic.

NICOLE FOX: Yeah. No, nothing in this bill has-- is proposing to make any changes to the cosmetology curriculum.

RIEPE: OK.

NICOLE FOX: So we just want to exempt things like washing, drying and hairstyling.

RIEPE: Oh, OK.

NICOLE FOX: Yep.

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HANSEN: Any other questions? All right. Seeing none, thank you. We'll take our next testifier in support of LB189.

BRANDY McMORRIS: Good morning. My name is Brandy, spelled B-r-a-n-d-y, last name McMorris, M-c-M-o-r-r-i-s. I am a hair braider out of Omaha and have been since 2016 with the success of LB898. In the last seven years, I have found that there is still a gap that needs to be bridged between practicing safe hairstyling and providing economic stability. This bill is that bridge. For the record, hair braiding is hairstyling, but there are other hairstyles that are just as safe, if not safer, involve less skill, and do not require the use of any harmful chemicals. LB898 provided a way for hair braiders to get into the industry and earn a living. I saw the emergence of so many braiding businesses that are still open today. To my knowledge there-- I have not heard of any reported injuries or raised risk to the public related to this. Natural hairstyling would help hair braiders as well-- I'm sorry, as well as other style-- I'm sorry, will help hair braiders as well as others style hair safely while still, while still being able to refer their clients to licensed professionals or the cosmetologist or dermatologist whenever necessary. Six years ago I reached out to to the Department of Health and Human Services and I expressed my concerns about natural hairstyling in the mandatory curriculum. I was informed that regulations are only given on what to teach, not how. What this means is hairstyling lessons can include only straight textures because that's at the discretion of each institution, and they cannot do anything about that. They cannot force them to teach different textures. Therefore, requiring a cosmetology license to do natural hairstyling would be a complete waste of \$20,000 and a year of time. I can say this because currently I'm a student in the cosmetology program. I've done so because this was my only option to expand my business model without breaking any laws. But in this program, there's absolutely no education in the area of natural hairstyling, not wet styling it, not thermal styling it, no education whatsoever. We are taught how to change its structure and make it straight with chemicals and we are also taught how to color it. However, we are widely educated on how to style straighter hair. To make matters worse, I am required to perform services that apply harsh chemicals, even though I do not wish to provide these services when I leave or recommend them. At this school there are no services listed for the general public who have natural hair to come in and receive services other than straightening or coloring. I checked another hair school and the list also is void of any hairstyles specific, specific to natural hair. You must ask why wouldn't the students be made to practice these skills if it's offered in the education? Because it's

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not there. Since starting hair school, my income has decreased significantly. I had to scale my business to pursue this. For the first weeks I was in a classroom, that was nine weeks. And since then, I have been in the salon area where I roughly work 8 hours a day, five days a week. That's on top of the tuition that is one-sided for the education. For ten months, I am at the mercy of tips of clients who can only afford salon services at discounted, at discounted prices. Can you imagine working 40 hours a week and bringing home \$43? Because that is my current reality. After two carton of eggs, I am not even able to fill up a tank in my gas. I'm sorry, fill up gas in my tank. There is no option for part-time or to complete any book portions online, leaving little time to earn a living. This approach to training is only serving hair schools, not students. The average annual income for cosmetology is roughly \$30,000. And without this bill, we will continue to exit the education program at an extreme disadvantage. We need the opportunity to earn money before drowning ourselves in debt. LB898 was passed because hair braiding is safe, good for our economy, and did not need to be trained in hair school to prepare students to make a living from it. For those exact reasons, I'm asking you guys to support this bill. And for those who are here opposing, I want to ask you, what have you done to see about providing a balanced and equal education. Even since you have come to know about this bill, have you channeled any energy towards finding a way to stand for improvement in this area instead of only disagreeing with change? Lastly, are you listening to the problem? When you leave here, will you go into your circles of influence and tell them that this issue needs to be addressed? Because if it's not included in the cosmetology training, then cosmetology should not be able to regulate it. That is all I have.

HANSEN: Thank you. We might have you sit for one second, in case there's questions.

BRANDY McMORRIS: Oh, sorry.

HANSEN: You're doing fine. And I've never seen so much nice hair in my life in one room. Are there any questions from the committee?

WALZ: I have.

HANSEN: Yes, Senator Walz.

WALZ: Thank you. Thanks for being here today.

BRANDY McMORRIS: You're welcome.

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WALZ: If you could make a couple of changes with the education that you talked about that's lacking, what-- and you probably said it and I missed it, but could you just give me two or three things that you think need to be included in the education?

BRANDY McMORRIS: So I will say that as far as cosmetology is concerned, it's very wide in the scope of what they teach as far as styling. But it's just the texture section that's, that's very one-sided. So they may teach me a lot of things about straight hair, but there's nothing on-- and anyone with basic knowledge in hair would know that I can't do the same thing to my hair that I could with someone with straight hair. It's structurally different, it behaves differently. It needs and requires different, different things.

WALZ: OK, that's a good answer. And then can I ask one more question?

HANSEN: Yeah.

WALZ: In the bill, I waited for you because you probably know what this means. But it says that natural hairstyling means to shampoo conditioner, dry, arrange, curl, straighten hair using only mechanical devices such as blow dryers, combs, brushes, curlers, curling irons, blunt-tipped needles. Those, you know, as somebody said, are just things that you use at home. I definitely haven't used a blunt-tipped needle and I don't know what it is.

BRANDY McMORRIS: So, so I'll give you an example. So I don't know if you ever knew anybody that crocheted blankets.

WALZ: Yeah.

BRANDY McMORRIS: So there's a certain type of hairstyle that in our culture we have and it's where we braid the hair down and we use that crochet needle to attach the hair to the braid so that all you see is the hair hanging. But the braids are underneath, but it basically just helps to latch that hair and drag it through the braid so that it can stay--

WALZ: OK.

BRANDY McMORRIS: --in there. But it's not sharp in any way.

WALZ: OK, well, that's a relief. I was a little worried that it was going into the scalp or something. Thank you. That's all I have.

BRANDY McMORRIS: Um-hum.

HANSEN: Senator Ballard.

BALLARD: Thank you, Mr. Chairman. Thank you for being here. So just to clarify, so in your testimony, you said you only enrolled in cosmetology school so you could practice this natural hairstyle, or would you, would you enroll regardless?

BRANDY McMORRIS: Well, no, I would not have.

BALLARD: OK, OK.

BRANDY McMORRIS: Because my hands were tied with the way that it was before. I mean, I know there's several other people that probably would have just gone on to extend their services without, but I, you know, with the integrity that I have, I just didn't want to be doing anything that would be breaking the law. So in order to do that, I wanted to do it the right way, even though it was, you know, it's been a struggle.

BALLARD: All right, thank you for being here.

BRANDY McMORRIS: You're welcome.

HANSEN: Any other questions from the committee? Senator Walz took my question. I was going to ask about the blunt tipped needles, I didn't know what that even meant.

BRANDY McMORRIS: Um-hum.

HANSEN: However, I have one more question. You do have to use some kind of chemicals, don't you? It says-- well, you could, anyway. The use of hairsprays--

BRANDY McMORRIS: Um-hum.

HANSEN: --and topical agents. But nothing, nothing [INAUDIBLE].

BRANDY McMORRIS: Not anything harmful, not anything that would be--

HANSEN: Requires--

BRANDY McMORRIS: --reactive or that would change the structure of the hair permanently. We're talking pomades that may be what lay hair or hairspray that would keep it in place, you know, like--

HANSEN: OK.

BRANDY McMORRIS: --not anything--

HANSEN: OK.

BRANDY McMORRIS: --that, I mean, would cause harm.

HANSEN: All right.

BRANDY McMORRIS: Typically.

HANSEN: Just curious. Well, thanks for coming to testify. Appreciate it.

BRANDY McMORRIS: You're welcome.

HANSEN: Thank you. We'll take our next testifier in support. Welcome.

JESSICA POITRAS: Hi. Thank you so much. And good morning. Thank you for the opportunity to testify in support of LB189. My name is Jessica Poitras, so J-e-s-s-i-c-a, like Rabbit or Simpson, Poitras, P-o-i-t-r-a-s, and I am legislative counsel with the Institute for Justice. The Institute for Justice is a national nonprofit law firm that advocates to end government abuses and overreach. For nearly 30 years, we have helped reform beauty industry laws in over 24 states through litigation and legislative efforts. We also published the first-of-its-kind report, which has been circulated around to you all, Beauty School Debt and Drop-Outs: How State Cosmetology Licensing Fails Aspiring Beauty Workers, which details how state-mandated cosmetology programs are roadblocks rather than steppingstones. I'm a national expert on the issue of exempting niche beauty services from cosmetology and esthetics licensing programs. The Institute for Justice supports LB189 for three reasons. First, as you've heard many times today, shampooing and simple hairstyling are safe. These services pose virtually no risk to consumers. Shampooing and simple hairstyling do not use chemicals to color, dye or to alter the structure of hair. So to follow up on the question that was asked of Brandy chemicals, well meaning chemicals, it's anything that, that would alter the structure of hair, right? So that is what is precluded from this. But I mean, technically, shampoo is a chemical, right? Like but, but there's a lot of water between those, those products. Additionally, the tools and devices used for these services are just as safe and common as these products. Shampooers and simple hairstylists only use combs, brushes or dryers and other similar devices, things that you can find in your own home. They do not cut hair. For these reasons, traditional cosmetology programs do not work for these aspiring professionals. Rather than forcing creative

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professionals to fit within a box that only leads them to incurring substantial debt for training that is completely unrelated to their desired profession and also leads consumers to paying higher prices, Nebraska should repeal unnecessary red tape to lower barriers to entry for skilled professionals. So, for example, with the, with Nebraska's mandated cosmetology curriculum, 82 percent of the practical training is completely unrelated to the services that we're talking about today. And 130 out of the 200 hours of the theoretical training is unrelated to the services that we're discussing today. Second, LB189 builds on Nebraska's natural hair braiding exemption. Natural hair braiding, as Brandy mentioned, is another form of simple hairstyling. If it's safe for braiders to wash, dry, condition and arrange hair, then it's safe for other and similar aspiring beauty practitioners as well. Third, LB189 is a jobs bill, it's an opportunities bill. The benefit of allowing shampooers and simple hairstylists to work freely is well recognized. I have a few examples that I'm happy to share about some of the bills that we've passed in other states. But I would just like to point out that there are 32 other states similar to Nebraska that exempt hair braiders. And as Nicole mentioned earlier, there are five states that currently fully exempt hair stylists, and 12 states that fully exempt shampooers. Shampooing kind of falls in the regulatory gray area, so some states the, the exemption is much more clear in some and some that they're not. But this effort is moving across the country and states are taking a hard look at their cosmetology licensing regulations because they're seeing that there's a lot of opportunity and growth within, within this industry. But they are, they are unable to meet the demands of the professionals and consumers with the current overregulation of the big three licenses. Blow dry bars have the ability to create many job opportunities for entrepreneurs across Nebraska. So, for example, in 2017, blow dry bars saw a 25 percent growth in both service revenues and locations, whereas in the same year, revenues for salon industries only grew by 2 percent. Finally, I would just like to say that this bill does not change the scope of practice for any of the big three existing licenses. So this bill does not change the scope of practice for a cosmetologist. It does not change the scope of practice for estheticians. It does not change the scope of practice for manicurists or nail technicians. So conclusion I encourage you to support LB189 to ensure that the individuals who desire to earn a living in the state have every opportunity to do so and to thrive. Thank you for your time and the opportunity to testify, and I'm happy to answer any questions that you may have.

HANSEN: Thank you for coming.

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JESSICA POITRAS: Of course. Happy to be here.

HANSEN: Questions from the Committee? Seeing none, you're off the hook.

JESSICA POITRAS: This is the problem with going last. But I very much appreciate you all for your time.

HANSEN: Or maybe you were just so thorough we don't have any questions.

JESSICA POITRAS: Oh, well.

HANSEN: That must be it.

JESSICA POITRAS: Thank you, all.

HANSEN: Thank you. Are-- anybody else wishing to testify in support of LB189? All right, seeing none, is there anybody who wishes to testify in opposition to LB189?

SHANNON BINGHAM: Good morning, Senators.

HANSEN: Welcome.

SHANNON BINGHAM: My name is Shannon Bingham, S-h-a-n-n-o-n B-i-n-g-h-a-m. I am a salon owner out of Omaha, Nebraska. I have a large salon in that state. I also am a national traveling educator. And but today I'm here representing the State Board of Nebraska of Cosmetology, Electrology, Nail Technology, Esthetics and Body Art. The Nebraska Board of Cosmetology, Electrology, Esthetics, Nail Technology and Body Art is opposed to LB19-- LB189 introduced this legislation-- this legislative session. The board recently discussed this proposed legislation, and it is our position that natural hair selling services require licensure and oversight in the cosmetology industry for public health and safety. The board feels that adequate training for these services is vital to protect the citizens of Nebraska. Training in our cosmetology schools currently includes recognition of skin and scalp diseases and disorders and sanitation and disinfection procedures. It also covers the safe methods of use of hot tools, many which reach over 400 degrees Fahrenheit. Our cosmetology school curriculum includes business management. These classes provide information on malpractice and liability insurance and tax obligations which aid the professional with their day-to-day operations of successful businesses. Nebraska and natural hair care practitioners deserve the

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protection of proper education and licensure. And that is my testimony. Thank you.

HANSEN: Thank you for your testimony. Are there any questions from the committee? I might have a couple.

SHANNON BINGHAM: Sure.

HANSEN: So I'm trying to compare what we are, what we are-- what this is trying to accomplish with what other states have done. Has there been a lot of litigious action or like lawsuits in other states or complaints that you know of to other boards of cosmetology in other states that have followed suit with what this bill is trying to do?

SHANNON BINGHAM: I'm not privy to that information at this point. But we can get that information to you.

HANSEN: I'd be curious because, I mean, just comparatively, I'd be kind of curious. All right, thank you.

SHANNON BINGHAM: You're welcome.

HANSEN: All right, seeing no questions, thank you very much.

SHANNON BINGHAM: Thank you so much.

HANSEN: All right, we'll take the next testifier in opposition. Welcome.

SIOBHAN KOZISEK: Good morning. My name is Siobhan Kozisek. Are you ready? It's S-i-o-b as in boy-h-a-n, last name is Kozisek, K-o-z-i-s-e-k. I'm a licensed esthetician here in the state of Nebraska. I run the Licensed Professional Alliance forum and Nebraska-- Nebraska Licensed Professionals Against Human Trafficking, and I am here to testify in opposition to LB189. A means of carving out a technical type of hair care to encourage more people to enter the cosmetology field-- field, sorry, to determine if they want to be a licensed cosmetologist. That is the response given to those who are lucky enough to be graced with the response when they reached out questioning the intent behind this bill. Nontechnical types of hair care that should not require a license. Biology, chemistry, physics, math, accounting, economics, geometry, psychology, civics, first aid, bloodborne pathogens, human anatomy, electricity, electrical components, heat and chemical reactions, the, the ability to convert imperial and metric systems. These are all subjects that play a part in our skill set as licensed professionals. Subjects that perhaps were

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not recognized as our strengths in high school, but turns out we thrive in them when we learn them using our hands, our visual senses, standing, being in constant motion, engaging verbally, physically, feeling and engaging in these subjects. A method of learning the typical American classroom doesn't accommodate a method of learning other countries recognize and nurture beginning in the sophomore year of high school. A method of learning that SkillsUSA and Pathways has introduced in other states. As licensed leaders in our industry, we are ready and willing to have a seat with folks at SkillsUSA Pathways and the Nebraska Department of Education to begin diving into successful models used in other states and countries to introduce our trades to the curriculum. SkillsUSA already has our industries factored into the program under the Human Services Prepared-- which prepares individuals for careers related in personal care and consumer services. These programs are already in use in Texas, Georgia, Florida, Alabama to name a few. If the state's goal of this proposed bill is to be believed at face value to encourage accessibility into our industries, then it must be pointed out that there are already solutions in place. Electricians, plumbers, welders, contractors and other blue collar colleagues have subjects of their trades in pathways and skilled technical services here, demonstrating that the state of Nebraska recognizes the importance of their education, skill set, licensing and oversight. You do recognize we are blue collar. We are skilled tradespeople. You should, because unlike our counterparts in the trades, we engage repeatedly with our customers. Our relationships with our clients don't end once a project is completed or a repair is made. Our hands are physically on them. We're paid to be in their physical space from start to finish, engaged repeatedly with our customers, Nebraska voters. Since 2020, we've seen this bill. We've seen this bill. Utah had four pages failed. Indiana had four pages that failed. Illinois, three pages that failed. Michigan gave it 13 pages that failed. Tennessee, 23 pages failed. Oklahoma, 18 pages failed. Minnesota threw six bills at this since 2020 that have failed. And Georgia failed. My time is a commodity. The amount of time and resources and research I put into coming here to oppose this angers me. A bill I've come to find out is copy-paste legislation going out all over the country, a lazy piece of bad legislation written in tables we've had no seat at. Franchises-- or accommodating corporate franchises who have bad business models. Franchises to the inexperienced and unlicensed in need of cheap labor to turn a profit. Four pages of bad copy-paste. So I've got to ask, like whose skill set is nontechnical now? The audacity to determine what is required to perform our services presented in a bill of failed copy-paste legislation, we deserve better than this. The clients, the consumers

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deserve better than this. The state of Nebraska is better than this. We expect to actually work to go in-- or I'm sorry, we expect actual work to go into the writing laws that affect our lives. We want a seat at the table when legislation is being written discussing our-- that discusses our skills, affects our industries, lives and livelihoods directly. We demand better from our lawmakers we elected to represent us.

HANSEN: Excuse me. Your red light went off there.

SIOBHAN KOZISEK: Yeah.

HANSEN: So thank you very much. So we'll just make sure that any questions from the committee. Senator Walz.

WALZ: Thank you.

SIOBHAN KOZISEK: Yes.

WALZ: Thanks for coming today. One of the things I was thinking about when, I don't remember who it was, came up and I was trying to explain that this is a way for people to make money without having to go through school and--

SIOBHAN KOZISEK: Um-hum.

WALZ: --spend a lot of money. And that, you know, they could work for another hairstylist shampooing the hair. And I thought, you know, I wonder how much money a person who is hired to do that could really-- can they make a living off doing that?

SIOBHAN KOZISEK: I mean, it, it depends. I take on a tech every year to assist underneath me. And they are a licensed professional. I start them at \$17 an hour with a review every three months as they train underneath me to grow them into the industry on a one-on-one basis. But again, I'm a small business owner. I'm a genuinely small business owner. You know, there are-- there were some very good points that were brought up by the student. Very good points. And we can't bring meaningful legislation to the floor if we don't have a seat at the table, if we are fiddling around with copy-paste legislation and we are not communicating as professionals in the industry. We can't bring legislation to the floor that asks that the curriculum includes all hair care, all skin care. We can't bring change if we begin to devalue the license itself and we are not present at these meetings or they are not present at our meetings. If we want to work within this

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industry, we have to come together and we need a seat at that table when these bills are being written.

WALZ: All right. Thank you.

HANSEN: Any other questions? All right, seeing none, thank you for coming. And here's one warning. That's all right. We had a long day yesterday with the exact same stuff. If we can, we'll make sure that we don't make any noise out in the crowd if we can. I know it's emotional for some people, but that way we can kind of keep things moving. So thank you very much. Welcome.

GREG HOWARD: Good morning. My name is Greg Howard, it's G-r-e-g, last name is spelled H-o-w-a-r-d, I'm with the College of Hair Design. We operate a barber, cosmetology and esthetics programs in Lincoln in two campuses. So I'm really here to represent the barber and cosmetology industries. I really want to be real brief. I also have one of my instructors with me today, so she has a couple comments to make as well. So my main point of looking at this is that there's an issue of sanitation that's not addressed in the bill. If we look at page 2 of the bill, lines basically 4, 5, 6, 7, I'll talk about the implements used in the profession that are included in the bill, but it does not any-- is no-- there's no discussion of how to clean or sanitize those implements. There's no addressing of that. Whereas, if you look at our current laws of barbering and cosmetology, there's training involved, there's inspections involved. So that is completely void in the language of this bill. I also want to compare, if you would, look at line 10 of the bill on page 2, talks about minor trimming of natural hair. But then on line 26 and 27, it says, does not include cutting of hair. So to me, that, that language is in conflict with one another. So that's a point I really think is another problem with this bill. Again, to emp-- I wanted to say to that this bill does not address a lot of things that are addressed when someone becomes a cosmetologist. There's a year roughly of training and then after they pass the school, then they have to go through the licensure process. At that point, their character is looked at, there's a criminal history that's addressed. So you have some other things that come into play. Those may seem like minor issues, but I guess you just have to look at the fact that we're-- we have a whole industry where you have this standard that's up here and then you're opening the door to a whole other door into this that really there's not that a-- there's no addressing of sanitation, there's no addressing of a lot of issues that I think are important. So, so those are my main concerns about this, that it doesn't address those sanitation rules. And that the, the confusion over trimming hair versus cutting of hair. And

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again, the bill is very brief and I think it opens the door to some things that-- I don't see any provision for inspection like normal salons have. You have the barber board who inspects, you have the cosmetology health department that inspects. So that's my conclusion of my comments about the bill.

HANSEN: OK. Any questions from the committee? Senator Walz.

WALZ: I'm sorry. So the sanitation piece is a piece that kind of concerns me. In other states, and here I think, you can go-- do you have to have a license to be a, what's it called, dry bar or a blow dry bar?

GREG HOWARD: Blow dry bar.

WALZ: Right.

GREG HOWARD: Yes.

WALZ: OK, so currently you do. In other states where you don't have to, or if you didn't have to have a license, so any-- it wouldn't be regulated at all? If I were an unlicensed blow dry bar owner, sorry, I'm just trying to get my question asked, I could, I could use the same brush and comb and whatever, and nobody would ever know that? Is that what you're saying?

GREG HOWARD: That's correct.

WALZ: OK.

GREG HOWARD: That would be correct. I mean, like, if you go into a normal barbershop or salon, you have like a solution that has quaternary ammonia or something in there for the combs and your brushes. And so there is nothing discussed in this bill about any of those kinds of issues that are customary and are included in rules and regs of barbering and cosmetology.

WALZ: OK.

GREG HOWARD: The sanitation clean-- cleaning of the salon itself and all those kinds of things so.

WALZ: Thanks.

HANSEN: Yep. Any other questions? Senator Riepe.

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RIEPE: Thank you, Chairman Hansen. My question is this, is are these individuals required to be under the employment supervision of a licensed cosmetologist or are they free to set up an independent practice?

GREG HOWARD: I don't think the bill addresses that at all that I--

RIEPE: Is that a concern?

GREG HOWARD: I think that would be a concern, yeah. And I don't see-- if they were inside of a licensed salon and that umbrella, you would, you would be opening the door to an inspector or from the health department looking at their operation and how they're handling things like that. So, so I think that's a concern.

RIEPE: Thank you. Thank you, Mr. Chairman.

HANSEN: If I can ask a question.

GREG HOWARD: Yes.

HANSEN: I'm learning a lot about hair.

GREG HOWARD: Yes.

HANSEN: Is natural hair braiding and natural hairstyling the same? The except-- to me and to this bill, what we have right now currently in law, it doesn't seem like it's the same thing.

GREG HOWARD: No, this is addressing like-- the braiding bill did not include shampooing and some of the things that are mentioned in this.

HANSEN: Yeah, I'm just curious if they're the same thing.

GREG HOWARD: I-- do you want to? Because she's going to come up, can I--

HANSEN: I can ask you or you can answer my question when you come up here next time. That would be fine.

GREG HOWARD: OK. OK.

HANSEN: And the reason I ask, so I can preface it, is because then you bring up a point about, like under natural hair braiding, it's allowed minor trimming of natural hair. But if it's not the same thing as natural hairstyling, then that's the reason I think why they put natural hairstyling does not include cutting hair. So they are

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different. So you're talking about there's a conflict because they might be similar, but if they're different industries, I think, than there would-- there shouldn't be a conflict. That's the reason I'm asking that.

GREG HOWARD: OK, I follow your train of thought.

HANSEN: Yeah, yeah.

GREG HOWARD: I just thought, I mean, I'm looking at the surface of the bill and I'm just saying, one place that says, hey, you can trim hair, another place says you can't cut hair. OK, what, what is the difference between trimming and cutting hair?

HANSEN: Sure.

GREG HOWARD: That's to me, the conflict.

HANSEN: Makes sense.

GREG HOWARD: Yeah, so.

HANSEN: There was something else I was thinking about. What can happen, and just cause I'm unfamiliar.

GREG HOWARD: Sure.

HANSEN: I'm trying to think that, you know, what can happen from using a comb on one person to another person. I ask this because I kind of want more specifics, I think. So then if this happens to, happens to get to the floor, we discuss this, I can kind of have-- I kind of know.

GREG HOWARD: Right. Right. There's a lot, I mean--

HANSEN: Like, obviously, I'm thinking like lice or something like that, right? You know [INAUDIBLE].

GREG HOWARD: Right. You have lice, you have a lot of other just, you know, contracting other kinds of dermatitis, contact dermatitis or different things like that. I don't teach on a daily basis, I'm going to be real straight up. I'm a lic-- but I'm a licensed barber. And but there's a lot of things that go into it. Dandruff and other kinds of things. You just, general cleanliness of your operation--

HANSEN: OK.

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GREG HOWARD: --kind of come into play. But it is a great question.

HANSEN: And the reason I ask that, too, is because when we were taught introducing more things into a bill or a law like such as sanitation is like, you know why, right? And I don't know why. Like, is there, is there a specific reason why we're doing it? Because if not, then why would, why would we put it in there? But you make a good point about that. I just kind of wanted some--

GREG HOWARD: Yeah.

HANSEN: --more background information on it.

GREG HOWARD: Good question.

HANSEN: But thank you.

GREG HOWARD: Thank you very much.

HANSEN: Seeing no other questions, thank you.

GREG HOWARD: OK. Thank you.

HANSEN: All right, we'll take the next testifier in opposition to LB189. Welcome.

PIA McWILLIAMS: Hi. My name is Pia McWilliams, P-i-a M-c-W-i-l-l-i-a-m-s. I'm speaking in opposition to bill LB189. My opposition to this bill is mainly because it is written up-- the way that it is written and to me is in confusion. It is written up, and the way that it is written up is confusing to be a misunderstanding. Because to me, the way that I read it, it doesn't make any sense. It is going back and forth based upon the bill that it is trying to amend. I am against it because there is no way to regulate what it is asking. Is there going to be any regulations to what they are asking? Based upon what my boss was just up there talking about, I just lost my whole train of thought. I'm sorry, I'm going to--

HANSEN: That's all right, you're doing good.

PIA McWILLIAMS: --regather. I'm kind of nervous sitting up here. Natural hairstyling means to shampoo, condition, dry, arrange, curl and straighten the hair using only mechanical devices. I do believe that they still do need a license to be able to do these things in this type of setting based upon the education and also again with the sanitation. Sanitation is a huge part of this because things can be

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spread around without this. Without this type of license, they have no, you know, education on it. And what we teach and what this license provides is the safety of the clients and also the safety of the person performing these services in those types of settings. It is the huge things that's missed. You know, seeing these things come into the setting that I'm in every day without these things, I, I believe it's a big safety concern in the environment. Without these regulations in place, I feel that, you know, it could put a lot of people in danger. And also too, without these regulations in place, we have like-- there was a big shutdown with the COVID. Without these regulations, with these people without these licenses and without these regulations, would they have to be able-- would they not be shut down as well? I feel that there's a big gap in between, but I'm sorry, I'm really nervous. So I don't think my words are coming out--

HANSEN: It's all right. You've got plenty of time.

PIA McWILLIAMS: --as they should. I'm sorry. But again, what the thing is COVID-- with COVID, without those regulations, without being held to the same standard as the people that are licensed, would they be shut down as well, I guess is what I'm asking? We were shut down out of safety concern. Would they be held to the same standard, I guess is what I'm asking? Would they fit under the same criteria as we were, as people that are regulated under the same-- would they be held to the same standard? And I don't think they would be, and I think it's a big concern. That's all that I have. Are there any questions?

HANSEN: That's good. OK, are there any questions from the committee? I was hoping you could answer my question.

PIA McWILLIAMS: OK, what was--

HANSEN: What's the difference between natural hair braiding and natural hairstyling? Like, is like-- because again, I think that into the bill, it's almost like we're adding a new indus-- not industry but a section of hairstyling. I hay-- I say that but so it seems like natural hair braiding and natural hairstyling are two different things. Is that correct?

PIA McWILLIAMS: Natural hairstyling--

HANSEN: Yeah.

PIA McWILLIAMS: --and natural hair braiding?

HANSEN: Yeah.

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PIA McWILLIAMS: Natural hairstyling and natural hair braiding ideally are the same thing. But when you talk about cutting the hair, cutting the natural hair, or trimming the natural hair, trimming hair and cutting hair is the same thing. So when you cut the hair, you are, you are technically changing the hair, changing the compos-- changing the hair. So, I mean, in order to cut the hair, you have to be-- you need to be licensed to cut someone's hair.

HANSEN: OK.

PIA McWILLIAMS: Cutting and trimming are the same thing.

HANSEN: OK.

PIA McWILLIAMS: I don't charge a different price to trim there when I cut the hair.

HANSEN: All right, I think that's kind of, I think that's maybe why they put that in-- natural hairstyling does not include cutting hair. I'm just curious if there's anything that needs to be worked out or if there is some conflict. It's always kind of good to discuss it now with people who know what they're talking about, like you, for us, who don't. And I think that's the only question I had. Any other questions from committee? OK, thanks for coming up today. You did good.

PIA McWILLIAMS: Sorry if I was [INAUDIBLE]

HANSEN: No, it was fine. And we'll take the next testifier in opposition.

CARINA McCORMICK: Hi, my name is Carina McCormick, C-a-r-i-n-a M-c-C-o-r-m-i-c-k, and my salutation is Doctor, which I'll get into here in a little bit. Thank you for being here. I know you were here really late, and so I actually, more than usual, appreciate you being here. I'm also excited because around 6 a.m. I had a dream about doing this and I left out some things. So I'm really excited to have another chance to do it again. You were really nice in my dream, asked some good questions. So I expect you will be nice again. The reason that I came here, all these people have expertise in hairstyling. I have expertise in licensure and certification testing, that's what my Ph.D. is in. So I wanted to approach this from a licensure and certification test standpoint. And licensure and certification is there to protect the consumer. And it also lets consumers know that when they make an appointment, they're going to someone who's qualified. And one thing I really want to point out is that the natural hair braiding exemption made sense because that's not on the test. OK? So when you go to make

a license or a certification test, you do what's called a job analysis. You talk about centrality, frequency and criticality. The criticality is especially important in that that's what are the consequences if it goes wrong. And so I obviously haven't seen the job analysis for the Nebraska test, but like the hair curlers, these people can tell you the temperature. I don't know, but I know it's enough to burn my ear. I worry about it at home, you know? But I want to make sure that the person who's doing that has been trained because there is a criticality. And that's why these, these tasks are included on the test. And that's why there's already existing the statutes that, like, spell out what tasks need to be included on this test. Now, the second testifier, so the first one that wasn't a lobbyist, I think. During her testimony, I noticed that every time she used the word natural hair, it seemed to me that what she meant is textured hair. And I know you're not allowed to use props, but it's attached to my head. So I'm going to point out to my hair, transcript can show my hair is very, very straight, OK? So natural-- so the standard cosmetology she program like really focuses on hair like mine. So I know that those people are going to be trained. But the textured hair like that, that testifier, that's not included. So it made sense that if that's not part of what's on the test, don't require that test to practice it. So I think one reason I jumped in after the last testifier, she said this bill is confusing. And I do believe that is on purpose, because they've, they've taken the term natural and in this bill and they're making it sound like that's anything that isn't chemical. But the way that other people have been using the term natural hair, that's for the textured hair that isn't the purpose of a lot of the instruction in the cosmetology. So when you were saying, is there a difference between natural braiding and natural styling, I think that confusion is intentional. And I also think it's pretty insidious that there was this bill which correctly brought out an exemption for braiding of this textured hair that isn't covered in cosmetology school and that they're very sneakily adding doing things to a straight hair like mine, as if it's the same thing as it was intended by the initial hair braiding bill. It's not the same as all-- at all. But this is intentional. And, you know, one of the lobbyists brought up that other states have included-- have been recently adopted this exemption, and she brought it up as if it was a good thing. I would say quite the opposite. I would say that looking at the impact from the Goldwater Institute really shows us that this isn't something that just everyday Nebraskans are saying: I wish I could do this job without going to school for it. It's that national outside groups are pressing this into state legislatures like ours and taking away the autonomy of our state legislatures. They have this model

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legislation from the Goldwater Institute called Breaking Down Barriers to Work. And so it's not done for the purpose of actually reconciling the need to protect consumers, it's part of this, this outside extremist ideology that's been pushed into, into state legislatures. And I'm very concerned about just this blurring of the lines in a way that puts consumers at risk and weakens the entire concept of licensure and certification.

HANSEN: Thank you. Is there any questions from the committee? Yes, Senator Riepe.

RIEPE: Thank you, Chairman. I think you said as you-- in your introduction that you have a doctorate?

CARINA McCORMICK: Yes.

RIEPE: What's your doctorate in?

CARINA McCORMICK: I went to the UNL program for. It's called quantitative, qualitative and psychometric methods. So psychometric methods is a particular type of statistics.

RIEPE: It sounds very interesting.

CARINA McCORMICK: Well, to me it is. That's why I did it.

RIEPE: I'm, I'm impressed. And thank you very much, thank you for being here.

CARINA McCORMICK: Thank you.

HANSEN: Senator Ballard.

BALLARD: Thank you, Chairman Hansen. So we've heard about sanitation risk and other risks, consumer risks, you mentioned in your testimony. What other safety concerns are we missing that haven't been said? You talked a little bit about burning.

CARINA McCORMICK: Well, I was thinking about how I'd answer this question and I realized, you know, it's really great. I don't have to worry about that because the state has worried about it and the state has already decided, OK, let's figure out everything that's potentially dangerous if done by an unqualified person and let's require a license for it. And I can go to my hairstylist and not worry about the things that might be potentially dangerous because I know that that person is trained in this and has passed a test to do it. I

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actually thought that through, like I was making a long mental list about all the things. I have very sensitive skin, so, so actually I appreciate the training about like skin reactivity. You know, they're saying like, oh, well, don't worry, it's not reactive. Well, to me, it is. I have a special condition where my skin is very reactive. So I know that the training of the schools actually like go, goes through. But on the-- I noticed the, the curlers was left out of the third proponent from that, that national institute like, like the, the hair curling and also blow drying. I would suggest you ask them about the temperature of the blow drying for like blowouts and the damage that can occur with, with that.

BALLARD: OK. Thank you.

HANSEN: If I can ask one question.

CARINA McCORMICK: Yes.

HANSEN: It is a similar question I asked before, and maybe you do or do not know it, but I just thought I'd ask anyway. Do you know of other states that have passed similar legislation? Has there been complaints of injury or lawsuits from people who have been hurt when they created this similar kind of legislation?

CARINA McCORMICK: I didn't look that up. I wonder, though, if a lot of these people have established LLCs that would like not allow consumers really to have a full level of protection when it comes to lawsuits. I didn't put a lot of research towards that, but I was thinking about it this week. Good question.

HANSEN: And that's just fine. Just thought I'd ask in case you had that. So maybe somebody will give it to me later or whatever.

CARINA McCORMICK: Yeah.

HANSEN: OK, any other questions? Seeing none, thank you. We'll take the next testimony opposition.

MARIE NORDBOE: Members of the committee, my name is Marie Nordboe, M-a-r-i-e N-o-r-d-b-o-e. I'm a licensed cosmetologist, barber, cosmetology instructor, salon owner, former school manager and I've been working in industry for 45 years. I'm also preident of the Fremont and Columbus Area Cosmetology Association. I am opposed to LB189. I feel it would be a mistake to deregulate hairstyling services in our state. This bill would allow any person without any training at all to legally style hair. Cosmetologists spend nearly one year in

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technical training, technical education, training. They have confidence due to that training to handle any situation that can occur when they're working on the public. Unregulated services cannot be checked upon because they would no longer be under the Department of Health. Our salons have regular sanitation inspections and we are required to post that grading sheet in a public area that our customers can view. As licensed cosmetologists, we are also required to attend regular continuing education classes. This keeps us up on the latest products, techniques and safety concerns. I am wondering about the quality of services, the condition of the workspace, as well as a lack of business knowledge that the unlicensed stylist would have. Does an unlicensed person know how to identify the condition that is contagious, such as head lice and ringworm? Can they recognize a precancerous spot on the skin and scalp and suggest that that client seek help with a dermatologist? Would they know how to help if the client had a medical condition such as that they suffered a stroke, a heart attack, a cut from a fall. I question whether they would pay income tax or collect sales tax and transfer that money to the city and the state agencies. Does the unlicensed stylist know how to treat a burn from a curling iron or a flat iron or a chemical burn from a product? Again, our curling irons go up to 430 degrees Fahrenheit. Do they know how to flush out the eyes if a product splashes on the client? What about allergic reactions and the toxicity of nonprofessional, unregulated products. In the industry, we tend to go with one line of products and we seek the education, we know what's in those products. If you buy something off the shelf at Walmart, you don't know what's in there. And our last speaker spoke about her sensitive skin. A lot of times it's the fragrance alone that can cause problems. In the professional industry, we now have products that have no fragrances, no color. And so that helps people that have sensitive skin. Do these untrained individuals know how to handle another COVID crisis to keep our customers safe? During COVID, we moved chairs apart. We had one person in a room at a time. We put away the magazines, we scrubbed the doorknobs. We did not allow them to touch a chair that had not been sanitized. We did not use a cape over, we put cloth under the case. There's many, many things that we do daily to prevent that person from having a problem. With shampoo, we sanitized the shampoo bowl so that the next person's neck does not touch where the last person's skin was. I also have concerns about unregulated hair extension services. It is estimated that the blunt-tipped needles nick the scalp of the client about 24 times the session. There are some methods of doing hair extensions that require a small braid, and you take something that is similar to an upholstering needle, and you go in and you stitch this artificial hair to this little braid that's

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made on the client. So when you go in, there is the opportunity to cause a little bit of a blunt-force trauma and scrape the skin. Is that needle being disinfected between because you can cause a scrape with blood and you have blood-to-blood contamination. That is the perfect way to cause a problem. There's another method of doing hair extensions that requires a bead be smashed onto the hair, and that is called a lock nut, and that attaches it. But around the facial hair, this hair is very fragile and is not as deeply implanted in our scalp. So with extra weight on the wrong hair, it can pull out your own hair. This leaves bald spots and pull burns. As a licensed cosmetologist, I urge you to not move forward with LB189. I am concerned about the health and safety issues, as well as the potential for tax evasion. And on the back, I've included what our Nebraska schools teach. If you go to the very last page, you'll see that I put some stars by 200 clock hours of hairstyling. And when it says five shampoos, conditioners, scalp treatments, that doesn't mean five shampoos. That means 5 hours of shampooing. You can do a lot of shampoos in that time. Infection control, 20 hours. Those are some highlights of the questions that were asked today. Do you have questions for me?

HANSEN: Thank you for your testimony. Are there questions from the committee? Yes, Senator Riepe.

RIEPE: Curiosity question. If you owned a salon and you rent chairs, would you rent to an individual who's proposed under this legislation?

MARIE NORDBOE: No.

RIEPE: OK.

MARIE NORDBOE: But having been an educator, I realize the importance of sanitation. They would know nothing. I would have to train them on everything. One of the things that I see happen in our own homes is we put that curling iron in there and we have no protection for the scalp. Well, standard cosmetology procedure is to put a hard rubber comb between the scalp and that curling iron. If somebody does that and has the wrong kind of comb, you melt that plastic onto the person's scalp. So there are so many safety concerns. You know, and we learned that with COVID, you got to sanitize everything.

RIEPE: I'm just glad I'm a guy.

MARIE NORDBOE: And it's a beautiful hair color.

RIEPE: Well, thank you.

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HANSEN: Any other questions from the committee? I'm curious about your position on tax evasion. What do you mean by that?

MARIE NORDBOE: Well, I just feel like these people that, yeah, it may be a blow dry bar situation and maybe the owner can keep track of everything. But if Betty Joe decides that she wants to do it in her kitchen, she can under this bill. She can. And so what's to say that she's like, that's just fun money. I'm just going to put that away. Pay me in cash only. There is nobody to check up on anything.

HANSEN: Can I follow up with that?

MARIE NORDBOE: Sure.

HANSEN: So somebody who has gone through all the hours of cosmetology, can they also do that? Could they go to their--

MARIE NORDBOE: They could do that. But they have business and salon management training that talks about having malpractice insurance, paying taxes, turning in retail taxes. Many of the schools, in fact, the school that I used to teach at, the students how to set up their own salon and give us their business plan, their decorations or business plan. So I think they're better informed about how to do things. There's always that potential that that could happen. But again, you don't--

HANSEN: The question you're posing makes it sound like people who do natural hairstyling are more fraudulent because they're bad people.

MARIE NORDBOE: Oh, no. What I meant was that it could be a very small operation, it could be a hobby.

HANSEN: So can cutting hair, right?

MARIE NORDBOE: What's that?

HANSEN: So can cutting hair, right?

MARIE NORDBOE: It's usually cutting hair is done in a professional salon.

HANSEN: Yeah, it is. I agree.

MARIE NORDBOE: Yeah.

HANSEN: OK. Thank you.

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MARIE NORDBOE: Um-hum.

HANSEN: Any other questions, just make sure? All right, thank you. We'll take our next testifier in opposition. Welcome.

SKYLAR McCAIG: Thank you. Good morning. My name is Skylar McCaig, S-k-y-l-a-r M-c-C-a-i-g, I'm with Capitol Beauty School, a cosmetology and esthetics institution here in Nebraska for the last 100 years. First off, thanks for allowing us to voice our opinion on LB189. What I've passed around to you is an example of what the Department of Health and Human Services board requires in our curriculum for our school and all the other schools across the state of Nebraska. So in our schools, students cannot touch a live human being until they are experienced with 200 hours of minimum training. And of those 200 hours, we cover hairstyling, both wet and thermal styling, shampoos, conditioners, scalp treatments, general sciences, including infection control and diseases and disorders and Nebraska statutes, rules and regulations. Once they are completed with this basic or freshman training, they are allowed to go on to advanced training, of which 200 hours include everything I mentioned above, as well as infection control, human anatomy and chemistry and of their 1,165 hours that they're required to work on like practical training. And to use the, the words directly from the Department of Health and Human Services-- services performed on the public following infection control methods, 200 hours of these are in hairstyling, 5 hours in shampoos, conditioners and scalp treatments, and 20 hours on infection control. So in our school and the other schools that are here as well, our students are trained on how to sanitize their combs, brushes, proper use of products and the downsides that can come to not doing those techniques. The natural hairstyling allowances for unlicensed individuals that's proposed in LB189 would basically account for 625 total hours of the DHHS mandated requirements of Nebraska cosmetology schools. And again, these are hours that we are training students in order to protect the public from harm. Unlicensed individuals would have no such training. Again, I've got Capitol Beauty School, which is what I'm representing. We had Mr. Greg Howard from College of Hair Design just down the road here in Lincoln. Right behind me is Stephanie Moss, who owns Xenon Academy in both Omaha and Grand Island. And the three of us have all agreed that we'd love to have all of you senators come and visit our schools. I think it would be a great thing for you to see what we do every day. The training that we provide our students is top notch and they really learn a lot from us. And we have great students. The public that comes in, we have regular clients that have been seeing us for literally decades and generations in their own families. Some of the products and devices listed in LB189 can really

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be extremely harmful to people. With untrained use, some of these irons can get, as everyone has mentioned earlier today, over 400 degrees. Some of the blow dryers are 1,500 watts. So yeah, you can really harm people, you can burn the skin. If you leave some of these irons onto the hair too long, it will literally singe the hair off and the hair will just fall off. Just 24 days ago, on January 9, a 14-year-old in Detroit, Michigan, was getting her hair styled by an unlicensed stylist. So apparently that's, you know, a thing in Michigan. So she's now in Detroit's Children's Hospital. She was getting her hair styled and the unlicensed person put a hairspray can next to a stove that heats up curling irons. And this heat caused the pressurized contents of that hairspray can to explode into her face. So to answer your question earlier, she's lost vision just 24 days ago. She's only 14 years old. So Tanajah's got to deal with that. She's got a broken eye socket, broken nose and fractures in her facial-- or sorry, excuse me, bones-- excuse me, mouth fractures. What is the purpose of this bill? Is it to get people working in the cosmetology field? Our schools are full of students that are eager to graduate and work in Nebraska's fantastic salons. I would like you to take a look at young Tanajah here. That is her in the hospital from being serviced by an unlicensed person. I just am concerned that we've got no oversight here and there are too many allowances here for unlicensed people to be working in unlicensed salons.

HANSEN: Excuse me. Your red light is on.

SKYLAR McCAIG: Oh, excuse me.

HANSEN: Are there any-- yes, questions? Senator Riepe.

RIEPE: I have a comment and a question.

SKYLAR McCAIG: Um-hum.

RIEPE: I appreciate your being here.

SKYLAR McCAIG: Thank you.

RIEPE: As a Capitol Beauty salon, you're into the business end of the deal. Have you looked at having a program much like a lot of doctoral programs? In the process of getting your doctorate, you, by being around, you pick up a master's degree on the way. So do you have any-- have you looked at any programs where you would have a shortened program, maybe 300 hours or something like that that would give them this basic training you're talking about? Maybe they get a certificate lesser than someone that's there to become a beautician. So it's, it's

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another, another stream of-- and could, I think, meet the concerns-- would be affordable maybe to these students. And yet for your business, another stream of income.

SKYLAR McCAIG: Well, Senator Riepe, good idea. I think that's better than this legislative bill for sure. I think that's a middle ground that I have seen in a different state, and other states have been mentioned today. Again, I think it's kind of critical or important to think of, you know, what's good for Nebraskans and what do Nebraskans really need. I just don't see hair, hairstyling as a standalone service to be that much of a draw, honestly. I don't think of the, you know, salon owners sitting beside me in behind me here, I don't believe many of them would prefer to hire someone that cannot color the hair, cannot do perms or chemical treatments and cannot cut the hair. So I don't see really the reasoning behind the hairstyling bill as, as allowing unlicensed people to do it. Again, I think what it does is opens up-- if this were to pass, it would open up unlicensed people to be working out in Nebraska and it would confuse Nebraskans as far as am I going to somebody that's licensed or unlicensed.

HANSEN: OK. I think Senator Riepe had another question.

RIEPE: One more. I know this goes back a number of years, but there was a piece that-- in the HHS Committee maybe five years ago that came forward that challenged the number of hours required for cosmetologists to train in Nebraska. And that was a rather controversial hearing, as I recall. I still have some emotional scars that, you know, sort of I call it post-traumatic syndrome after that. But I'm saying this might be an offshoot of maybe not getting to where people felt that the total package of training was-- I use this, my term-- I don't mean to be inflammatory or excessive, by a couple of hundred hours or something like that. I think that was the original legislation.

SKYLAR McCAIG: Um-hum.

RIEPE: I don't know. I would just ask you if you have a response to that. I can't at this time tell you whether we ever made any-- did we lower the hours of training?

SKYLAR McCAIG: Yes, sir, we did. Yeah.

RIEPE: Goody for the HHS Committee.

SKYLAR McCAIG: So yes, sir. You were there--

RIEPE: I was.

SKYLAR McCAIG: --that day. I was as well. And again, some-- most of the people behind me right now were, were here. So I hear you about the post-traumatic stress. It was, was a pretty heated argument. So to further on Senator Riepe's comment there, that was a-- Nebraska was always a 2,100 clock hour state, which was the highest in the country for quite some time. Iowa, our next door neighbor, still is a 2,100 hour state, but that was about three years ago, to my recollection. What year is it? We're in 2023 now, right?

RIEPE: Maybe a little bit more.

SKYLAR McCAIG: I think it was five years ago, it was 2018. I'm thinking it's-- I'm a year behind. Five years ago, it dropped down to 1,800 hours. So that was challenging for all of our schools to change that curriculum. But we were able to kind of, you know, rotate and, and meet those new demands. But 1,800 hours, again, is, is quite able to be completed in one year's time. And we are able to cover a lot of these important sanitation.

RIEPE: Mr. Chairman.

HANSEN: Have a second?

RIEPE: Yes. As a peacekeeper, we did pass legislation that allowed for salons to serve wine.

SKYLAR McCAIG: Hey.

RIEPE: That was under the kiss and make up routine, so.

SKYLAR McCAIG: Which has been very popular for a lot of salons.

RIEPE: The wine industry is very pleased with it as well.

SKYLAR McCAIG: And the public probably too.

HANSEN: They can serve wine? I didn't know that.

SKYLAR McCAIG: They have to get a--

RIEPE: [INAUDIBLE]--

HANSEN: [INAUDIBLE].

RIEPE: --beauty salon for a while, obviously.

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HANSEN: Anybody else. Yes, Senator Ballard.

BALLARD: I have a brief question. Thank you, Mr. Chairman. Have you seen a downtick in applicants to your school as--

SKYLAR McCAIG: Oh--

BALLARD: Yeah.

SKYLAR McCAIG: --anything else to add to that? No. In fact, we're booked up for the next calendar year, completely full for 2023. And we are-- that's for cosmetology. We are completely full on our esthetics program into 2025 right at the moment. So it's extremely popular. So what we are looking into is some alternate part-time scheduling that I think Ms. McMorris was kind of alluding to with cosmetology being a full-time gig, Hey, I will be the first person to definitely and adamantly testify that, yeah, it's a grind for our students that are doing a full-time gig at our schools. They're there for 35 hours in the week and then a lot of them have families to go home to and jobs to go home-- to go to as well after standing in a salon clinic all day.

HANSEN: If I can--

SKYLAR McCAIG: Yep.

HANSEN: --see if anybody else has any other questions? OK, good.

SKYLAR McCAIG: Would love to have you guys out for a visit, though. I think that'd be great.

HANSEN: Thanks for coming, though.

SKYLAR McCAIG: Yeah, thank you.

HANSEN: It was very informative, actually. Appreciate it. We'll take the next testifier in opposition.

STEPHANIE MOSS: Well, thank you. My name is Stephanie Moss, S-t-e-p-h-a-n-i-e, Moss, M-o-s-s, and I am opposed to LB189. I come to you as a licensed cosmetologist for the last 20 years. I also sit here as a salon owner. I own Stephanie Moss Salon in Omaha here, and I employ about over 20 licensed staff. I'm also one of the owners of Xenon Academy, that is, as Skylar said, one of the other beauty schools here in Omaha and also in Grand Island. With that, I've also been a national artist for L'Oreal professional for about 12 years,

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which allows me to travel all over the United States and hire-- and give advanced education. With all this experience, I find it very concerning to see this bill being passed. As a salon owner, I offer hire students directly out of beauty schools. Before allowing them to work on guests, we do additional training and associate programs to ensure they are 100 percent fully prepared in providing safe and quality services. I know many of my other amazing fellow salon owners do the same thing before allowing them to fully accept guests. As part of becoming a licensed cosmetologist, you are required to be trained in sanitation, skin, nail diseases. This is essential to ensure guests are not receiving services if they have any communicable diseases, and how to properly sanitize the tools and equipment for safety of all of our guests. The seriousness of sanitation and safety to our guests was highlighted in the spring of 2020, when our industry was required to close by the state of Nebraska due to the COVID-19 pandemic. The lawmakers at that time believed our industry worked closely enough with individuals we were not able to provide services. Once able to open, we were held significantly to higher standards in distancing and sanitation. If this bill is approved, there's no way you can monitor or regulate who is able to perform services and who will monitor those sanitation standards. As being licensed through the Nebraska Department of Health and Human Services, we are subject to unannounced inspections to ensure we are always up to code at all times. This bill includes the ability to do hair extensions. While some may think it is not difficult, it requires training and certification to ensure your guest is a good candidate and support can-- and can support the additional weight of extensions without causing breakage or even permanent damage to the scalp. Guests can develop tension alopecia or even experience pus-filled ulcers and blisters on their scalp if it's not addressed and it may become infected. And I did attach a second page there with a few photos that's just showing what tension alopecia can actually look like to a guest. Safety of our guests is the utmost importance. And as a licensed salon owner, I'm required to have insurance on all of my stylists in the event that any guests may be injured during a service. Working with hot tools can cause burns, and you should be trained what to do if such would occur. If this bill is approved, I'm concerned about the unregulated, uninsured and untrained groups of people performing these services that they are not qualified to do. Thank you for your time, and I believe that you will make the decision that provides safety and quality care to the residents of your districts and the state of Nebraska. Thanks.

HANSEN: Thank you. Are there any questions from the committee? Yes, Senator Hardin.

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HARDIN: Just curious, what do students get paid when they get to the hands-on portion of training? Do you know what that can be or--

STEPHANIE MOSS: So you're talking after they've graduated from cosmetology school itself and, and working in a salon?

HARDIN: Well, I guess I'm saying during the internship portion or when they finally do get to touch humans.

STEPHANIE MOSS: So that portion for me that I referenced in the top portion of it would be like if they're coming to work for my salon company.

HARDIN: OK.

STEPHANIE MOSS: So I have the school and I have the salon, right? During the school portion of it, it cannot be a paid position as they're paying to be in school. But when I hire them for my salon company, we pay them-- we start them at \$15 an hour. But with that being said, I think the big difference is, is if I can just touch on would this help me as a salon owner to be able to have some of these staff that maybe don't have to go through this education? Could they help me? We are a 90 percent chemical based company, right? Everyone gets hair color anymore or their smoothing service or whatever that might be. And so my associates that work on me, they are helping with-- we're hands in right from the get-go. They're not just watching me. We're working on things together for them to constantly just get better, better, more comfortable. But they're applying chemicals day one.

HARDIN: Gotcha.

STEPHANIE MOSS: Yeah.

HARDIN: Thank you.

STEPHANIE MOSS: Other questions?

HANSEN: Senator Riepe.

RIEPE: Thank you. Thank you for being here. I'm very impressed. Your one academy is in my district, so thank you for being here.

STEPHANIE MOSS: Thank you.

RIEPE: I hope you're paying taxes.

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STEPHANIE MOSS: I think I am. No.

RIEPE: I'm, I'm impressed to them. You're obviously good at business, and you've done very well.

STEPHANIE MOSS: Thank you.

RIEPE: And thank you.

STEPHANIE MOSS: Thank you. Appreciate that.

HANSEN: OK. One quick question. Do you know where these pictures came from?

STEPHANIE MOSS: So those ones are not actual guests of anything. I just Googled and you could go under tension alopecia, right, online.

HANSEN: OK.

STEPHANIE MOSS: And you pull it right up that way.

HANSEN: OK, cool.

STEPHANIE MOSS: Yep.

HANSEN: Thank you.

STEPHANIE MOSS: Thank you.

HANSEN: All right. Thank you for your testimony.

STEPHANIE MOSS: Thank you, guys.

HANSEN: We'll take the next testifier in opposition. I can't-- can I get-- thank you for coming. Sorry to interrupt for two seconds.

BETH SMITH: That's fine.

HANSEN: Can I get a raise of hands how many people are still willing to-- are going to testify on this? OK, thank you. Sorry.

BETH SMITH: Hi. I'm Beth Smith, I'm the owner of Bloom at JB's Salon. I've been in the business 35 years. I've been a salon owner for about 14 years. I've put two daughters through cosmetology school, about \$40,000. I feel like this bill is a slap in the face to everybody in our industry that has worked so hard. We've talked a lot about sanitation and dangerous things. I want to talk a little more about

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the business side of it. I'm telling you, as a salon owner. I don't know where these statistics came from, but there's no labor shortage. There-- our schools put out great students, and there's plenty of them to hire. As a salon owner, my challenge is to keep them busy, to keep them at an income so they don't leave the business. I want them to do well, I want them to make six figures. And yes, salon hairstylists in my circle make six figures, not the \$20,000 or whatever the statistic was. So, so why deregulate part of our services and give it to somebody that hasn't worked for it, that hasn't paid the money to go to school? Taking away styling is going to kill our wedding business, our homecoming, our prom. And I don't know, it's just not right. I feel like this bill, I mean, I'm going to call it what it is. It's for big corporate salons. It's for-- so dry bar or whoever it is doesn't have to pay a stylist what they're worth. It's not for small business at all. It's not for stylists who worked their butt off building a business from the ground up. It's not for anything we stand for. I do, I do agree-- I do believe to get a cosmetology license in Nebraska, we should have some stricter testing. There was talk about cosmetology fees being too expensive. Well, nursing fees are expensive. Are you going to deregulate part of nursing, too? Like, it makes no sense to me. And customers, how are they going to know? Is somebody going to say, oh, I'm gonna do your hair today, but I don't have a license. They're just going to assume that somebody has a license. Somebody is, somebody isn't. I would never hire anybody without a license. Nor is there even a demand for it. This is not about that. This is about big corporations not wanting to pay people what they're worth. I don't know, it's just-- I guess that's pretty much all I have to say. Does anybody have any questions?

HANSEN: Thank you.

BETH SMITH: I'm all like nervous. Don't know why.

HANSEN: Don't worry, we're all just staring right at you up here. [LAUGHTER] Is there any questions from the committee? All right, seeing none. Thank you for coming. I appreciate it.

BETH SMITH: Thank you.

HANSEN: We'll take the next testifier in opposition.

LINDA POCHOP: Welcome. Hello. Get my readers on here, so I can see. My name is Linda Pochop, L-i-n-d-a P-o-c-h-o-p, I have been a licensed cosmetologist for 35 years and a licensed cosmetology instructor for 30 years. I am currently the director of Education at Xenon, a

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Stephanie Moss Academy. I also teach continuing education classes nationally for a distributor on salon sanitation and human trafficking that are continuing education hours for people all over the United States. Once again, I find myself here defending our industry and license from deregulation and interference from special interest groups looking to make changes in our industry without the understanding of what the impact of these changes will cause. My first point will be to discuss that the majority of salons in Nebraska, and then the districts that you are elected to represent, are small businesses ran by sole proprietors. They are not these large franchises that may push the change in regulations for their individual interests, allowing unlicensed persons to provide services in a way to lower the wages and pay for underqualified workers, rather than offering a competitive rate and employing qualified stylists. Interestingly, in the last three years, these large businesses have tripled their number of franchises. However, their hourly wages that they're paying their stylists have not met that. They have not equally risen. And after researching these companies on indeed, which I included in there, those are reviews from people that have worked at those types of franchises. And as you go through and look at that, you're going to notice that for a lot of them, they're saying, you know, I upgraded, I sold more stuff. I didn't get increase in pay. So these people are working an hourly wage. And it kind of reminded me of like what happened when Wal-Mart said, yes, we're going to raise the minimum wage for our, our people. Guess what happened? When you go to Wal-Mart, there's no more checkers anymore. So, yes, they agreed to do something, but then they turned around and just got rid of the position. So it's not these small salons that we have in Omaha, Nebraska, and Grand Island and Schuyler. These places are not the ones that are looking for this labor. It's these bigger franchises that are not willing to have a business model that's going to compensate somebody that wants to go work there. They're having a problem filling their places because they do not offer a position that somebody that's licensed wants. That's kind of, you know, what's happened there. So as we start thinking about this, it's like, who's really going to benefit from this? Because it's not going to be the person that's standing behind the chair, if they're even standing behind the chair. We spent, again, a considerable amount of time and money on our curriculum to train our students in the best business practices to have lucrative careers. Our goal is to send our students into the industry prepared to become industry leaders and professionals. My second point to discuss of this is that deregulating [INAUDIBLE] services will have an important impact on the state by providing those these services in unlicensed places such as their homes. Since this isn't a regulated

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service, who is going to ensure that the space and the service providers are following guidelines of sanitation and safety for the public? What this is opening up is for an industry of kitchen beauticians who are not professionals that are going to skirt around what is and isn't regulated. And don't kid yourself to think that they're going to stop with blow drying, styling somebody's hair. Sanitation is something again, we've already kind of talked about that with the COVID outbreak and what happened there. But this is setting up a standard for these unlicensed people to work in a cash business, again, where they're not going to be reporting income, paying taxes on their income, which does hurt all of us. My third point of this that we're going to talk about is going to be something that we thought we had gotten resolved with the nail salons, and it's this unlicensed person working in a licensed facility. So when people go into nail salons, they do not realize that if they're getting a natural nail service, they most likely are having somebody who is not licensed doing that service. And if anybody has ever been into a nail salon and they've seen like the cheese grater that they've pulled out to put on somebody's foot to remove calluses, know that as a licensed person, if I did that, I'm breaking the law. They are not-- but because they are not licensed and not regulated, nothing happens to that. There's a lot of-- in that handout, I also put--

HANSEN: I'm going to-- I'm going to have to cut you off.

LINDA POCHOP: Sorry.

HANSEN: Sorry, we hit the red light. We have a lot of testifiers.

LINDA POCHOP: Yeah.

HANSEN: Is there anybody on the committee wanting to ask a question? OK, seeing none.

LINDA POCHOP: OK.

HANSEN: Sorry, sorry to cut you off here.

LINDA POCHOP: No, that's OK.

HANSEN: OK. Thank you for coming.

LINDA POCHOP: Thank you.

HANSEN: We'll take our next testifier in opposition. Welcome.

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HEATHER SCHULTZ: Hi. My name is Heather Schultz, first name, H-e-a-t-h-e-r, last name, Schultz, S-c-h-u-l-t-z. I am a former-- I went to a cosmetology school here in Lincoln at College of Hair Design 25 years ago. Although I do not have a salon anymore, which I did for about ten years, and I've worked in salons, due to health reasons, I no longer practice. But I keep my license active because it's a way of, if by chance I'm out of a job, it's something I can always fall back on. I worked hard. I put in 2,100 hours at that time. I paid back then roughly \$12,000 to go through the cosmetology program. I added on the barbering program as well, at that time, it was \$15,000. Twenty-five years ago. So if we're putting a price tag of \$20,000 on it today with inflation costs, it's not really increased all that much. I've worked hard. At this point in time, you guys have knocked it down from 2,100 hours to 1,800. You've taken away the continuing education requirements, which used to be 16 hours down to 8. How much more is going to go? I worked hard, as well of all-- a lot of these other people sitting behind me and a lot of those that are not here today to speak on our behalf. At that time, went to school with people that were right out of high school, single mothers, mothers that, that had families, people that wanted a career change. Every walk of life. There, there are many options available to anybody, whether you go to a small private school, a hair school, a university, there are funding options available, many student aid options. So I feel that this bill is contradictory in language. It really only focuses on one thing and that's braiding. You, you outline in this bill that electrology, esthetics, nail technology and body art. But it seems to me that we're only focusing on one thing, which is braiding. And technically we're going to call it what it is, ethnic hair. I learned in school how to deal with ethnic hair. I've had customers that chose to come to me through my duration of school to see me as their client. And I, you know, you work with all hair textures when you go through cosmetology school. It not focuses on one hair type, you learn all types. And, and I did many types of braiding. You name it, we learned it. I also have to learn the bones, muscles, nerves of the head, face and neck, because that's what you're touching, that's what you're dealing with. You also have to learn the state laws, regulations and sanitations. When you graduate, though, is where you really hone in on what it is that you want to focus on. You can, you can focus on everything that you learn in school, or if there's something that you really enjoy, whether it be the braiding, coloring, perming, texture, styling, cutting, whatever, you get to choose. You get to finally choose, after you've learned all this, which way you want to go with it. And there-- you can focus on one specific area or many. But by passing this law, you, I feel, are devaluing those of us who have put ourselves through

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school. We've worked hard. I-- my, my school was full-time, 40 hours a week with 4 hours each night. So I put in 44 hours of school and I also worked a full-time job. So it can be done. It's whether or not you want to. And then I hope that those of you that are sitting on this panel have actually learned something from those of us who are opposing this LB189 bill that you're trying to pass.

HANSEN: OK, thank you for your testimony.

HEATHER SCHULTZ: Thank you.

HANSEN: Are there any questions from the committee? Seeing none.

HEATHER SCHULTZ: Oh.

RIEPE: I would only--

HANSEN: Senator Riepe.

RIEPE: I would only say, we're not trying to pass that. We're hearing to see whether we should consider it.

HEATHER SCHULTZ: OK.

RIEPE: So I don't want you to think that we're biased one way or the other. But thank you.

HEATHER SCHULTZ: OK.

HANSEN: Thank you for coming today too.

HEATHER SCHULTZ: Yep.

HANSEN: Appreciate it. All right, we'll take our next testifier in opposition to LB189.

JULIANNA KOEHLER: Hi.

HANSEN: Welcome.

JULIANNA KOEHLER: Thank you for taking me today. My name is Julianna Koehler, it's spelled J-u-l-i-a-n-n-a K-o-e-h-l-e-r, and I am representing Seven Salon. There's a couple of things that I am going to mention because it brought up extensions. With the extensions that I do in the salon, I do have to prep the hair, and that requires a shampoo and knowing what shampoo it needs to be used on the hair in order for the extensions to maintain in the hair the-- for the right

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amount of time. To answer your question about natural styling and natural braiding, it's all natural hair. Hair is hair. So on top of that, I paid for my extension services on top of my education. So with that I was at \$28,000 for school, and anywhere between \$300 \$3,400 can go into your extension education, which means they can confirm or deny you if you get into that program. Another thing that I wanted to bring up is we just developed into our industries after being awarded the Mission and Ministry grant from CHI Health to fund work and supporting education and educating us in human trafficking and prevention and intervention in 2020. This bill gives traffickers a place to take their victims to be groomed for their abusers. Service by untrained providers that have no idea what they're looking at or how to report safely, how will we-- how will an unlicensed provider recognize that they are being misclassified? As far as income taxes, unlicensed providers are often victims of labor trafficking. These are just some bullet points that I wrote down today just to give you guys. And that's all I have for you.

HANSEN: Thank you. Any questions from the committee? Seeing none, thank you for coming.

JULIANNA KOEHLER: Thank you.

HANSEN: Take the next testifier in opposition, please. Welcome. Welcome. The floor is yours.

LYDIA NIMS: Good morning, Senators. My name is Lydia Nims, L-y-d-i-a N-i-m-s, Nims. I am the current co-- or owner of Joseph's College Cosmetology. I am a licensed cosmetologist, I am a licensed instructor. I've been in the business for since 1965, going on 58 years. I know I don't look like that, but yeah, I started when I was 12, OK? Anyways, Senators, I'm here today to talk about LB189 and the adverse effects it will have if passed. My many concerns are for Nebraska's citizens, salons and beauty professionals. The first concern, like most people have talked about, is safety for salon clients. Untrained people operating in an unlicensed salon setting is dangerous to the public. The list of hazardous possibilities is long. So many things can go wrong without professional training and knowledge of safe practices. A current cosmetologist is trained in the health sciences that include anatomy, physiology, sanitation, skin structure and growth, hair and scalp properties, hair and scalp disorders and diseases. Clients deserve a reasonable expectation of competency. Please do not put the public at risk with untrained individuals. Nebraska's 6,991 licensed cosmetology professionals have rightfully earned credibility regarding the public trust and safety.

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They have worked hard to learn their train-- trade, they understand the importance of licensing and education. Specifically, they have documented hours in hairstyling education, yearly continuing education is also required. In Nebraska, it is eight years of continuing education for a two period-- or two-year license period. In addition to that, cosmetology instructors have to have another 4 hours of continuing education in methodology. Basically, this bill is also going to put current cosmetologist and salon owners at financial life-- their financial livelihood at risk. I am also concerned for the businesses. I am citing three sources that state the average salon profit margin is 8.2 percent. Haircutting and styling comprise 38.4 percent of salon revenue in beauty services. Other hair care such as perms, blow dry and texture modification make up an additional 4.2 percent. It is not unreasonable to see that business taken away from natural hairstyling undercuts the 8.2 percent profit margin to stay in business. Most salons are small business owners. They do not have the capital to weather an event-- "ineventable" losses in revenue. Booth rental operators have the same dilemma. Here is the definition of natural hairstyling and braiding according to Milady, whose cosmetology curriculum we use. Milady has been in education since 1927 with the natural hairstyling and braiding world, hair is referred to as natural or virgin if it has never had any chemical treatments.

HANSEN: Ms. Nims.

LYDIA NIMS: Some people use these--

HANSEN: Ms. Nims, your red Light is on. Sorry to cut you off again so.

LYDIA NIMS: I know you can all read.

HANSEN: Yep.

LYDIA NIMS: The rest of the testimony is there, along with statistics--

HANSEN: You're just-- sorry to cut you off when you're almost done, too. So just to make sure, are there any questions from the committee? OK, I just want to make sure. Thank you for coming today, too.

LYDIA NIMS: Yep.

HANSEN: All right, we'll take the next testifier in opposition. Good morning.

KEN BROEKEMEIER: Good morning.

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HANSEN: Thanks for coming.

KEN BROEKEMEIER: Good morning, Senators. My name is Ken Broekemeier, Ken, K-e-n, Broekemeier, it's a long one, B-r-o-e-k-e-m-e-i-e-r. I'm reading this testimony for Nebraska Cosmetologists United. As of this morning, we've had 1,175 people sign this petition. For the record, I'm reading the petition as a Nebraska citizen and for the many people opposing LB189 that are not able to attend today's public hearing. Nebraska Cosmetologists United is a grassroots organization and it's comprised of cosmetologists, barbers, estheticians, nail techs and supporters of the industry. So here is the petition. Dear Senators, I am requesting that you say no to LB189, the Nebraska natural hairstyling bill. I am concerned that the current cosmetology license is being reduced to an unsafe and unprofessional level. This bill attempts to fracture the cosmetology profession and my livelihood. LB189 would allow unlicensed individuals to shampoo, dry, arrange, curl or straighten hair using mechanical devices such as blow dryers, combs, brushes, curlers, hot curling irons, blunt-tipped needles, thread and hair binders. It also includes the use of hair sprays and topical agents such as balms, oils and serums. Styling of hair extensions and wigs are added. On the surface, this might appear OK, but to understand what really goes into professional hairstyling, it requires a much more in-depth knowledge. Natural hairstyling is an extension and continuation of everything a professional has learned while being mindful of safe practices. It is the-- it is important the public stay protected. A current cosmetologist is, is trained in health sciences that include anatomy, physiology, sanitation, skin structure and growth, hair and scalp properties, hair and scalp disorders and diseases. Without training, how does someone even understand the proper sanitation methodology to ensure safety for the client and the Nebraska public? Where are the necessary safeguards? This is really important. Injuries are not always immediately evident, but they can cause physical damage later. Skin rashes can result from product usage. Another example of client safety would be a burn caused by a thermal tool, tool. It may be considered minor, but that doesn't mean the burn is not dangerous. Even minor burns can be painful and, and also increase the likelihood of bacterial infection and cause scarring. Let's create a better Nebraska safety with the inclusion of our licensed beauty professionals. Please stop LB189.

HANSEN: Thank you for your testimony.

KEN BROEKEMEIER: Thank you so much for--

HANSEN: Are there any questions from committee?

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KEN BROEKEMEIER: --for listening.

HANSEN: Seeing no questions, thank you for coming. Appreciate it. We'll take the next testifier in opposition.

REBECCA WESEMAN: Good morning.

HANSEN: Morning.

REBECCA WESEMAN: My name is Rebecca Weseman, R-e-b-e-c-c-a W-e-s-e-m-a-n. I'm an area developer and franchisee for Sport Clips. We're a national company. I have a salon in Omaha and in other states as well. I am here today also as a licensed health care professional, professional in the state of Nebraska. And I don't want to reiterate on many of the things that a lot of our professional people in the audience have said today. But I do want to reinforce the concern related to this bill. And for those people that would be doing services perhaps inside their home, the concern related to sanitation is definitely a high one. Bloodborne pathogens are a true concern. I have worked with many patients for-- with the liver transplant program at, at UNMC for 27 years with hepatitis C. So certainly sanitation needs to be of the utmost thought within this. Secondly, I do believe that allowing for people to do these kinds of services would be a gateway to in-home personal business and no way to track their claiming income for their taxes. At this point in time, if you're licensed, you get caught doing something in your home that you should have had licensure for, you can certainly lose your license and your ability to provide those services. I do believe that the conversation related to a 300-hour degree program that would provide licensing is a good, reasonable medium that would allow for the people that are looking to do these types of services without doing chemical service or haircutting would be a reasonable solution. And lastly, I just want to reiterate that in a company like ours, even when we have licensed cosmetologists that come to work for us or licensed barbers within the state, we continue to provide for our employees paid education that's ongoing, particularly in the area of multi-textured hair with textured mannequin heads and etcetera, so that they can receive ongoing training, which then does qualify related to their 6 hours of continuing-- or 8 hours of continuing education credits that they need in the state of Nebraska to renew their license every two years. Thank you.

HANSEN: Thank you for coming to testify. Are there any questions from the committee? All right, seeing none, thank you for coming.

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REBECCA WESEMAN: Thank you.

HANSEN: Is there anybody else wishing to testify in opposition position to LB189? All right, seeing none, is there anybody who wishes to testify in a neutral capacity? Hello.

KARLA UHLIR: Hi there. My name is Karla Uhlir, that's K-a-r-l-a U-h-l-i-r, and I'm from Verdigre, Nebraska. I am an educator, a hair educator in the state of Nebraska. And I waited till the end so I could get both sides. And I do have notes, OK? I appreciated the senator that's not sitting here anymore when he asked about lowering some hours for people that were just to do nonchemical work. As Mr. McCaig said, they are-- they use-- they have 600 hours in which they, it takes them in order to be able to properly do what LB189 is asking. And so I would look for something 600 hours or more. And what was not brought up on either side is that we've got journeymen, well not in cosmetology, but there are journeymen. There are apprenticeships for plumbing, for electrical, and there is for cosmetology. It is not widely used. For those people that want to partake in our industry, but maybe don't have the funds, like was, was saying. By the way, I was a single mom when I went to beauty school full-time and I did work at Valentinos and got most of my meals there and it can be done. But there is an apprenticeship program. Now, the owner of the salon has like a 20-page application. They have to be able to teach what these students would have learned in school, and that is something that is out there that has not been mentioned. So if there is someone that wants to maybe learn more about natural hair, then that salon owner would spend more time on teaching that. That's it.

HANSEN: Thank you. Thank you for your testimony. Any questions from the committee? Senator Walz.

WALZ: Thank you. So are you saying that there's already, there's already a program available for somebody to do what the bill is asking?

KARLA UHLIR: Well, they do have to have the hours--

WALZ: Sure.

KARLA UHLIR: --that school would have, but they are working in a salon setting and the instructor would be the salon owner or whoever in the salon is capable of doing that. But, yeah.

WALZ: OK. Thank you.

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HANSEN: All right. Thank you for coming. Do we have anybody else who wishes to testify in neutral capacity? Welcome.

NYOMI THOMPSON: Hi. Good afternoon. My name is Nyomi Thompson, that's N-y-o-m-i T-h-o-m-p-s-o-n, and I'm representing I Be Black Girl. I Be Black Girl is a reproductive justice organization that centers black women, femmes, and girls. Because when we do, everyone benefits. I am testifying neutral to LB189. The policy has historically been weaponized against black communities, and as a result we are committed to building black political power to address the harm and for a new experience of legislation. For us, that means intentionally including those most impacted by legislation to be centered and included in the policy creation process. LB189, unfortunately, does not do that. In order to implement policy that is truly effective, we need to include natural hair styles in the creation of the bill to ensure implementation doesn't cause more harm. Natural hair, the way it's styled and the way it's regulated is of importance. It takes conversations, the proper stakeholders, and community members to make a policy of value. We urge you to indefinitely postpone LB189 and revisit the best way to provide support to the natural hair styles community. Thank you for your time.

HANSEN: Thank you for coming. We didn't get the name of your helper today, though.

NYOMI THOMPSON: Her name is Troy Emery Jean [PHONETIC].

HANSEN: Oh, OK.

NYOMI THOMPSON: Say hi.

HANSEN: Thanks for coming. Best testimony so far.

WALZ: Yes.

HANSEN: OK. Are there any questions from the committee at all? All right. Seeing none, thanks for coming in.

NYOMI THOMPSON: Thank you.

HANSEN: All right. Is there anybody else who wishes to testify in a neutral capacity? OK. Seeing none, we will welcome Senator Kauth back up to close.

KAUTH: How do you follow that?

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HANSEN: Yeah. For the record, before you start here, sorry, we did have some letters sent in, and we did have 3 in support and 20 as opponents. So just for the record.

KAUTH: Thank you very much for all of the testifiers today. It takes a lot to come up here and sit and talk to people who are sitting there staring back at you so I appreciate everybody who took time out of their day to come out. As I mentioned in my opening, the goal is to create opportunities for entrepreneurship, business growth, and job creation. For businesses who are in need of workers, which I believe that there are, it gives them a choice in greater depth in terms of their applicant pool so that they can choose a person with the talent skill that is needed. Now while this bill is about providing economic opportunities for Nebraskans, I want to briefly comment on the health and safety comments. Since the passage of the hair braiding bill in 2016, there have been no documented complaints in Nebraska pertaining to health and safety concerns, including or-- involving hair braiders. In the past four years, five other states have passed legislation like LB189 is proposing and exempting natural hair styling has not posed any risks in these states. I think we need to remember common sense surrounding who we choose to go to for cosmetology services. We rely on things like word of mouth, referrals from friends, Yelp reviews, Google reviews. I would trust that business owners make decisions that are in the best interests and in the interests of their customers. The other thing is we heard a lot of people talking about how if somebody is unlicensed, they could just do this from their home. Anyone can choose to just do this from their home if they are-- have a cosmetology license or not.

_____: No they can't.

HANSEN: Hey, wait. Actually, we will hold on comment, please, thank you while she is testifying.

KAUTH: The fact that, the fact that people want to pass this kind of bill means they want to work within the law and they want to be able to do these services. Them being able to do this within the law doesn't mean that they're going to skip paying their taxes. The fact that they're working for this law probably means they're more willing to pay those taxes and to set up an actual shop. So cosmetologists would lose their licenses if they were caught, but they could certainly get away with doing it as well. So it's-- that's-- I found that to be a little bit disingenuous. These are activities that we're discussing that are things that we do in our own homes. The ability to be able to do them for people is something that we've heard testimony

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from our, our second testifier that she would very much like to be able to add these services to her hair braiding services. But she now has to go through cosmetology college because she can't offer just this little bit extra. So I think there are some accommodations that need to be made there. Instead of burdensome, burdensome regulations, I think niche entrepreneurs like this should be given the chance to do what we all do in our homes every day. So thank you very much.

HANSEN: Thank you. Are there any questions from the committee? All right. Seeing none, that will close the hearing for LB189. And we will now open up the next hearing for LB280 and welcome, Senator Blood. OK. All right. Well, Senator Blood, whenever you are ready, you are ready to open for LB280.

BLOOD: Thank you. Well, good late morning, Chair Hansen and members of the Health and Human Services Committee. My name is Senator Carol Blood, spelled C-a-r-o-l B-l-o-o-d, and I represent District 3, which is the western half of Bellevue and southeastern Papillion, Nebraska. Thank you for the opportunity to bring forward LB280 regarding the massage therapy mobility compact. LB280 allows Nebraska to join the Interstate Massage Therapy Compact, otherwise known as IMPact. IMPact will allow licensed massage therapists in Nebraska to practice in member states within the compact without having to obtain individual licenses when they want to practice in a different state. Each of these compact states agrees to mutually recognize the licenses issued by other member states. Once a licensed massage therapist in a home state is confirmed to have met eligibility, practicing licensure, they can apply for a multistate license, become verified for eligibility by the Compact Commission, and then can practice in all member states. Now massage therapy is kind of an important piece of the healthcare puzzle, massage reduces stress and increases relaxation. It reduces pain and muscle soreness and tension. It improves circulation, energy, and alertness. It lowers your heart rate and blood pressure, and it can improve your immune function. And let's face it, it just feels good. LB280 is also part of a broader effort to aid military families and remove barriers to the employment as they are relocated. The Council of State Governments partners with the Department of Defense to support military families with these interstate compacts. Various fields that require licensure benefit from these multi-state agreements and allow more mobility, including doctors, nurses, psychologists, physical therapists, EMS, occupational therapists, audiology and speech language pathologists, counselors, and physician assistants. There are currently four compacts in place starting this year, and that is for teachers, massage therapists, cosmetologists and dentists and their dental assistants. Next year they'll be a social

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worker compact. This IMPact multistate compact would remove barriers for licensure and, therefore, employment for massage therapists and create reciprocity between states. For the compact to take effect, only seven states would need to pass for this legislation. Spouses of military families have long faced high unemployment, currently at 22 percent. This high unemployment rate makes them among the highest demographic in the country. This leads to military families in Nebraska and across the country having difficulty building long-term financial futures, save for retirement, and find post-military careers in accordance to their experience and education. Combine these concerns with moving every two to three years and you've created a perfect licensure storm as you move state to state as a massage therapist. By the time they acquire a new state license, they might have to move again within several months. The absence of an interstate compact is a burden on military families and their ability to achieve stability or employment when they have to move. Not only do Nebraska licensed massage therapists benefit from this legislation, but the state itself and Nebraska consumers see an impact. Licensed massage therapists have an easier path for practicing between member states, and their employment opportunities expanded into new park-- new markets and compacts. Their financial burden of applying for new licenses is lessened and can establish a continuity of care when clients or themselves relocate. Importantly, massage therapists who have spouses in the military or other occupations that require frequent moving do not have to perpetually reapply for a new state license. It also opens up additional job opportunities as they can practice across state lines should the neighboring state belong to the compact. For regulators in Nebraska, LB280-- in Nebraska, LB280 lessens administrative burdens while still allowing them jurisdiction over their member states and licensing. Cooperation is also fostered with Nebraska being a member of the compact with licensing boards collaborating on investigations and disputes between member states. Also in the event of a public health emergency, mobility of licensed massage therapists is eased. Lastly, Nebraska itself is a, a benefactor of IMPact, Nebraska's labor force and development of a new massage therapist business creating jobs and attracting new residents for the state. Consumers in Nebraska would also have more access to massage therapists if they have the ability to set up business with no barriers to licensure. Now we've long heard Legislature-- legislators and advocates want to make Nebraska a more military friendly state, so passing LB280 is another step towards this. These interstate compacts lessen the burden for military spouses for employment and their families' financial prospects. The difficulty of moving and finding employment, schools for your children and medical care is hard enough

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to accompany the unfamiliarity and sense of unease of moving to another region or state. These interstate compacts can ease these hurdles. Nebraska businesses and their ability to attract talent would have a boost as well as with more families being able to establish themselves. This bill, and I hope everybody's listening now, had the ability to be a win-win for Nebraska. However, that's not likely going to happen now. In Nebraska, our educational standard is 1,000 hours while the compact presents only 625 hours. So I want to clarify some misinformation that you may have received, because I know I've certainly received it, and that's been put out to the masses. I want you to know that states are not required to modify their hours of education requirement for state licensure in these compacts. But in this compact, the 625-hour requirement applies only to the LMT seeking to have a multi-state license. Many in Nebraska feel the compact is not what is best for Nebraska and have asked that we keep it in committee as they don't feel 625 hours is enough hours to be as skilled as those already practicing in our state, which I think you guys just kind of had that conversation in the previous bill. I will say that we've had others who have called and said the opposite, that have been very much in favor of this bill, but the masses have been activated and come out against this with auto-generated opposition to this compact. So I do want to note that much of the opposition came from actually our massage schools who pointed out that they will lose income, and that's fair enough. I do thank you for your time today and I'm happy to answer any questions, but I'm in, I'm in the position that I feel it's necessary to ask you to keep this compact in committee, at least for now. I encourage testifiers just to fill out the form at the door if in opposition, as I understand their concerns and I'm choosing not to die on this hill today. But I will say that there was one thing that I found really disturbing that had been generated by whomever where they, they were curious as to who was behind this compact. Anybody who has worked with me knows that these compacts always come from the Department of Defense and CSG, Council of State Governments. They're not from some dark group that is trying to bring in immigrants to work unlicensed in sweatshops. I just want to get that on record because that was intimated to me in multiple emails. That's not the purpose of this bill. The organizations that are behind these compacts are the Department of Defense at the federal level. They are done because reciprocity does not allow our, our military spouses to move from state to state to state. It only allows them to come and work in your state. But if they move in two to three years, they don't have the ability necessarily to have that same reciprocity elsewhere. So we're trying to create some continuity amongst all the states, and we've done so in some really excellent

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compacts, such as the psychology compact, such as the nurses compact, such as the doctors compact. They're very powerful. They're very successful. But again, especially since you've had a long hearing, I'm hoping that those that might oppose it will just say they oppose it on the way out. And we can let you guys have a little bit of time for lunch today. So with that, I'm happy to answer any questions.

HANSEN: Thank you. Are there any questions from the committee? Senator Riepe.

RIEPE: Thank you, Chairman Hansen. I want to commend you, you've really been a champion over the years for setting up these compacts on a number of things and also your support for military support for spouses.

BLOOD: Thank you, Senator Riepe.

RIEPE: I think that's been helpful to the state. I think it's been very beneficial to the recipients of those rewards. The one question that I do have, and that is with the amendment of-- to LB280, and that is where it says, and I quote, have no greater liability than a state employee would have. Yada, yada, yada.

BLOOD: Does it really say yada, yada, yada? I need to go fix that. So--

RIEPE: I'm just curious how the state employee becomes the standard and why that was chosen?

BLOOD: You know, I'm, I'm not sure why it was chosen, but I can tell you, when you were Chair of, of HHS, that was when I had my very first two compacts pass. I believe you chaired, Senator Howard, was, was Vice Chair, and it was brought up by the legal community in Nebraska that we needed a liability clause. And it was approved way back then by the, the compacts. And it's just basically to protect those in Nebraska that, you know, I don't understand why the standard is there, but it's to protect people from liability.

RIEPE: OK. Well, I figured the bill [INAUDIBLE]--

BLOOD: I, I really have no idea. I've never been asked that, why an employee is the standard? But that's how it's been on every single one of our-- verbatim, our liability amendments that we've added. So good question. I think I'll find out that answer now, because I'm curious too.

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RIEPE: All right. Just curious. Thank you very much. Thank you for being here.

BLOOD: Yeah, don't know unless we have of lawyer on this group that might know. I, I-- usually, I can throw a rock and hit a lawyer but, I guess, not on this committee.

RIEPE: Thank you, Mr. Chairman.

HANSEN: Senator Hardin.

HARDIN: Senator Blood, do we have a-- or can we get a hold of a list of the states and the clock hours that each of them do require? So I'm just curious to know, is there truly a, a vast difference of requirements everywhere or not, particularly with the states that touch this as well as-- I get it, most states have some kind of military base in them somewhere. And so just curious what the, the nature of that comparison might look like.

BLOOD: Yeah, I can definitely get you a list of, of all those hours. I can tell you that when they do the compacts, they bring in multiple states.

HARDIN: Sure.

BLOOD: And unfortunately, I don't think anybody from Nebraska this time was included. But I do know that there's a conference and that Nebraska felt that their questions were answered and that it was being rushed. I can tell you that these aren't rushed. It takes about two years to form a compact, lots of meetings, because I've sat in on the ones for teachers and some other compacts that have been passed. But I do know that the 600 and I think it's 25 hours that they came up with was based on all of the states that they looked at and they thought that that was the fairest that they could be with the states that they met with. Clearly, Nebraska is 400 hours above that. So it's, it's actually quite a jump. But, but I respect why they feel that they want that. And, you know, I'm not a massage therapist. I'm, I'm not going to disagree with, with what they're saying. But I think it's unfortunate for our military spouses, they may very well have reciprocity in Nebraska, but that's a very different thing than, than interstate compacts, because they can keep their home license and move from state to state to state. So-- but if you would like me to find all the hours for all the states, I can get that for you.

HARDIN: Just curious what it looks like. We, we tend to have a theme in Nebraska, which is if it's licensed, our standards are here,

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someone else's might not be as high and makes reciprocity impossible. So I'm just curious.

BLOOD: It makes it harder and-- but I will say that I do understand standards, especially when it comes to things that have to do with healthcare and massage as part of healthcare. But at the same token, yeah, what-- where, where do we draw the line? Because it does prevent things like this from happening. We will likely be the only state that doesn't participate in this as a result.

HARDIN: Thank you.

HANSEN: Any other questions? Seeing none, will you be closing or--

BLOOD: I, I, I will. Yeah, there's not, like, a hundred people behind me, I will definitely stay for my closing.

HANSEN: OK. Cool. All right. So we will take our first testifier in support of LB280. Is there anybody wishing to testify in support? OK. Seeing none, is there anybody that wish to testify in opposition? Good morning, Briana.

BRIANA CUDLY: Hi, there. I know a few of you. My name is Briana Cudly, B-r-i-a-n-a C-u-d-l-y. I'm a massage therapist in Fremont, Nebraska, been a practitioner for 18 years, and I oppose LB280. Now initially, I was excited about the idea of a compact, but this bill does not live up to our expectations. While compacts work well for many professions, the national standards for massage therapy make it difficult. The educational standards for entry-level massage therapy varies from state to state, city to city, and county to county. Nebraska requires 1,000 hours of entry-level education, and the compact only requires 625. The Federation's ELAP Blueprint states it is vital to understand what the core is not. It is not a complete massage school curriculum and that these 625 hours, quote, should be part of every entry-level massage instruction program, but not the entirety. The biggest discrepancy in hours comes from the core of anatomy, physiology and pathology and clinical practice before graduating. The Blueprint requires only 80 hours combined of A&P and pathology, whereas we require 300 combined. It's not even a third of what we require. The purpose of licensing is really to protect the public from the things they don't know, that they don't know. Right? So this bill does not require compact licensees to designate themselves to the public as being on a lower educational license. And part of protecting the public is ensuring they know the type of practitioner they are getting. The bill does not require visiting compact licensees to

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report to the state they are practicing here in Nebraska. The proposed MTLTD database will have all compact licenses in the system, but there's no requirement that they will have to tell the state that they are actually here practicing. This makes it very difficult to know who is practicing here legally, especially to the public as MTLTD is only for licensing boards, whereas the public here in Nebraska can search the DHHS website and find out who's actually licensed. The bill does not require-- let's see-- it makes it very difficult to know who's practicing here. Part of the public is ensuring they know a practitioner is legitimate. The bill does not require the compact licenses to take a jurisprudence exam to show that they know the laws here in Nebraska. And as you guys all know, every state is different. For example, here in Nebraska, we have a state license-- an establishment license and a mobile establishment license. That's not the same in every state. So, you know, part of protecting the public is ensuring that practitioners actually know the laws. I am aware that the compact would be helpful for military spouses, and while I do not disagree with this in any way, I do not think that we do it at the expense of the public. Nebraska has very good reciprocity, which was just updated in '21. And also in '21, state statute 38-129.01 was enacted so that the DHHS can issue a temporary credential license to military spouses for all but dentists in the Uniform Credentialing Act. This gives them time to not only get all of their reciprocity information together, but to work while they do it. So this gives the spouse time to gather everything and the, the state knows that they are here working. We know there will be fees. It's not yet been stated what these fees will be, but the state would have to implement the MTLTD programming, the database, along with fingerprinting, which we don't do right now. And the state's not just going to do this out of the kindness of their heart, that's going to be passed on to the licensees whether we are actually licensed in the compact or just here in Nebraska. So what this means is that Nebraska LMTs would have more education and more government oversight than the compact licensees, will pay more for our state license whether we choose to be in the compact or not, and the public will not be aware of the differences. I really do like the idea of a compact, but this bill leaves a lot to be desired. Nebraska is not a state that quickly enters compacts and we usually wait until the kinks are worked out. So let's work out the kinks before moving forward with this. I'm open to any questions that you guys may have.

HANSEN: Thanks for coming.

BRIANA CUDLY: Yeah.

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HANSEN: Are there any questions? Yes, Senator Hardin.

HARDIN: You mentioned reciprocity that Nebraska currently has.

BRIANA CUDLY: Yep.

HARDIN: Roughly, do you know how many states we have reciprocity with that as--

BRIANA CUDLY: Anybody who's licensed can apply for reciprocity. What they do have to do is be able to show that they graduated from an accredited program. They do have to pass the MBLEx, which is the national exam. And even if they came from a school that was 500 hours or 650 or 750, they can use years of experience along with continuing education and college credit in order to earn their reciprocity.

HARDIN: That sounds like that's already a pretty big list of potential states.

BRIANA CUDLY: Yes. I will say we have Kansas, Wyoming, Minnesota that do not have state licensure, and so it makes it more difficult for them. There's-- actually, if you want to go to Kansas or Wyoming, you can and say that you are a massage therapist. You just put up a sign.

HARDIN: Thank you.

HANSEN: Any other questions? All right. Seeing none, thank you.

BRIANA CUDLY: Thank you.

HANSEN: Anybody else wishing to testify in opposition? Welcome.

KRISTINE ROBERTS: Hi. Good morning. Well, yeah, it's still morning.

HANSEN: Got one minute.

KRISTINE ROBERTS: I think. Good morning. My name is Kristine Roberts, K-r-i-s-t-i-n-e R-o-b-e-r-t-s. I am here representing the Nebraska State Board of Massage Therapy for the Department of Health and Human Services. The Nebraska State Board of Massage Therapy's opposition is based on two primary factors that you've already heard, the lack of equivalent education requirements and the ability to track the massage therapists entering our state. Interstate compacts work well when similar education requirements for the given profession are required among the states entering a compact profession such as physical therapy and nursing are excellent examples. In the United States,

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physical therapists must earn a doctor of physical therapy degree from a commission of accreditation and physical therapy education accredited, physical therapy education program, and pass a state licensure exam. This requirement ensures that all physical therapists have achieved similar competencies regardless of where they receive their education. Educational requirements for massage therapists do not have the same safeguard. States range from 500 to 1,000 hours of education to be eligible for a license. Nebraska, along with New York State, have the highest requirement of 1,000 hours. A total of 11 states, including Nebraska, mandate more education than what the Interstate Massage Compact requires, 625, for membership. Thirty-one states require less than 625 hours for licensure. This inconsistency makes it very difficult for the interstate compact to work effectively. LB280 does not outline a method of notifying a state that an interstate compact licensed massage therapist is working in the remote state. A licensed massage therapist could be disciplined in another member state, and the only way Nebraska would know the same LMT is in our state is if a complaint on LMT would be received. By this time, our residents' safety would have already been jeopardized. If Nebraska were to become a member of the compact, the state will lose the ability to know who is working as a massage therapist within our borders. The Nebraska State Board of Massage Therapy feels for these reasons and in the interest of public safety, LB280 should not move out of committee. Any questions?

HANSEN: Thank you for your testimony. Are there any questions? Seeing none,--

KRISTINE ROBERTS: Great.

HANSEN: --thank you very much. Anyone else wishing to testify in opposition?

KIMBERLY ADAMS JOHNSON: Good morning.

HANSEN: Good morning.

KIMBERLY ADAMS JOHNSON: Afternoon. Sometime of day.

HANSEN: Welcome.

KIMBERLY ADAMS JOHNSON: Hello. My name is Kimberly Adams Johnson, K-i-m-b-e-r-l-y A-d-a-m-s J-o-h-n-s-o-n. I'm a licensed massage therapist and have been practicing for almost 23 years. I served on the Nebraska State Board of Massage Therapy for ten years, and the Board of Directors for the Federation of State Massage Therapy Boards

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for three years. I've sat on numerous committees and task forces for the FSMTB as well. I am against LB280 as it is written, not against compacts per se. The Interstate Massage Compact, or IMpact, is aptly named in my opinion. It will have a significant impact on the wellness of our massage schools in Nebraska and an impact-- financial impact on the state and potentially all licensed massage therapists as well. My primary issue with LB280 though, is the number of educational hours that are presented for the multistate licenses. The Entry-Level Analysis Project, or ELAP, is a research project initiated by the Coalition of National Massage Therapy Organizations in 2012. The project goals were to define knowledge and skill components of entry-level education and recommend the minimum number of hours schools should teach to prepare graduates for safe and competent practice in the massage profession. It was completed in December of 2013. The work group's eventual recommendation was that approximately 625 hours of capable instruction would be required for students to acquire just core skills and abilities. These skills were referred to as "the core." That being said, major organizations made a statement with-- or the-- sorry, the Coalition of National Massage Therapy Organizations, which included seven major organizations, made a statement with the release of the ELAP indicating the contents of this report are seen as the core of the foundational knowledge and skills every beginning massage therapist should possess. They should be part of every entry-level massage instructional program, but not the entirety. The statement goes on to say many massage therapy instructional programs already provide more than 625 education hours. The Coalition recommends that in addition to the meeting the total education hours mandated in the individual, individual states, every massage school curriculum include core report recommended subjects, topics, and weighting. The core is now being presented as the complete massage school education for every licensed massage therapist. In recent documents defending the compact, which I included in my notes here, it's the why of the 625, the FSMTB stated that nationally the average number of clock hours of education was 723. Why decrease the national average by almost 100 hour-- hours? What happened to diversity and innovation and providing greater instructional depth as the Coalition endorsed ten years ago? Craig Knowles, the president of the FSMTB, stated on June 22, 2022 that the 625 is the total minimum education. That gives the Compact Commission leeway if somebody's entry-level transcript is 500 hours, the Commission can accept other forms of education to make up the difference. And if someone doesn't qualify for a compact licensure, they can still apply to whatever state they want to get a license, they just don't qualify for the pass-- fast pass to licensure. I reached out to Mr. Knowles with many

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of these concerns. I received this answer: I attached some of the points regarding the 625. This is the reasoning behind the choice. I hope it helps. He sent me a document that mentions the ELAP. Clearly, I know the genesis of the ELAP, how it led to the Model Practice Act and the 625 hours. His cursory answer gave me little to no confidence that this bill is fleshed out beyond what is touched upon in the bill. I'm also concerned that LB280 states the Commission may levy and collect an annual assessment from each member state and impose fees on licensees of member states who make grants and multistate license to cover the cost of the operations and activities of the Commission and its staff, which must be a total amount sufficient to cover the annual budget as approved each year for which revenue is not provided by other sources. Mr. Knowles made the comment on social media there will be fees, uncertain what they will be. The compact will have staff processing applications and notifying states of new licenses so there will be costs. Still working on the structure of the compact, so fees and things like that will be discussed later. How can we be asked to blindly support a bill that we do not have any fiscal impact data on? The FSMTB is quick to say the compact license is a privilege you must qualify for, it is not a right. But with a project of this magnitude, the money to support the implementation will not solely come from those participating in the compact, it will impact the state and all licensed massage therapists as well. And to answer your question, North Dakota requires 750 hours of education-- excuse me-- Illinois requires 600, South Dakota is 500, Colorado is 500, and then Iowa is 500. So just the states around us.

HANSEN: OK.

KIMBERLY ADAMS JOHNSON: So thank you.

HANSEN: Thank you. Any questions from the committee? Seeing none.

KIMBERLY ADAMS JOHNSON: All right.

HANSEN: Yesterday, I saw the brightest-- somebody testified with the brightest shoes I've ever seen in my life and your hair is, is probably the best-- brightest and best hair I've seen, so.

KIMBERLY ADAMS JOHNSON: I was going to say, I think all the cosmetologists thought I was here for them. [LAUGHTER] They kept going, hey, hey, and I'm like--

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HANSEN: Thanks for coming to testify. Is there anybody else wishing to testify in opposition? OK. Seeing none, is there anybody wishing to testify in neutral capacity?

LAURA EBKE: Good--

HANSEN: Welcome.

LAURA EBKE: --afternoon, Chairman Hansen and members of the HHS committee. My name is Laura Ebke, L-a-u-r-a E-b-k-e. I'm the senior fellow at the Platte Institute, which is a free market think tank here in Nebraska. Because the dinner bell has already rung, I'm going to not read my testimony because you'll hear much of it tomorrow when we do the cosmetology compact. But the bottom line is the Platte Institute believes that, that licensing compacts are just fine. There's no problem with them. They, they give a little bit of authority to the Compact Commission as opposed to the state. So the state agrees as part of the compact that compact rules and regs have the force of law in the state. It's not necessarily a bad thing. What I will point out and we'll talk about this tomorrow maybe more, a little bit more, but I've handed out a comparison. There is no reason that compacts and universal recognition can't work together. And in fact, from the standpoint of, of, of providing more workforce into our state, using them together is probably more effective. The one thing I would say, Senator Hardin, you asked about a database. I would be happy if Senator, Senator Blood would like me to do this. I've got access to a, a national database and I can just pull those numbers this afternoon and send them to you.

HANSEN: Thank you. Any questions from the committee? Seeing none,--

LAURA EBKE: OK. Thank you.

HANSEN: --thank you. Anybody wishing to testify in neutral capacity? All right. Seeing none and welcome, Senator Blood, back up to close on LB280. And for the record, we did have two letters of support and five letters in opposition.

BLOOD: So to start, I'm going to actually read directly from the site because I, I think there's still some confusion in reference to the database and people not having to report because that is simply not true. If that was true, we would have psychologists and doctors and nurses and physical therapists and others in our state working and we wouldn't know. And that's not the case. That is not how it works. State licensure boards benefit by maintaining control over the State

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Practice Act and licensure processes, a centralized database of disciplinary action records, authority to require submission to FBI fingerprint base, criminal background checks, and from economies of scale due to reduced administrative costs. So not more money, less money. I'm sure you have fiscal notes. You'll see that the costs for interstate compacts are nothing. I mean, there's a cost, but it's, it's not a big cost. It's a minor cost. And I think it's really telling when they say that 31 states require less than 625 hours. I thought that was very telling and that was not something I was aware of. So I want you to know that this database actually is an extra layer of safety. And I thought I said that in my introduction, because if you're a ne'er do well and you do something in another state and we know sometimes ne'er do wells like to move from state to state in hopes that they don't get caught, right, this database prevents that from happening. So it not only protects the consumer, but protects the people that hire these, these professionals. So the state does know in interstate compacts who's coming into their state to work with an interstate compact. And then I thought it was interesting, too, when they talked about reciprocity and then they gave Senator Hardin this long list of things that had to be done in order to participate in the reciprocity. While with interstate compact, you hold a home license and you're allowed to practice across state lines. And so to say that the, the language isn't right, these interstate compacts, and I think it's not right for Nebraska because of the amount of hours that we expect. The other things that were said, and I mean this with all due respect, don't pertain to this compact. The hours, the 1,000 hours definitely does and I understand that concern. But, you know, there's been 222 pieces of legislation passed since 2016 across the United States in reference to interstate compacts. And it's because they work, at least 44 states have at least one interstate compact, at least one. And so in reference to the fingerprinting that's in all of the compacts, not just this compact, there's no additional costs for licensure. And by the way, if indeed we were to pass a compact in Nebraska, which clearly we can't, they would still be allowed to keep their home license. They wouldn't have to join the compact. And to say that people would be confused and wouldn't know whether they had to join the compact or could keep their home license, that's not how it happens when you come into the state, because we know you're in the state, you're going to be given that ability to do an either or. I can tell you that, especially with our psychologists here in Nebraska, it has been a blessing because-- and I think we talked about this in the teachers compact and some of you were in that room when I talked about that. As a psychologist, if you had a client that went on vacation in Florida and they had a mental health crisis, you couldn't talk to them

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on the phone. You couldn't counsel them on the phone because you weren't licensed in Florida. But with interstate compacts, if that state belongs to the compact, now, thank goodness, our professionals can also practice across state lines through telehealth. So I, I, I just, I want to go on record as making sure that people know the interstate compacts are not boogeymen, that the concerns that were risen-- that were raised today outside of the hours, and they're right on the hours and I agree with that 100 percent, is the same as every compact we've had. This is not an outlier. These compacts take two to three years of a lot of work, a lot of meetings. And I'm just sorry that, that Nebraska felt that they were left out on it. I can tell you with the teachers compact that I personally called people and brought them in on the meetings. So I think that in the long run we miss out. But I surely understand why you would want to keep it in committee. So with that, I thank you for your time. I hadn't planned on not having to close, but I thought we had to make sure that we put the, the correct responses on record.

HANSEN: Thank you. Any questions from the committee? All right. Seeing none, thank you.

BLOOD: All right. Thank you.

HANSEN: And that will close the hearing for LB280. And we will open up the last hearing for the morning, LB78, and welcome, Senator Day, to open on what I'm sure will be a very short hearing.

DAY: As short as we can. I know you all had a late night last night. I'm going to open and I'm also going to waive my closing,--

HANSEN: OK.

DAY: --so. Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Jen Day. That's J-e-n D-a-y, and I represent legislative District 49 in Sarpy County. I'm here this afternoon to introduce LB78, which would update and harmonize Nebraska's definition of massage therapy so that, so that it is considered a wellness and health service rather than a cosmetic procedure. The current definition in Chapter 38 was enacted in 1986, and since then a number of changes in other areas of statute have made this definition obsolete. Specifically, the state's Uniform Credentialing Act, which recognizes massage therapy as a form of healthcare. Currently, 21 states as well as many private insurers, the VA, Medicare Advantage plans and HSAs treat massage therapy as a health and wellness service and provide varying levels of coverage in

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their plans. Additionally, in practice, we're seeing doctors in Nebraska utilize massage therapy as a health service such as Dr. Thomas Brooks of UNMC, who noted in a story a few years back that massage therapy not only serves as a relief for chronic pain in his patients, but also as a way to ease anxiety for patients before major procedures. These observations are consistent with emerging research that consistently shows that massage therapy is an effective way to manage chronic pain. These kinds of examples should resonate at a time when we're trying to find ways to offer alternatives to medication in light of the potential for dependency that we've seen, especially in chronic pain management medication. As a result of the nationwide opioid epidemic, this kind of emphasis on nonpharmaceutical pain management was recently passed into law with the bipartisan NOPAIN Act, which was cosponsored by 26 Democratic senators and 24 Republican senators and focuses on removing barriers to nonopioid pain management at the federal level. This approach was supported by the American Medical Association and the American Academy of Pain Management, both of whom supported the bill. A lot has changed since 1986 and how the medical community views massage therapy. While LB78 primarily is a minor clean up that harmonizes massage therapy with how it's already classified in the State Uniform Credentialing Act, it also aligns our state's definition of massage therapy with how it's currently being utilized in Nebraska and nationwide. We'll have testifiers here today from the American Massage Therapy Association, so they'll be able to best answer technical questions. But I'm happy to attempt to answer any questions you may have now.

HANSEN: All right. Thank you. Are there any questions from the committee? Seeing none, thank you.

DAY: Thank you.

HANSEN: All right, we will take our first testifier in support of LB78.

KRISTINE ROBERTS: It's been so long. Good afternoon.

HANSEN: Good afternoon.

KRISTINE ROBERTS: Kristine Roberts, K-r-i-s-t-i-n-e R-o-b-e-r-t-s. I'm here on behalf of the Nebraska State Board of Massage Therapy. The current definition of massage therapy was established in 1986. Since then, the profession has seen significant changes in how massage therapy is perceived and utilized within health and wellness. Massage therapists often work directly with medical doctors, chiropractors,

physical therapists, and mental health care professionals. Many massage therapists work in the same offices, clinics or hospitals as these, these other healthcare providers. Even many stand-alone licensed establishments are part of an integrated healthcare referral system. During phase one of the 2021 Nebraska COVID-19 vaccination plan, massage therapists were recognized by many Nebraska county health department as healthcare providers, which allowed them to receive their first vaccinations along with other vital medical providers. The 2021 American Massage Therapy Association Consumer Survey found that 63 percent of consumers who received a massage for health and wellness reasons stated it was part of a treatment plan from a doctor or medical provider. The massage therapy profession has evolved into a key aspect in many individuals' regular health program to manage pain and stress. The Nebraska State Board of Massage Therapy feels it is time to adjust the state's definition of massage therapy to accurately depict the functional changes in the professions. And on a personal note, I get massages about every two weeks to manage my migraines. And so I definitely believe it's a healthcare. Any questions for me?

HANSEN: I thank you for your testimony. Are there questions? I might have a couple questions.

KRISTINE ROBERTS: OK.

HANSEN: Of those healthcare professionals that you say that you typically work with, massage therapists typically work with, one of the concerns they had that I've heard and probably one from each of those professions is, just-- I just have to say for the record, you know, I think I already know the answer. This does not expand the scope of massage therapy in any way, does it?

KRISTINE ROBERTS: Not to my knowledge, no.

HANSEN: OK. Good. Just want to make sure. All right. Thank you.

KRISTINE ROBERTS: Thank you.

HANSEN: All right. We'll take the next testifier in support of LB78.

KIMBERLY ADAMS JOHNSON: I'm back. Sorry. My name is Kimberly Adams Johnson, K-i-m-b-e-r-l-y A-d-a-m-s J-o-h-n-s-o-n. I'm a licensed massage therapist and have been practicing for almost 23 years. I am testifying in favor of LB78 for numerous reasons. On August 25, 2020, I was diagnosed with relapsing remitting multiple sclerosis. As an LMT, I have seen hundreds of clients over my career with debilitating

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chronic pain, but I never thought I would be living with it. I began treatment in September of 2020. My team of healthcare providers were very candid about recommending massage therapy as a nonopioid alternative in conjunction with the campaign against the opioid epidemic. On September 18, 2017, 37 states attorneys general, including Nebraska, signed a letter to encourage doctors to prioritize nonopioid pain management often-- options over opioid prescriptions for the treatment of chronic noncancer pain. Part of the letter states when patients seek treatment for any of the myriad conditions that cause chronic pain, doctors should be encouraged to explore and prescribe effective nonopioid alternatives, ranging from nonopioid medications such as NSAIDs to physical therapy, acupuncture, massage and chiropractic care. Massage therapists are recognized as allied healthcare professionals in the United States. Allied health encompasses a broad group of health professionals who use scientific principles and evidence-based practice for the diagnosis, evaluation, and treatment of acute and chronic diseases, promote disease prevention and wellness for optimum health, and supply administration and management skills to support healthcare systems in a variety of settings. These professionals include: emergency medical personnel, occupational therapists, physical therapists, other healthcare providers, and support personnel such as medical assistance and massage therapists to name a few. Estimates have suggested that as much as 60 percent of the United States healthcare workforce may be classified as allied healthcare. Allied health plays an essential role in the delivery of healthcare and related services in the U.S. and throughout the world. Massage therapists have been under the purview of the Uniform Credentialing Act for years. A healthcare provider is defined as a facility that is licensed under the Health Care Facility Licensure Act, a healthcare professional license under the Uniform Credentialing Act, a professional healthcare service entity, and an organization or association of healthcare professionals licensed under the Uniform Credentialing Act. I feel that LB78 provides agreement between the massage therapy statutes and the Uniform Credentialing Act, our position as allied healthcare professionals, and our role in the campaign against the opioid epidemic. Thank you.

HANSEN: Thank you. Are there any questions from the committee? Seeing none, thank you.

KIMBERLY ADAMS JOHNSON: Thank you.

HANSEN: Take our next testifier in support. Welcome back.

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BRIANA CUDLY: Hello. I'm back. Hello, everybody. Once again, I am Briana Cudly, B-r-i-a-n-a C-u-d-l-y. I'm a Nebraska licensed massage therapist as well as the board member and government relations chair for the American Massage Therapy Association of Nebraska. Our members and our board support this bill. It really is just a cleanup bill aligning Nebraska massage therapy statute with other state statute and official statements, as well as federal designations. A few examples are the Uniform Credentialing Act recognizing us as healthcare. The Nebraska Board of Massage Therapy position letter from 2020 states it's important to understand that massage therapy is recognized as a healthcare practice. In 2017, then AG Peterson signed a letter encouraging massage therapy as part of a nonopioid pain management response, Flex, HSA, workmen's comp, personal injury, some private insurance, Medicare Advantage, all cover massage therapy. The NAICS code, which is the North American Industry Classification System, for massage is 621399, Offices of All Other Miscellaneous Healthcare [SIC] Practitioners. Along with aligning statute, the small update will help make a difference for us legislatively. Over the last several years there have been numerous bills attempting to tax massage therapy as a personal service. Each bill we have to dedicate time and money to providing-- proving that massage therapy is a healthcare and that taxing us will set a precedent of taxing all healthcare. The small change will make that process much easier, if not completely prevent it. It's a well-written bill covering all the bases without changing the scope of practice of massage therapy, and we ask for your support moving this bill forward.

HANSEN: All right. Any questions from the committee? Senator Walz.

WALZ: I don't have a question. I just always want to say thanks for coming from Fremont to represent the city.

BRIANA CUDLY: I rearranged clients to be here today. I don't know how-- I don't know if you guys know how upset my clients are that I'm here today, but. [LAUGHTER]

WALZ: Probably. Thank you so much for coming.

BRIANA CUDLY: Oh, yeah, thank you.

WALZ: Good to see you.

BRIANA CUDLY: Thanks.

HANSEN: Again, no questions. Thank you for your testimony.

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BRIANA CUDLY: Thank you, everybody. I hope you get some time for lunch today before your next session.

HANSEN: We should. Anybody else wishing to testify in support of LB78? Seeing none, is there anybody that wishes to testify in opposition to LB78? Seeing none, is there anybody that wishes to testify in neutral capacity to LB78? Seeing none, Senator Day has waived her closing and so that will close the hearing. Well, before I officially close it, I need to make sure I do my due diligence here. Yes, we did have 16 letters in support for LB78 and zero in opposition. So with that, that will close our hearing for LB78--

WALZ: Good.

HANSEN: --and close our hearings for the morning. We'll be back at 1:30.

[BREAK]

HANSEN: OK. Good afternoon and welcome to the Health and Human Services Committee. My name is Senator Ben Hansen. I represent the 16th Legislative District in Washington, Burt, Cuming and parts of Stanton Counties, and I serve as Chair of the Health and Human Services Committee. I would like to invite the members of the committee to introduce themselves, starting on my right with Senator Ballard.

BALLARD: Beau Ballard, District 21, northwest Lincoln and northern Lancaster County.

WALZ: Sorry. Lynne Walz, Legislative District 15, all of Dodge County and Valley.

HARDIN: Brian Hardin, District 48: Kimball, Banner, Scottsbluff Counties.

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

RIEPE: Merv Riepe, District 12, which is southeast-- or southwest Omaha and the city of Ralston.

HANSEN: OK also assist the, assisting the committee is our legal counsel, Benson Wallace, our committee clerk, Christina Campbell, and our pages for this afternoon is Payton and Tessa. A few notes about

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our policy and procedures for today's hearing. Please turn off or silence your cell phones. We will be hearing four bills and we'll be taking them in the order listed on the agenda outside the room. Hopefully, we won't go till 9:30 tonight. On each of the tables near the doors to the hearing room, you will find green testifier sheets. If you're planning to testify today, please fill out one and hand it to Christina or one of the pages when you come to testify. This will help us keep an accurate record of the hearing. If you are not testifying on the microphone, but want to go on record as having a position on a bill being heard today, there are white sign-in sheets at each entrance where you may leave your name and other pertinent information. Also, I would note if you are not testifying but have an online position comment to submit, the Legislature's policy is that all comments for the record must be received by the committee by noon the day prior to the hearing. Any handouts submitted by testifiers will also be included as part of the record as exhibits. We would ask if you do have any handouts that you please bring ten copies and give them to the page. We do use the light system for testifying today. Each testifier will have five minutes to testify. When you begin, the light will be green. When the light turns yellow, that means you have one minute left. When the light turns red, it is time to end your testimony and we will ask you to wrap up your final thoughts. When you come up to testify, please begin by stating your name clearly into the microphone and then please spell both your first and last name. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we will hear from supporters of the bill, then those in opposition, followed by those speaking in a neutral capacity. The introducer of the bill will then be given the opportunity to make closing statements if they wish to do so. On a side note, the reading of testimony that is not your own is not allowed until-- unless previously approved. And we do have a strict no-prop policy in this committee. And like I mentioned before, each testifier will have five minutes to testify unless-- we'll kind of try to keep a record of who's testifying for each bill. And if they, if they get a lot of testifiers for certain bills, we may narrow down to three minutes, so. So with that, we will begin today's hearing with LB419 and welcome Senator Wishart to open.

WISHART: Thank you. Thank you, Chairman Hansen and members of the Health and Human Services Committee. My name is Anna Wishart, A-n-n-a W-i-s-h-a-r-t, and I represent the 27th Legislative District, including west Lincoln and parts of southwestern Lancaster County. I'm here today to reintroduce LB419, a bill to expand Medicaid coverage for postpartum women from 60 days to 12 months. Most people are

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familiar with the three trimesters of a woman's pregnancy, but more and more experts are recognizing that the time after a woman gives birth as the fourth and fifth trimester of her pregnancy. The weeks following birth are critical to a woman, the baby and the whole family's long-term health. We're used to the idea of many visits to the pediatrician for a newborn during their first few weeks of life, but for new mothers, typically there is only one postpartum visit scheduled around six to eight weeks after she gives birth. The American College of Obstetricians and Gynecologists recommend a comprehensive postpartum visit within the first 12 weeks, providing a full assessment of physical, social and mental well-being that includes mood and emotional well-being, infant care and feeding, physical recovery from birth, chronic disease management and health maintenance, and long-term planning for the coordination of continued care. Their committee recommends that, quote, the changes in the scope of postpartum care should be facilitated by reimbursement policies that suppose-- support postpartum care as an ongoing process rather than an isolated visit. The Department of Health and Human Services agrees. In their report, "Maternal Morbidity and and Mortality in Nebraska" released September 2021, they recommended extending Medicaid eligibility to one year post-pregnancy. Great care is taken during the first three trimesters of a woman's pregnancy and it is time that the same level of attention and care is paid to women and their families following the birth of a child beyond that fourth trimester. You will hear from many women and advocates today to discuss additional research and experiences that will provide you with a full picture of why this bill is essential for new moms and their babies. This is a bill that I am seriously considering prioritizing and hope this committee does as well. That's how important this issue is to me. I also want to thank the 27 cosponsors of this bill. Almost every single female senator in the Legislature has cosponsored this bill, as you can see. And I also want to thank I Be Black Girl for their tireless efforts on this legislation over the years. Thank you. And before I close, I did want to point out that this fiscal note has been updated from the previous year. When I was circulating this legislation on the floor for cosponsors, I had mentioned when asked that the fiscal impact was around \$7-8 million. The updated fiscal impact, as you'll see, actually comes in lower than that. For '23-24, it would be \$4 million in General Funds matched by federal funds, and then it would be \$6 million for '24-25 and that covers approximately 2,370 new eligible women in this state. Thank you and I'd be happy to take any questions.

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HANSEN: Thank you for your testimony. Are there any questions from the committee? Senator Riepe.

RIEPE: The Biden administration has basically taken the position that this is a piece-- a service that cannot be limited to those that are-- had an abortion. It has to be made available to all Medicaid recipients, all Medicaid mothers. Does that change your fiscal note? Or was your fiscal note driven only on that-- projection of how many might have had otherwise or did have an abortion?

WISHART: Well, this, this fiscal note is created by the Department of Health and Human Services and it looks at the current women who are eligible and then what it would cost just to expand their healthcare coverage after they give birth from the, the current time period to a full year.

RIEPE: And you and I have had a discussion then if-- depending upon what happens with the abortion issue, which is not going to be taken lightly by any means, this could be applied to it. I know in other states, they are doing this.

WISHART: Yes. So 29 states--

RIEPE: 29.

WISHART: --have expanded healthcare coverage and six additional states are on their way to doing that as well.

RIEPE: OK. Thank you. I think it's a worthy bill for discussion.

WISHART: Thank you.

HANSEN: Any other questions from the committee? Seeing none, we'll see you at the close I'm assuming.

WISHART: Yes.

HANSEN: All right. So with that, we will take our first testifier in support of LB419. Hey. Welcome back, both of you.

NYOMI THOMPSON: Good afternoon. My name is Nyomi Thompson. That's N-y-o-m-i T-h-o-m-p-s-o-n and I'm representing I Be Black Girl. I Be Black Girl is a reproductive justice organization that centers black women, femmes and girls because when we do that, everyone benefits. I'm testifying in support of LB419 because expanding postpartum coverage is central to addressing inequities in maternal health

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imposed on birthing people, especially black women. Several socioeconomic and racial inequities experienced by black people with the capacity for pregnancy are in part due to capped state Medicaid coverage for women at 60 days after the end of pregnancy. Racial inequities in healthcare access and health outcomes across all sectors of our healthcare system, but maternal and infant health outcomes present some of the starkest mental and physical disparities. For example, the severe maternal morbidity rate is 63 percent higher for women in black communities than in white communities. Black birthing people are more likely, compared to white birthing people, to endure risk factors during birth that increase the likelihood of infant mortality and can have long-term negative consequences for children's health. Around one in nine new mothers experience postpartum depression, which disproportionately impacts black birthing folks, resulting in black birthing people being more likely to have postpartum depression, yet less likely to receive treatment. Black women suffer from short-term and long-term pregnancy-related causes more than three times the rate of white women. Overall, black birthing folks are more likely to be uninsured and face other barriers to care. One contributing factor to these disparities is a lack of healthcare access for postpartum women who receive healthcare insurance through Medicaid. Research, research shows that coverage before, during and after pregnancy facilitates access to care that supports healthy pregnancies, as well as positive maternal and infant outcomes after childbirth. To achieve optimal black maternal health outcomes in the state of Nebraska, it is essential to further expand meaningful access to affordable and consistent mental and physical healthcare for black birthing folks wherever they live throughout their lives. Please consider moving LB419 forward and thank you for your time.

HANSEN: Thank you. Are there any questions from the committee? Yes, Senator Cavanaugh.

M. CAVANAUGH: We have to know who this cutie pie is.

NYOMI THOMPSON: Her name is Troy [PHONETIC].

M. CAVANAUGH: Hi, Troy. She's so quiet in her descent to get down-- thanks for being so good.

NYOMI THOMPSON: No, she was really excited to be here. She was, like, we're going to go talk to our friends. I was, like, these are our friends. It's fine.

M. CAVANAUGH: How old is she?

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NYOMI THOMPSON: How old are you? Two,

M. CAVANAUGH: Two. Well, thanks for being here, Troy, and thanks for your testimony, Nyomi.

NYOMI THOMPSON: Of course, yes.

HANSEN: Any other questions from the committee? All right, seeing none, thank you.

NYOMI THOMPSON: Thank you.

HANSEN: We'll take our next testifier in support of. Welcome.

ANN ANDERSON BERRY: Good afternoon, Chair Hansen and members of the Health and Human Services Committee. I'm Dr. Ann Anderson Berry. For the record, A-n-n A-n-d-e-r-s-o-n B-e-r-r-y. I'm a faculty member of UNMC and the medical director of the Peri-- Nebraska Perinatal Quality Improvement Collaborative. However, I am not speaking as a representative of the university today. I am here speaking as an individual and on behalf of Nebraska Medicine and the Nebraska Medical Association, as well as the Nebraska Perinatal Quality Improvement Collaborative with regards to LB419. As a neonatologist, I work with hundreds of families each year with high-risk medical situations for both mother and baby. Additionally, I support healthcare professionals from across the state to provide care that leads to the best outcomes for Nebraska mothers and infants, working to ensure that every family has the healthiest start possible. Unfortunately, we still face situations every day where inadequate access to healthcare impacts mothers and their further ability to care for their children. In the NICU, we have many preterm and seriously ill newborns whose stays extended past the 60-day postpartum period that Nebraska currently provides postpartum coverage in Medicaid. It is common for mothers to discuss their health with me as their infant's doctor. When medical coverage expires, mothers lament their inability to refill their anti-hypertensive medications, seek care for perinatal depression or easily treated diseases like mastitis, which left untreated, can prevent breastfeeding and cause serious illness. What is less obvious and just as concerning is the impact of this lack of healthcare on the newborn infant, the family and other Nebraskans. As healthcare providers, we know that postpartum care is an ongoing process that typically requires multiple visits and follow-up care that may last a full year. This is particularly important for those who experience pregnancy complications or have chronic conditions such as hypertension or diabetes. The implications of lack of healthcare

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coverage for maternal health is profound and plays a role in the rising U.S. mortality rates. Suicide drives maternal mortality rates in the first year among pregnant and postpartum people and has risen over the past decade with poorer access to treatment among birthing people of color and low-income women, driving disparate outcomes. Mental health treatment and coverage can prevent death. As a neonatologist, I know from experience the death of a mother is one of the most tragic events that a family can have and it affects the entire community. The short and long-term impact of such a tragedy on her surviving children, family and community and the healthcare professionals who cared for her cannot be overestimated. We also know that the health of the child is linked to the mother's health. Improving these outcomes for mom will also improve health of the child, as noted in the 2020 Surgeon General's call to action and the Health and Human Services action plan. Lack of access to healthcare and insurance coverage contributes to poor outcomes and racial and ethnic health disparities. Extending coverage provides an opportunity to monitor recovery from pregnancy and birth, as well as to address ongoing health outcomes and concerns with behavioral health. Improving women's overall health reduces chances of complications during subsequent pregnancies, presenting costly subsequent NICU admissions for the state. A study in 2017 found that improved maternal coverage was associated with improved attendance at well-child visits, which are the primary platform for growth and development screening, vaccination and provision of anticipatory guidance. Children who attend these visits are more likely to complete immunization and less likely to have avoidable hospitalizations, reducing state expenditures. Untreated maternal depression significantly impacts the health and well-being of women, infants and families. Low-income mothers are more likely to experience depression as high as 40 to 60 percent. And we know perinatal depression is associated with poor outcomes in children, including increased morbidity and mortality, family dysfunction and increased risk of abuse and neglect from impaired child-- child-parent interactions and bonding and attachment issues that lead to delays in motor, cognitive and language development, discontinuing of breastfeeding, failure to thrive in colic and emotional and behavioral disorders that persist into adolescence. Untreated maternal depression is associated with increased medical costs and inappropriate medical treatment of the infant. Mothers not covered under Medicaid may not get the appropriate care, including diagnosis, therapy and/or medication. In conclusion, Nebraska's mothers and babies need the work of not only our perinatal collaborative, but of all stakeholders, including, most importantly, our state governing bodies. Supporting maternal healthcare for 12

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months after delivery will have an important positive impact on Nebraska babies and their families. I urge you to provide this coverage to Nebraska mothers. Thank you to Senator Wishart for introducing this legislative bill. Nebraska Medicine, the Nebraska Medical Association and NPQIC will continue to work to support the perinatal health coverage to ensure Nebraska moms and babies have the healthiest start possible. I'd be happy to answer any questions you might have.

HANSEN: Thank you. Are there any questions for the committee? Senator Riepe.

RIEPE: Thank you, Chairman Hansen. I know you're a physician, but you're probably somewhat informed to do most commercial carriers provide the same benefit?

ANN ANDERSON BERRY: Well, most women who have commercial coverage have continuation of coverage so they don't lose their coverage at 60 days postpartum because their coverage is provided through their or their family's--

RIEPE: That's your experience with most commercial health plans?

ANN ANDERSON BERRY: That's my insurance [SIC] with most commercial--

RIEPE: OK.

ANN ANDERSON BERRY: --health plans, yes.

RIEPE: OK. Thank you very much.

ANN ANDERSON BERRY: Yeah.

RIEPE: Thank you.

HANSEN: Any other questions? I have a couple of questions. A prevailing theme we kind of hear when people such as yourself-- with your experience, I mean-- come here, we usually always hear that maternal health has gotten worse over the years. Why is that?

ANN ANDERSON BERRY: Population health has gotten worse over the years. So we have more and more women entering into pregnancy with existing hypertension, existing diabetes, existing obesity, existing lack of healthcare. Also, women are older at the age of first and subsequent deliveries and that leads to riskier pregnancies as well. So there's a lot of population issues at force which, you know, institutions like

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NPQIC and physicians like myself, you know, are working-- it's an uphill battle. We continue to work. We have to strive to optimize the systems and optimize the care, given public health influences that are really making our population a much more unhealthy population than it was 10, 20 years ago.

HANSEN: OK. I think that's what I hear. I know we always try to address the symptoms of a cause or problem, but I always like to see that there's-- what the root cause is. So a lot of times, with a bill such as this-- which, which I'm not saying is bad and good-- addresses the symptomatology of the overlying issue that we have in healthcare, which is an unhealthier lifestyle, I think, right? Is there anything that you think the state could do to help address the root cause of why we have more hypertension, more diabetes as opposed to just treating the symptoms?

ANN ANDERSON BERRY: I think access to healthy food and subsidization of processed food across multiple points of government have led to part of our significant problems with obesity and hypertension, salt intake, processed food intake. It's much easier to eat a processed food diet than a whole food diet. Those are the subsidized foods and those are the easily attainable foods if you are on a low-income budget. We have food deserts and-- across Nebraska. So we have many of our low-income moms that live in food deserts where they can't buy fresh food without traveling significant areas. That's a rural and an urban problem. And so they're left with the processed foods that are in convenience stores as opposed to a full complement of fresh foods that, you know, those of us with means are able to drive to and attain and then have the resources to prepare those foods. So there are some fixes that seem simple, but because of how we've institutionalized food processing and availability are really big, big battles to overcome. We need to take salt out of our diet. I sound like I'm preaching like your mother, but, you know you are what you eat and hypertension and diabetes and obesity are direct-- are directly related to that. So yeah, there are things that we can do. I still think that this bill is good. Whether we do them or not, women need healthcare. Women need and deserve healthcare. But there are bigger battles to fight once we can ensure coverage for these women.

HANSEN: And I think you're right. I think you have this-- bills like this are, are important, but I just-- I hate to see us just kind of keep contributing to help the symptoms when we're not addressing what the problem is, so-- and I appreciate your, your insight, so.

ANN ANDERSON BERRY: Thank you.

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HANSEN: Any other questions from the committee? Yes, Senator Walz.

WALZ: I just have a quick question. I think one of the things that was toughest for me after I had our children was the time after my maternity leave was over and I had to go back to work. That's when the stress really started to compile. Can you talk a little bit about that or do you see that as a, as a piece to this?

ANN ANDERSON BERRY: Return to work is incredibly difficult in the postpartum period. Nebraska has an incredibly high rate of working mothers. At one point, probably seven or eight years ago, it was quoted as the highest percentage of working mothers in the nation, the state where we-- you know, we're Midwestern individuals. We work. We, we pull our own weight. And back-- return to work is associated with cessation of breastfeeding. It's associated with return to childcare or with so many moms and low-income moms who can't afford childcare. And so then they are doing shift work with partners or other family members so that when they're not at work, they're, they're doing childcare and they never have opportunity to rest or to get healthcare. So access to care among our low-income moms is hindered not only by payment but also by availability. If you're working and taking care of your child constantly and you don't have good transportation, it becomes very impossible to get to the doctor to account for your own mental health. You know, these things are so entwined. There are so many systems at play. This is one very tangible way that we can say we support moms for the entire year. If you have hypertensive disorders of pregnancy, that doesn't end at six weeks, 12 weeks or 60 days. Those women have a variety of changes in their physiology that require continual monitoring and medication adjustments. And if you can't get those medicines after 60 days, let alone have them monitored and adjusted, your risk for stroke, your risk for subsequent preterm delivery, seizure, hemorrhage, it, it-- they're astronomical compared to women who have means and can get that care and monitoring.

WALZ: Thank you.

ANN ANDERSON BERRY: Thank you.

HANSEN: Any other questions?

RIEPE: I have a--

HANSEN: Senator Riepe.

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RIEPE: You cited a number of things that have, have been deteriorating in terms of individual health. Do you see the drug culture as contributing to all of that or is-- I mean, on a scale of 1 to 10, what-- where would that fall? Because we hear so much about it anymore.

ANN ANDERSON BERRY: We do know that women who use substances are at increased risk for preterm delivery and unhealthy pregnancies. And I think it would be hard for me to scale on 1 to 10. I certainly would put obesity, diabetes and hypertensive disorders, you know, as 8, 9 and 10. Substance use and misuse is, you know, maybe a 5 or a 6. It is-- or Nebraska is fortunate to not be in the throes like some Appalachian states, you know, West Virginia, Ohio, where they have entire units full of infants that are going through drug withdrawal. But it's a reality that we encounter on a regular basis. These are issues that we're managing. They're issues that can be managed medically to ensure the health of the mother and the infant and so it's certainly coverage that needs to be considered as well. Thank you for that question.

RIEPE: Thank you very much.

HANSEN: Any other questions? Seeing none, thank you.

ANN ANDERSON BERRY: Thank you for the opportunity.

HANSEN: Yeah. We'll take our next testifier in support.

TOM VENZOR: Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Tom Venzor, T-o-m V-e-n-z-o-r. I'm the executive director of the Nebraska Catholic Conference, which advocates for the public policy interests of the Catholic Church and advances the gospel of life through engaging, educating and empowering public officials, Catholic laity and the general public. Catholic social teaching has a rich tradition of contemplating and solving the difficult issues that face our society and common humanity. One important principle, among others, offered by Catholic social teaching that we should keep constantly in mind is the preferential option for the poor. Preferential option for the poor has a special form of primacy in the exercise of Christian charity. It affects the life of each Christian in as much as he or she seeks to imitate the life of Christ, but it applies equally to our social responsibilities. This love of the preference for the poor and the decisions which it inspires in us cannot but embrace the immense multitudes of the hungry, the needy, the homeless, those without

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healthcare, and above all, those without hope for a better future. This Christian charity for low-income mothers and families who lack access to basic and necessary healthcare is the impetus for the Nebraska Catholic Conference's support for Senator Wishart's LB419, which would extend postpartum Medicaid coverage from 60 days to one year. Maternal mortality and morbidity are issues that are increasingly on the consciousness of many, in large part because of the significant increase of both issues in recent years. As the report on maternal morbidity and mortality in Nebraska states, CD-- CDC reports that the rate of maternal mortality has been increasing since the 1980s, but the United States experiencing a higher maternal mortality rate than most other developed countries. The report further states that severe maternal morbidity is more than 100 times as common as pregnancy-related mortality and has increased up to 75 percent in the last decade. But this does not have to be the case. Access to basic medical coverage for an extended time frame postpartum can provide the continuity of care needed to avoid and diminish the cases of mortality and morbidity that our Nebraska mothers are facing. For a mother who has her own set of healthcare needs, is without adequate support and is also responsible for taking care of the needs of her child or children, it becomes an imperative for the state and federal government to step in and provide the necessary assistance for healthcare coverage. To draw again from the Catholic social teaching tradition, this type of support, assistance and care is in line with the principle of subsidiarity. Subsidiarity recognizes the basic fact that there are times when local and intermediate institutions like the family, churches, nonprofits and private industry cannot fulfill some important needs of the larger community. When this occurs, it's wholly appropriate and even necessary for the larger political community to assume a proportionate responsibility in our care and concern for those in need. While the Nebraska Catholic Conference is not the public health expert on this topic, the personal and public healthcare benefits of LB419 are numerous. Extended Medicaid postpartum coverage will help mothers deal with any number of issues that can present during the perinatal and postpartum period, such as gestational diabetes, preterm labor, recovery from cesarean sections in high-risk pregnancies, preeclampsia, maternal depression and other mental health concerns, sepsis, pulmonary edema and acute heart failure. Coverage also provides for future healthier pregnancies, as well as assisting mothers be more proactive in the healthcare they pursue for their newborns and infants. It can also help improve the healthcare disparities which occur among racial, racial minorities and the poor. The benefits are numerous and though the cost is not negligible, it is a cost that is well worth the benefits for the-- to the common good

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and to our recognition of the human dignity of the mother and her baby. In the post, in the post Roe v. Wade culture of life we're trying to build here in Nebraska, where every preborn life is accepted in their full and inviolable dignity as a human person, it is also incumbent on us as a political community that we are walking with mothers in need. The Nebraska Catholic Conference firmly believes that LB419 is an important piece of advancing a culture that loves them both. For these reasons, Nebraska Catholic Conference respectfully urges your support for LB419. Thank you for your time and consideration. I'm happy to take any questions.

HARDIN: Thank you, Mr. Venzor. Any questions? Seeing none--

TOM VENZOR: All right.

HARDIN: --thank you.

TOM VENZOR: Thank you very much.

HARDIN: Any other proponents of LB419? Welcome.

KARLA LESTER: Thank you. Good afternoon. I'm Dr. Karla Lester, K-a-r-l-a L-e-s-t-e-r. I'm a pediatrician, founder of Teach a Kid to Fish and chair of the board of MilkWorks. As a physician and mom of three, I want to express my thanks to Senator Wishart for introducing LB419. I'm here today to testify on behalf of MilkWorks and in support of LB419, which, as you know, intends to expand Medicaid for postpartum coverage from 60 days to 12 months. MilkWorks is a nonprofit community breastfeeding center that has served families throughout the state of Nebraska for 22 years. The mission of our organization is to create a healthier community by empowering families to meet their breastfeeding goals. MilkWorks provides individual clinical lactation support from board-certified professionals in person in Lincoln and Omaha and via telehealth to the rest of Nebraska. In 2022, MilkWorks served more than 7,200 families. Medicaid families accounted for 17 percent of those services. The lifelong health benefits of breastfeeding for mothers and their infants are well documented and for most of them, the benefit is related to how long and how much they breastfeed and are breastfed. The American Academy of Pediatrics recently revised their statement on breastfeeding to recommend that babies breastfeed for at least two years and then as long as is mutually desired. But breastfeeding does not come easily to many mothers and our culture continually throws barriers in their path. These barriers are expounded for mothers, which-- with financial need. If a mother needs help with a

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breastfeeding-related issue beyond the first 60 days of her child's life and has lost her insurance coverage, she is less likely to seek clinical help. For those needing lactation support, this will undoubtedly affect their ability to breastfeed for the recommended time frames. Moreover, health problems during pregnancy and postpartum months impose an additional economic burden on families, communities and the health system. Extending Medicaid coverage could potentially mitigate part of this burden by ensuring that moms can receive the support that they need. As a pediatrician in Nebraska for nearly 22 years and longer than that overall, I know that infants who qualify for Medicaid are already guaranteed coverage for the first year of life. Mother-baby dyads should have aligned coverage. Pregnancy-related health issues such as cardiovascular complications, postpartum depression, and breastfeeding support needs may not surface until weeks or even months after delivery. Lack of health insurance coverage creates even more complications, such as delays in seeking care and appropriate follow up, therefore, putting both the mom's and the baby's health and well-being at risk. LB419 is long overdue in Nebraska. I urge the Legislature to pass this very important bill to help ensure the health of all moms and babies in Nebraska.

HARDIN: Thank you.

KARLA LESTER: Thank you.

HARDIN: Any questions? Seeing none, thank you.

KARLA LESTER: Thank you.

HARDIN: Any other proponents? Hi. Welcome.

SHANNON HILAIRE: Good afternoon, members of the committee. My name is Shannon Hilaire, spelled S-h-a-n-n-o-n, last name Hilaire, H-i-l-a-i-r-e, and I'm here to express my strong support for LB419. I come to you today as a mama. Birthing babies ain't easy. That is one of my mom's favorite lines from the movie, "Gone with the Wind." I'm a proud mommy to a sweet-as-sugar three-year-old named Holiday and an expecting mother to a son scheduled to arrive this summer. Birthing babies ain't easy, is a phrase I have constantly reminded myself as I've gone through this journey called parenthood. When I first found out I was expecting, I was elated. I did everything the new mamas do. I interviewed pediatricians. I downloaded all the pregnancy apps. My husband made me eat very healthy despite all of my cravings for Arby's. I painstakingly designed the nursery, but all of that joy became overshadowed as I started having more complications as the

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weeks went by. I experienced issue after issue and I would often joke that if pregnancy symptoms had a bingo card, I would undoubtedly receive a full blackout. I had issues using my hands from severe carpal tunnel syndrome. I threw up almost every day from nausea or debilitating migraines. I suffered from constant embarrassing bloody noses, sinus issues and restless legs. Sciatic nerve pain came later. Birthing babies ain't easy. But through all of this, I could not wait to meet our baby girl and kept reassuring myself, suck it up. Millions of women have done this. You can do it too. A month before I was due, I woke up to extreme swelling. I kept changing my clothes and needed help from my husband doing so because I would swell instantly in what I was wearing. This was a nice preview of what it was like to have a toddler. You never get dressed alone again. I had trouble seeing. I was extremely nauseated and then quickly out of breath and I kept reminding myself, this is eight months pregnant and this is just how it goes. It's really hard. On Easter evening, my oldest brother said something to me that no pregnant woman wants to hear: hey, sis, your feet look really fat. At first I didn't say something nice back, but then I stopped and thought about it. Swelling, trouble seeing, feeling terrible, they had mentioned this to me at appointments that this could happen. This must be preeclampsia. Preeclampsia is high blood pressure or extreme hypertension that it can occur during pregnancy. If not treated, it can be fatal for mommy and baby. It impacts one in 25 pregnancies in the United States. And I personally know five women who have dealt with it and one who even lost her baby for failure to going into the hospital quick enough when she felt symptoms. Thankfully, I had a cuff at home and I took my numbers. My blood pressure numbers were alarmingly high and I remember that it was physically painful to take it. When I arrived at the hospital, my OB nurse relayed a message to me that I will never forget. If I hadn't come in that night, neither of us would have made it. My husband would have woken up to a lifeless wife and baby next to him. I would have undoubtedly suffered a massive stroke in my sleep. When I arrived, I was strapped to a hospital bed and had to sign something saying I would not hold my daughter alone when she arrived if she arrived OK. They discussed with us that it was a possibility. My numbers continued to creep up and undergoing a C-section was not safe. I was administered multiple medications. I was considered a seizure and fall risk. Throughout the next few days, my blood pressure was taken every 15 minutes on the dot, even though they kept wanting me to relax. Very difficult to do. The numbers continued to creep up. I remember one reading was as high as 212 over 110 with a normal reading being 120 over 80. Thankfully, our daughter, Holiday, arrived a few days later, weighing just over 4 pounds. I remember she was smaller than a

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chipotle burrito. Purple, so tiny, not crying and needing resuscitation. There was a clock counting down on the wall from five minutes as she was taken from me, where they began to work on her and they were so busy taking care of her no one told me what that five minutes meant and it kept ticking. My mom was in the room with my husband and I and frantically began taking photos of our daughter in case that is all we would ever have of her. My mom was an OB nurse for 25 years. She's seen it all and that day, she was very scared. After she was born, we were told my severe pre-eclampsia had been present for some time. My umbilical cord, which should look like a hose, disintegrated upon touching it. And not just been affecting me, but also our daughter, who was quite tiny. And that is why LB419 is so critical for mamas and their families because preeclampsia and other pregnancy-related issues, gestational diabetes, issues nursing, postpartum depression, no matter how hard you try and all the things you do to prevent it, can rear their ugly heads at any time. Not just during pregnancy, but even long after those two months. It's been three years for me and I'm still affected. Diagnos--

HARDIN: I'm sorry, but we're going to have to wrap it up.

SHANNON HILAIRE: Yep.

HARDIN: Can you, can you close your thoughts in the next few seconds?

SHANNON HILAIRE: Yep. There's so many stressors and concerns that come along with welcoming a new baby, but seeking care shouldn't be one of them. We can't take care of the little ones if we can't take care of ourselves. Thank you for your consideration.

HARDIN: Thanks for sharing your story. Any questions? Senator Riepe.

RIEPE: Thank you, sir. I'm-- you're certainly a person of courage. You went through a lot. My question would be, is, is this just a situation about the issue or would you be a benefactor of it-- what I'm saying is are you a Medicaid recipient at this time?

SHANNON HILAIRE: No. Currently, I'm not.

RIEPE: So you're general-- OK. I was, I was just curious whether it personally affected you. Thank you. Thank you, sir.

HARDIN: Thank you. Senator--

M. CAVANAUGH: Thank you. Thank you so much for your story and your, your daughter is very lucky to have such a strong mom. I think you

were getting to a point in here about the preeclampsia and you said how you're affected every day since then, which I can very much understand and sympathize with. And can you tell us a little bit more about the months after your daughter was born?

SHANNON HILAIRE: Absolutely. She, being so small, had weekly appointments and I had the one that was discussed earlier, the six- to eight-week appointment follow up. But my blood pressure numbers were still really high. Most moms spend about two to three days in the hospital after having a baby. I was there for about a week and a half. Daughter was fine. My numbers continued to creep up. I'm still not able to get out of bed alone. So I have been on a blood pressure medication ever since and had to take daily blood pressure draws at home. With this, this pregnancy, I'm considered high risk and monitored quite closely, taking a baby aspirin, taking all the medications and constantly checked on. Any small headache, any swelling of the hands, they want to see me right away.

M. CAVANAUGH: So postpartum, you had-- and I'm sorry, I'm asking you some medical questions. If you don't want to answer, please don't. But postpartum, you had to-- you personally had to be monitored for your blood pressure and be put on blood pressure medication.

SHANNON HILAIRE: Yes.

M. CAVANAUGH: And then how long was it before you were able to carry your daughter?

SHANNON HILAIRE: By myself?

M. CAVANAUGH: Yeah.

SHANNON HILAIRE: I think it was when we were released from the hospital that I was allowed to hold her alone.

M. CAVANAUGH: OK, so a couple-- two weeks or so?

SHANNON HILAIRE: Um-hum, about-- to be by myself--

M. CAVANAUGH: OK.

SHANNON HILAIRE: --with her.

M. CAVANAUGH: How does she feel about being a big sister?

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SHANNON HILAIRE: She's very excited. She's got a lot of questions, a lot of questions.

M. CAVANAUGH: It's OK if she's less excited once the baby is here.

SHANNON HILAIRE: That's what I've been told. We're working on it. Again, reading all the blogs, getting ready to prepare her for that.

M. CAVANAUGH: Thank you so much for your testimony.

SHANNON HILAIRE: Thank you.

HARDIN: Any other questions? Seeing none, thank you.

SHANNON HILAIRE: Thank you.

HARDIN: Any other proponents? Welcome.

BRIAN KRANNAWITTER: Thank you. Members of the committee, my name is Brian Krannawitter, B-r-i-a-n, last name is spelled K-r-a-n-n-a-w-i-t-t-e-r. I'm the government relations director for the American Heart Association here in Nebraska and I have already submitted comments and support for this bill, but I guess I felt compelled just to say a comment or two about this. The previous testifier, Shannon, is a friend and colleague of mine and needless to say, her story is not uncommon. Other women have gone through that. But the main thing I want to point out-- two things: one, tomorrow is Go Red Day, Go Red for Women, and February is also heart month. And I can't think of a more appropriate and critical bill to be passed by this committee and the Legislature and signed by the Governor than LB419 sponsored by Senator Wishart. And that's the main point I wanted to get across today and I want to thank Senator Wishart for bringing this critical issue forward again. And I respectfully urge the committee pass this bill. Thank you.

HARDIN: Thank you. Any questions? Seeing none--

BRIAN KRANNAWITTER: Thank you.

HARDIN: --thank you. Any others in support? Welcome.

SCOUT RICHTERS: Hello. My name is Scout Richters, S-c-o-u-t R-i-c-h-t-e-r-s, here on behalf of the ACLU of Nebraska in support of LB419. I first want to thank Senator Wishart for bringing this bill forward again this year. Deciding to become a parent is one of the biggest decisions we make. The ACLU of Nebraska works to ensure that

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Nebraskans can make these important decisions with autonomy and dignity and have the resources they need to ensure that their families and their communities thrive. This work includes ensuring Nebraskans have access to birth control and abortion care, prenatal and maternal healthcare, and that the rights of pregnant and parenting students and workers are protected. Every pregnant person deserves to receive quality prenatal and postpartum medical care. Yet, as you've heard from other testifiers, this is far from the, the reality for far too many Nebraskans. Again, as you previously have heard, we, we must recognize that the decision to have a child in the United States comes with disproportionate pregnancy complications, stillbirth and maternal mortality for people of color and for black women specifically. Extending Medicaid coverage for a longer postpartum period improves outcomes for parents, as you've heard, and, and we, we have to recognize that the current 60-day cutoff of coverage does not align with, with the reality for new parents in the postpartum period. And extending the coverage would undoubtedly lead to, to better outcomes for Nebraska families. So we urge your support of the bill and I'd be happy to answer any questions.

HARDIN: Thank you.

SCOUT RICHTERS: Thank you.

HARDIN: Any questions? Seeing none--

SCOUT RICHTERS: Thank you. Thanks.

HARDIN: --thank you. Any others in support? Welcome.

KAREN BOWLING: Good afternoon. Members of the HHS Committee, I'm Karen Bowling, K-a-r-e-n B-o-w-l-i-n-g, and I served as the executive director of Nebraska Family Alliance. NFA is a nonprofit policy research and education organization. We represent a diverse statewide network of thousands of individuals, families and faith leaders. The new state option to extend coverage for one year to assist postpartum mothers after birth is an opportunity for Nebraska to support improved maternal and infant health in the year following birth. The relationship bond between a mother and a child is a unique bond like no other. We recognize this bond is one of the most special and life-affirming relationships in society. Efforts to provide additional postpartum assistance not only benefits the bond between mom and her newborn, but also provides mothers with necessary resources for healthy outcomes. The postpartum extension serves as a launchpad to drive improvements in maternal health and childhood development

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through the very critical first year of life. And Nebraska Family Alliance supports this and we appreciate Senator Anna Wishart reaching out to us and reviewing the research that she has given us. And we support and encourage the committee to send to General File. Thank you. I'll take any questions.

HARDIN: Thank you. Any questions?

KAREN BOWLING: Thank you.

HARDIN: Thank you. Anyone else in support? We have one in the back. Welcome.

ADELLE BURK: Hello. Good afternoon, members of the Health and Human Services Committee. My name is Adelle Burk, A-d-e-l-l-e B-u-r-k, and I'm the senior manager of public affairs of Planned Parenthood North Central States in Nebraska. PPNCS provides, promotes and protects sexual and reproductive health through high-quality healthcare, education and advocacy. We are strongly in favor of LB419, which would extend vital healthcare services to new families across our state. As you've heard, the U.S. is experiencing a maternal health crisis and Nebraska is no exception. We are the only industrialized nation where maternal mortality is on the rise and more than half of maternal deaths each year are preventable. In Nebraska, our maternal mortality rate between 2014 and 2018 was 37.29 deaths per 100,000 live births, 1.5 times higher than the national rate. We also can't overlook the disparity, as others have pointed out, in birthing and postpartum care experienced especially by black people in our state. In Nebraska, the share of births for black people covered by Medicaid is 65 percent, which is much higher than that of other groups. Additionally, the severe maternal morbidity rate was 63 percent higher for women in black communities in 2020 than in white communities. The Legislature has the power to narrow this gap and improve birth outcomes for all Nebraska families with LB419. When new parents have access to healthcare that they need, the chances of post-birth complications decrease, of course, as you all heard. And when people choose to parent, they deserve to have safe, healthy pregnancies and all Nebraska families deserve to have a healthy start. LB419 is a common-sense measure that would help Nebraska families thrive. Thank you to Senator Wishart for bringing LB419 and I respectfully urge the committee to advance the bill to General File. And I can take any questions if you have any.

HARDIN: Any questions? Seeing none, thank you.

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ADELLE BURK: Thank you.

HARDIN: Anyone else in support of LB419? Welcome.

MARIEL HARDING: Hello. Good afternoon, everyone. Thank you so much for the opportunity to testify. My name is Mariel Harding, M-a-r-i-e-l H-a-r-d-i-n-g. I am the senior director of programs and initiatives at Nebraska Family Planning and I am here to voice my support for this bill on behalf of our organization and our board. Nebraska Family Planning works with 12 organizations across the state to improve access, quality and equity related to family planning services. Our partners provide a range of services, including contraception, cancer screenings, STI exams, similar, similar services to that. We cater our services particularly to people who are low income-- excuse me-- and uninsured. The services are provided at no cost or they're provided on a sliding fee scale depending on the patient's income. In 2021, our network served over 20,000 individuals, with over 60 percent of clients reporting an income below 100 percent of the federal poverty line. Sorry, I'm nervous. I just walked in. Phew. This bill matters to us because it will improve maternal well-being for Nebraskans, particularly for people who face greater obstacles to achieving health: people who live in rural areas, people of color, and people who have low incomes. These are the people that we serve and we are unwavering in our commitment to them. Family planning is an essential part of postpartum and interpregnancy healthcare. There's a greater risk of adverse outcomes when pregnancies occur less than six months apart and this interval--with this interval potentially lasting up to 18 months. Shorter intervals between pregnancies appear to be more common among women of lower socioeconomic status and women of color, which are communities that this bill would particularly impact. Our network and other safety net providers like us could not provide all of the necessary services for comprehensive postpartum care. We don't have the capacity and often our partners cannot offer the full range of services needed for postpartum care. So this means that we rely on referrals to specialists and other providers who can provide this care. However, these specialists are often inaccessible to our patients, given their financial limitations or lack of insurance. In addition, awareness of our services is another important barrier to the continuity of care because integration of systems and referrals are largely inadequate or incomplete. In Nebraska, nearly 30 percent of maternal deaths are reported to be due to lack of access or lack of financial resources for continuity of care. This bill would remedy that issue, as postpartum individuals would not be left to find a new provider after 60 days, one who would provide them with services even if they don't have insurance. At Nebraska Family Planning, we know

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legislation like this makes a difference. Data from our network demonstrate in that in 2021, the proportion of clients who we served who were insured by public payors increased by 50 percent, which is a testament to the impact of the Medicaid expansion that went into effect. This is encouraging and it's good for Nebraskans and it's also good for our partners who can rely on streams of revenue outside of grants. On a personal note, you may have noticed when I sat down, I am soon to be a postpartum mother myself again and this is an extremely joyous time for myself and my family. And as I think about the postpartum period, I am deeply grateful to have security in my job. I will be provided with three months of paid leave and security in my health insurance, which is not dependent on my income or on my maternity status. This is my second child and following the delivery of my first child, I relied heavily on my medical team throughout that first year of motherhood. Even though I was a low-risk pregnancy, I needed supports for pain, for breastfeeding, for mental health and for cancer screenings. We all know that I'm not unique in this and my needs did not end 60 days postpartum. I was fortunate to have the care that I needed well beyond that date. Everyone-- every woman deserves the care that they need, especially during the postpartum period. Thank you so much for your consideration. I'm happy to answer any questions that you have.

HARDIN: Thank you. Questions? Thanks for being here.

MARIEL HARDING: Thank you.

HARDIN: Anyone else in support of LB419? Seeing none, those in opposition to LB419. Anyone in the neutral for LB419. I'm seeing none. You're waiving. Well, we'll wave back. Thank you, Senator Wishart.

M. CAVANAUGH: Letters, letters for the record.

HARDIN: Oh, letters. Have we letters? We're scrambling for the stats and specs here. There they are. Thank you. We received 30 proponents--

M. CAVANAUGH: 32 proponents.

HARDIN: --32, OK. I see here 30 proponents, but no opponents in the letters and no one in the neutral. Thank you so much. And this brings LB419 to a close. Let's look at LB65. Senator Day.

DAY: We're going to do LB65 first?

HARDIN: Would you rather-- well, I think we have that listed first, but--

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DAY: That's fine, yeah.

M. CAVANAUGH: LB65 is first.

DAY: Can we do LB64 first? It just makes--

HARDIN: Doesn't make any difference.

DAY: --if that's OK with you.

WALZ: Does it make a difference with testifiers?

HARDIN: Let's, let's-- does it matter for testifiers? Do you have who you need?

DAY: We have--

HARDIN: --and expecting?

DAY: --who we need, yeah.

HARDIN: OK.

DAY: They're related to each other. It just it would make more--

HARDIN: Great.

DAY: --sense to have LB64 first.

HARDIN: Well, then let's go out of order, darn it. We're going to do--

DAY: That's what we do, yep.

HARDIN: --LB64 because we can. Thanks, Senator Day.

DAY: Thank you, Vice Chair Hardin and good afternoon, fellow members of the Health and Human Services Committee. My name is Jen Day, that's J-e-n D-a-y, and I represent Legislative District 49 in Sarpy County. The first of two bills I'm introducing this afternoon is LB64. Both of these bills are a part of a multiyear effort to create safeguards, transparency and accountability within the childcare system following a series of disturbing instances of physical abuse against one-, two- and three-year olds in a chain of childcare centers in west Omaha. Clearly, this kind of abuse happening to babies and toddlers is horrifying, but this trauma continued to extend well after it should have been exposed and additional families were impacted only because nearly everyone involved was kept in the dark. Our work in this area

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began after parents contacted us and asked first, how was this allowed to happen? And second, what can we do to prevent this from happening to other families? As a result, we have spent the last two years identifying the weak, weak points in the oversight of our childcare system and working with the parents and stakeholders to identify solutions that could prevent these types of tragedies in the future. As you may recall, last year, the Legislature required the DHHS Division of Children and Family Services to provide notice to the Division of Public Health licensure, which mirrored the internal reporting processes currently done in schools and should allow licensure to more quickly spot trends within data. LB64 is the next step in this process and would require the Department of Health and Human Services to notify parents whose children attended a childcare center at the time of an incident that led to an employee being placed on the child abuse and neglect registry. This solution was a direct recommendation from parents who were shocked to learn that abuse can happen in a childcare center, but under current state law, only the direct guardians of the child involved in the abuse are notified. Time and time again, when I am talking to people about the work we're doing this session, people are surprised that this heightened level of notification is not already state law. In terms of how LB64 would work in practice, once a case of child abuse has been agency or court substantiated and a name is added to the registry, the holder of the license would be required to provide DHHS with the names and addresses of those attending at the time of the incident and DHHS would be tasked with providing mail notice. While this would not undo the first case of abuse in a childcare setting, it would provide parents greater transparency and context. In the cases in west Omaha, the timeline of abuse meant that notification, meant that notification had, had-- excuse me, meant that had notification been given, it may have allowed other parents to connect dots that would otherwise not be notable. At the very least, it would prevent the situation that happened in west Omaha, where many families that had kids in day care were not informed of the multiple cases of abuse from other families at their childcare facility until the families themselves started messaging each other about what was going on. In the Legislature, there is a tendency to discuss issues in a removed and technical manner, but at the end of the day, these are our children. It comes down to the obvious reality that if our own kids were at a childcare facility and documented substantiated child abuse had happened, we would want to know about it. It is truly sad to reflect on parents dropping their children off at day care and not knowing that this happened when the state has this information that could be easily given to them. We all have different views on what's the best way to run the state, but at the very least,

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all of us deep down know that parents should have this information that so clearly affects the well-being of the single most important thing in their lives. So often we get into the weeds of our state systems and technical responsibilities that we can forget that the families involved are the true core of our childcare system. At its most basic, LB64 is a parent-centered bill that recognizes that we should never have a system where parents are kept in the dark about what's happening with their children's care. Before you open for questions, one minor note. There's a suggested technical amendment with-- that is-- should have been distributed with the fact sheets, AM63, which clarifies that LB64 applies exclusively to the licensed childcare centers. The statute LB64 was written under, 43-4308, contained both the Child Care Licensing Act and the Children's Residential Facilities and Placing Licensure Act. That wasn't our intention so we're just clarifying quote, childcare licensed as described in subsection (2) of Section 71-1911, unquote, to make it clear that we're only trying to apply this to licensed childcare. And with that, I am happy to answer any questions.

HARDIN: Thank you, Senator Day. Any questions? Senator Riepe.

RIEPE: Thank you, sir. In the pediatric business, we always had a challenge with maybe a divorced couple as to who had custody, who got to know-- who, who made decisions and everything else. Does this mean that the-- regardless of what the divorce decree says, both of the parents--biological parents would be notified?

DAY: I don't have that answer for you right now--

RIEPE: OK.

DAY: --but I'm happy to find that out.

RIEPE: I just.

DAY: Yep.

RIEPE: It was a--

DAY: No, that's a great question.

RIEPE: Well, it becomes--

DAY: Sure.

RIEPE: Sometimes it puts the provider in a terrible situation.

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DAY: Yep.

RIEPE: Thank you.

DAY: Um-hum.

HARDIN: Any other questions? I might make a suggestion.

DAY: Sure.

HARDIN: As someone who owns a commercial childcare center in another state, I'm surprised to see that Nebraska doesn't because most states, I can promise you, do have this in place already.

DAY: Yes.

HARDIN: I would say as many ways as this can be communicated to parents and public as possible needs to be looked at because when there's only one way of communicating it, it's amazing how these things can get obfuscated.

DAY: Sure.

HARDIN: So--

DAY: Absolutely.

HARDIN: --electronic communications, snail mail, jungle drums, smoke signals--

DAY: I agree.

HARDIN: --whatever can be done--

DAY: Yep, yep.

HARDIN: --right?

DAY: Thank you, Senator.

HARDIN: Thank you. No other questions, we'll move on to proponents. We're going out of order. If you just walked in, we're doing LB64 because we think that's the way it should be done. We'll come to LB65 in a little while, but proponents of LB64. Welcome.

ASHLYNN TURNER: Hi. Thank you for having me. My name is Dr. Ashlynn Turner, A-s-h-l-y-n-n T-u-r-n-e-r. Thank you all for taking the time

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to be here today. I come to you in support of LB64. I would like to thank Senator Day and her entire staff, as well as Dr. Katie Bass, First Five Nebraska for their continued support of our efforts to make childcare safe and accessible for all in Nebraska families. In October, I spoke with you and used excerpts from the DHHS finalized and substantiated reports to show the nature of the abuse, as well as the lack of communication from both the childcare provider and DHHS that allowed this abuse to continue to occur. Today, I'm going to use a timeline of events to illustrate the glaring breakdown in communication regarding just one incident-- I assure you there are many-- from my child's teacher that ultimately resulted in more children being subjected to her abuse unnecessarily, always unnecessarily. In February of 2020, Child-- Children's Services Licensing received a complaint with allegations of alcohol and controlled substance, prohibitive forms of discipline and violations of the director requirements. And on the 24th of February, four days later, the investigation was assigned to a childcare inspection specialist. On the 25th, the childcare inspection specialist accepted it and immediately notified the childcare facility, Rosewood Academy, that staff one listed in the allegations was not allowed to be alone with children until the investigation was complete. On March 2, a week later, the childcare inspection specialist made an unannounced inspection visit. On the-- April 3, a month later, the case report was finalized and prohibited forms of discipline were substantiated and the report was sent to Rosewood. At that time, they are required by law to post a written notice. Unfortunately, during COVID, the doors of the day care center were closed and so parents were not allowed past the entry point. Therefore, none of these notices could be appreciated by any parents, nor to any of the subsequent incidents that happened, any parent at our facility ever saw any of these notices being posted. On-- with that declaration, the staff who was in this particular incident forcibly holding children down on cots with blankets over their heads during nap time, as I discussed with you guys in our October meeting, that was the incident that this particular report is referencing. She was relegated to correction of approved training from outside sources with positive interaction with young children completed on-- acceptably completed online to be due by April 17. On May 19, the staff completed the training and was submitted to DHHS licensing. As you can see, I'm going to jump forward all the way to December 11. A parent confronted an assistant manager regarding the March 2020 substantiated report on DHHS's licensing site after it came to light through a Facebook post of a west Omaha moms group. During this conversation, the parent specifically asked about the report and the assistant director stated that the claims were

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found to be untrue; direct contradiction with a report. The teacher didn't get along with other staff members and they reported her unnecessarily. The assistant manager or director of the facility stated that the report must be an error and incorrect because they would have fired staff one otherwise. None of that information was true. So two weeks later, staff one, same teacher, was officially fired after close to two years at the center for locking a child in a bathroom alone during nap time so that they won't disturb other children. This incident was also not reported by anyone at the day care facility, including the same assistant director who fired her on this day. This was the same person who lied directly to the parent-- to the parents just two weeks prior about staff one's substantiated reports from March of 2020. The incident was reported by another witnessing teacher and was subsequently substantiated as prohibited form of discipline, isolating a child in a locked or closed room. She was charged almost nine months later and her case was closed six months later when she agreed to terms of diversion. There were a total of five children referenced in the single report from March of 2020 and not a single one of these parents was notified that their child was listed in a substantiated claim. Nor were any of the other parents out of Rosewood Academy notified that a substantiated claim had occurred at our center.

HARDIN: And I'm sorry, Ms. Turner, we're into the red so if I can encourage you--

ASHLYNN TURNER: Thank you.

HARDIN: --to wrap up in the next few seconds.

ASHLYNN TURNER: Yes.

HARDIN: Thank you.

ASHLYNN TURNER: Thank you. So her-- in my meetings with Senator Day, we identified this gap. The-- this LB64 would essentially require DHHS to notify parents because as we have seen in this particular incident, we cannot rely on the provider to just do the right thing or be the good person. I would love to say that, but it's just not true. And so we need the state to help us bridge that gap by passing LB64 so that the licensure units are able to notify parents. Thank you--

HARDIN: Thank you.

ASHLYNN TURNER: --for your time. I appreciate it.

HARDIN: Thank you.

ASHLYNN TURNER: Take any questions.

HARDIN: Senator Riepe.

RIEPE: Thank you, Mr. Chairman. I'm not challenging your credentials. I'm just trying to learn what they are. What's your doctorate in?

ASHLYNN TURNER: I'm a veterinarian.

RIEPE: A veterinarian?

ASHLYNN TURNER: Yes.

RIEPE: OK.

ASHLYNN TURNER: Yeah.

RIEPE: Very good. Where'd you go to school?

ASHLYNN TURNER: Iowa State.

RIEPE: That's a good school.

ASHLYNN TURNER: Yes, it is.

RIEPE: OK. Thank you.

HARDIN: Other questions? Thank you.

ASHLYNN TURNER: Thank you.

HARDIN: Other proponents, LB64. Welcome.

BETH FREUDENBURG: Thank you. Thank you, everyone, for your time this afternoon. My name is best friend Beth Freudenburg, B-e-t-h F-r-e-u-d-e-n-b-u-r-g. It's a mouthful. Thank you, Senator Day, for your efforts to help us better protect our children and give life to LB64. Over the course of four and a half years, I had three children attend Rosewood Academy. It felt comfortable. I had relationships with the managers and teachers that I thought included transparency and that if I needed to know something, I would. Two of those kids were still attending Rosewood Academy when the facility closed in March of 2021. Even after the facility went into temporary closure, I still felt that there was more-- that if there was more going on than the massive COVID outbreak, that I could trust that there would be

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communication. Seeing the T.V. deliver the news that the facility's owner was convicted of child abuse and reading comment after comment on social media about this man's interaction with kids ensued immediate fear and a feeling of failure as a parent that I didn't better protect my children. And to make it worse, I didn't know what to do next. It was in that moment that I had to sit down with my five-year-old son and start asking questions such as, how often do you see Mr. Carl? Did he talk to you? You told me he is mean. How so? He touched you, show me where. Did it hurt? Was he mad? What happened next? While my child wasn't physically injured by this man, he was emotionally scarred. Thank you. His entire demeanor changed and I had to assure him that he did nothing wrong. But on the flip side, I felt like I had. This incident with the owner and another child had occurred multiple months before I, as a parent, found out about it on the news. And there's-- there was no communication to the parents about the investigation, as the facility was still on lockdown for COVID reasons. And as you heard before, where this might have been posted, we couldn't see it. With the help of other individuals who started off as perfect strangers, you know, other parents going through this same challenge, I ended up filing another incident report against Carl Hansen based on the information that my five-year-old had to tell me. This is a conversation I never wanted to have with him, but one that I wish I could have been educated enough to have sooner had I been contacted immediately by DHHS. My authority and power as a parent to make a decision about my kids' care and well-being was taken away because of lack of information. LB64 would give parents the information that we shouldn't have to seek, especially when we don't know we need to be seeking it. We deserve this information to make the best decisions for our kids. Perhaps if I had gotten that information immediately, I could have avoided my son having an incident with the same man or my two-year-old daughter falling victim to an abusive teacher under the same management. Nebraska parents have a hard enough decision to make when leaving their children with caregivers to go work outside the home. We must put these protections in place to give parents the peace of mind that we are doing everything to protect our children and to hold those accountable when they aren't doing just that. Protecting our children should be enough motivation to move forward with LB64. But if you do need another reason, it's to support the parents and getting them back to work while giving them assurances there is transparency and that if the worst-case scenario happened, we will be informed to make our own decisions. We know that there is a major workforce crisis in Nebraska, but can you blame parents who can no longer trust caregivers, even the most reputable ones, and are forced to make the decision to leave the workforce to take care of

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their most precious and vulnerable people in their lives? I know this bill won't end all the challenges we face in childcare facilities today, but it's a start and I hope it can prevent the feeling of failure I had as a parent and give the power back to parents to make informed decisions for their families. Thank you for your time today.

HARDIN: Thank you. Any questions? Senator Riepe.

RIEPE: Thank you. You know, my concern is how do we address the culprit is the one that should be doing the notification if we don't have whistleblowers underneath that particular owner or supervisor? Because obviously, he's not going to self-confess. I'm saying he-- I assume it was a he. Do you have ideas? I'm not expecting you to have a perfect answer. I'm just befuddled myself.

BETH FREUDENBURG: You mean how does it go from-- how does it even get reported initially?

RIEPE: If he's supposed to make the notification, obviously, he's not going to make that notification to families.

BETH FREUDENBURG: It should, it should be a requirement as a facility owner, but--

RIEPE: But who would, who would do it then?

BETH FREUDENBURG: Well, the notif--

RIEPE: If there is an owner, I could see the owner would have an obligation, but if-- in this case, he-- if he owns it, he's not going to self-report that he's abusing children.

BETH FREUDENBURG: Well, in this situation, he was, he was convicted.

RIEPE: But he didn't report it before. In some way or another, he got into a police investigation.

BETH FREUDENBURG: Correct.

RIEPE: I don't know and I don't remember the story, so.

BETH FREUDENBURG: Right. It was reported several months prior to--

RIEPE: Who, who reported it, do you know?

BETH FREUDENBURG: A teacher in the facility.

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RIEPE: A teacher, OK. So someone-- a whistleblower?

BETH FREUDENBURG: Yes, um-hum, absolutely.

RIEPE: OK. That's kind of a delayed response because that takes a lot of courage to step up, step up and make that call. Whistleblowers usually get punished.

BETH FREUDENBURG: Right. And in this situation, that was definitely a threat and the reason why there were several other instances that didn't get reported.

RIEPE: Thank you.

BETH FREUDENBURG: Thank you.

RIEPE: Thank you for being here. Thanks for telling your story.

HARDIN: Any other questions? I have a couple.

BETH FREUDENBURG: OK.

HARDIN: You have a-- kind of an interesting seat. Let me preface what I'm about to say with COVID, it's not an excuse, right?

BETH FREUDENBURG: Correct.

HARDIN: Did the staff kind of stayed the same? Did it change? Because it looks like you were there a bit before COVID started, COVID was there and we're reflecting back on 2021 and whatnot now. I'm just curious, was the person in question someone that had been there beforehand as well, pre-COVID, or was it a COVID hire? I mean--

BETH FREUDENBURG: The, the person that had an interaction with my son--

HARDIN: Yes.

BETH FREUDENBURG: He was the owner.

HARDIN: He was the owner. So he was there before as well.

BETH FREUDENBURG: Correct.

HARDIN: Also, just curious, were there cameras inside that facility?

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BETH FREUDENBURG: There were cameras, but it was communicated that sometimes they just didn't work.

HARDIN: Oh, they just got glitchy?

BETH FREUDENBURG: Um-hum.

HARDIN: Dang, OK.

BETH FREUDENBURG: Yeah, super unfortunate.

HARDIN: Super unfortunate. I'm sorry.

BETH FREUDENBURG: Thank you.

HARDIN: Thank you. Appreciate it. Anyone else? Welcome.

IVY SVOBODA: Good afternoon, Senator Hardin and members of the Health and Human Services Committee. My name is Ivy Svoboda, I-v-y S-v-o-b-o-d-a. I'm the executive director of the Nebraska Alliance of Child Advocacy Centers here testifying in support of LB64. It solidifies that parents and caregivers who children-- whose children attend day care are notified that there is a substantiated child abuse investigation involving childcare providers who work at their day care. The Nebraska Alliance of Child Advocacy Centers is the nationally accredited membership organization for the seven child advocacy centers, which -- CACs, we call them, which serve children, families and the child protection system in all 93 counties within our state. We're dedicated to enhancing the response to child abuse. Our CAC members provide trauma-informed services to children and families during and after investigations of certain types of child abuse and we served over 7,800 children statewide in 2021. For those seen at our centers, our CAC advocates made over 30,000 contacts throughout the year that year. That's 30,000 contacts our CAC advocates made to support the children and families throughout investigation and the legal process. These advocates worked with the caregivers to answer questions, provide resources, offer guidance and make referrals to counseling and medical care. Parents going through-- whose children have gone through any type of abuse or witness to abuse need this type of support, as you've heard today what it was like if you didn't know that your child was even subjected to abuse. CACs understand the impact from child abuse, sexual abuse and serious neglect that happens in institutions that are supposed to be areas of trust. It does not end with just the victim and their immediate families. All caregivers, parents and children who are involved in the trusted institution are impacted. Signs of child abuse can be different in young children and

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difficult to detect so having this notice brought forth by LB64 may help put pieces of information together for the parents. If a child was subjected to or a witness to abuse, the signs could vary. It could look like unusual fear of certain people or places, reluctance to be alone, changes in mood that could include anger, aggressiveness towards the parents, siblings, pets, withdrawal, changes in attitudes towards the childcare center, lack of interest in friends, unexplained headaches or stomach aches. We are fortunate to know that protective factors can reduce the adverse effects of the trauma. Certain factors, such as proximity to the event, prior history of trauma, family and community factors, severity of the event, though most importantly in what we're talking about this afternoon, the caregiver's reactions. So having knowledge of what has happened or that something had happened at the center, parents then have more factors in place that they can be able to respond to the impact of that trauma. So notification would prepare our caregivers. It would prepare them to get the resources and support that they need. LB64 ensures that all parents and caregivers would receive notice when an employee of that licensed childcare facility is entered into the central registry for substantiated cases of child abuse or neglect which occurred at the facility. This protects families, caregivers and children attending the caregiver center from being further traumatized by hearing information after the fact from the news, from sources that could lead to misinformation, which could further exacerbate the trauma. Unfortunately, in the past five years, there have been several higher-profile cases in Nebraska at day care centers where parents and caregivers were not notified about what happened and were left wondering if their child could have been impacted. Nebraska Alliance understands that most abuse and neglect does not happen within the childcare setting, but believes fostering transparency surrounding abuse and neglect is imperative to hold child-serving programs accountable for the safety and welfare of the children in their care. So we thank Senator Day for introducing this important bill and we respectfully request that the committee advance LB64.

HARDIN: Thank you.

IVY SVOBODA: Yeah.

HARDIN: Questions? Seeing none, we thank you. Anyone else in support, LB64? For those who have joined us, we're going a bit out of order on your sheet. We're doing LB64 before we're doing LB65. We're numeric that way.

RIEPE: Yeah.

HARDIN: Hi.

KATIE BASS: Hello, Vice Chair Hardin and members of the Health and Human Services Committee. My name is Dr. Katie Bass, spelled K-a-t-i-e B-a-s-s, and I'm the data and policy research advisor representing First Five Nebraska. First Five Nebraska is a statewide public policy organization focused on supporting policies that promote quality early care and learning experiences for young children in our state. I am here today to testify in support of LB64 and I want to thank Senator Day for introducing this legislation and for reaching out to First Five Nebraska when the parents who testified today approached her with their concerns. This past interim, LR266 examined the notification processes around child abuse in licensed childcare, revealing gaps in who receives information and when. LB64 creates a notification requirement for parents whose children attended licensed childcare where abuse or neglect occurred. The notice would be mailed by the Department of Health and Human Services after the abuse has been substantiated or found to be true by NDHHS or the court. It would not provide information about the type of abuse, victim or perpetrator, but include the date the incident occurred. The NDHHS serious injuries and death report indicates three to six cases of substantiated child abuse in licensed childcare per year from 2017 to 2021. The goal of the notification is twofold. First, this notification empowers parents to make informed decisions about their childcare. The vast majority of licensed childcare providers in our state would communicate with the parents of children in their care about any investigation or allegation as serious as child abuse. And the notification we are talking about today, today would serve as a closure to that conversation. However, as we have learned today, there may be situations where that information is withheld from parents. This notification requirement would ensure all parents were aware of the abuse or neglect. Second, one of the more disconcerting elements of abuse allegations in childcare is that the children involved may be too young to communicate what has happened to them. A parent may notice behavior changes in their child that concern them, but assume these changes are related to growth and development or changes in routine. For a parent in this situation, receiving a notification about a case of abuse may be reason to ask more questions about their own child and their experiences. Parents seek out childcare that is licensed because they know that licensed providers are held to a high standard in Nebraska and that there is oversight of those standards. When an incident as severe as child abuse and neglect occurs in licensed childcare, that oversight should include direct communication from NDHHS to parents. Thank you for your time today and for your

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consideration of LB64 and I'm happy to try to answer any questions you may have.

HARDIN: Thank you. Any questions? Seeing none, thank you.

KATIE BASS: Thank you.

HARDIN: Anyone else in support of LB64? Any opponents to LB64? Anyone in the neutral for LB64? Senator Day, will you bat cleanup?

DAY: Yes, I will. OK, so I just wanted to answer a couple of questions. Your question, Senator Riepe, about notification to parents depending on, on a custody agreement, it would depend on who was required to be on the licensing agreement or-- there's something that we have to clarify there, but I will for sure get you an answer. I would assume that it would depend on what the custody agreement was between the parents and who was on that agreement. But I will get you a for-sure answer on that later.

RIEPE: Thank you.

DAY: I also wanted to clarify that this would not apply to any false allegations. This would only apply to substantiated cases of child abuse. And then also your question, Senator Riepe, about who does the reporting, so I guess I need to maybe clarify your question. Are you asking who is initially reporting the abuse or who is contacting the parents?

RIEPE: I was concerned at the fox who's supposed to be guarding the chicken are-- you know, is-- the one that's the--

DAY: Sure.

RIEPE: --culprit--

DAY: Right.

RIEPE: --is also in charge. And so had then not one of the teachers or [INAUDIBLE] reported him, it would have never happened--

DAY: Right.

RIEPE: --so.

DAY: OK, so I understand your question a little bit better.

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RIEPE: It really is a conflict of interest. He can't do the right thing.

DAY: Sure. Right. And I, and I think this, this case, in terms of the owner being the culprit, was a piece of the puzzle in terms of it had gone on for a really long time. And many of the folks that he had hired underneath him were also abusing children and so it's sort of created an environment and a culture of this at the center. This is a unique situation. And obviously, you know, Senator Hardin, as an owner of a childcare center, this type of center, I think, is the outlier when it comes to childcare. Most childcare center owners and the people that work there care very deeply for the children that they care for and so I don't think that this is an example of what happens every day in childcare centers. But in addressing what happened systemically at the center, we noticed some places systemically as a state where we were not, we were not doing our due diligence in making sure that parents were aware of what was going on so they could protect their own children. So, you know, the initial abuse can be reported by another teacher or by a parent or anyone, even-- and so I'll talk a little bit about the owners self-reporting child abuse in their own centers in my next bill, LB65, so we'll discuss that there. But I did just want to mention that, again, we know the overwhelming majority of childcare center owners don't perpetrate this kind of abuse in their centers and neither do their workers. We just want to make sure that in the incidents of it happening, that we as legislators are making sure that we're doing-- putting the, the backstops in place to prevent it from happening again. And then I also wanted to mention so that's where the, the fiscal note comes from on this bill is it would create two FTEs, I believe, within DHHS to handle the notification that goes out to the parents. And also the level of substantiation that this would require is the highest level of substantiation. So it's going to take a significant amount of evidence to require this type of notification to parents. And then the last thing I just wanted to mention is, is I know you have experience on this committee from previous years, Senator Riepe, but I know Senator Ballard and Senator Hardin are new to this committee as a whole. We've been working on this for several years. I had meetings with these parents a couple of years ago before bringing bills last session. We, we had an interim study on this and they have told their stories dozens and dozens of times to law enforcement, to us, to the committee, to the press and they continue to be really helpful and being willing to come here and continue to share their stories to try to protect other families' children. So I'm just really thankful for that.

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HARDIN: All right.

DAY: I'm happy to answer any further questions.

HARDIN: Senator Riepe.

RIEPE: Thank you. You can react to this. My understanding is under the law, that we're all required if we suspect child abuse. So--

DAY: That is--

RIEPE: --that automatically--

DAY: Yes.

RIEPE: --gets performed. Now, my problem with this is if that's already in statute, in place, that should be covered. I am going to be concerned about the additional of two FTEs, which to me translates into a quarter of \$1 million for more of the same. Now, a little background: when I was at Children's Hospital, one of my accountabilities was eight childcare centers. I guarantee you if I had a problem, I didn't call the DHHS. I called the Highway Patrol. I called the law enforcement. You know, I'm not going to the middle man. I'm going to the bottom line because I want an invest-- I want-- you know, if it's that serious. Would we notify the parents? Absolutely. And we--

DAY: Right.

RIEPE: --you know, we didn't have any problems, but we didn't mess around with it--

DAY: And I agree.

RIEPE: --because our reputation--

DAY: Yes.

RIEPE: --was on the line.

DAY: Sure. And that's what most people will do. We did run into some discussion with the families about the fact that everyone in a childcare center is a mandatory reporter.

RIEPE: Absolutely.

DAY: There was a lot of--

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RIEPE: And teachers.

DAY: --and teachers--

RIEPE: Virtually everyone.

DAY: Yes. Right. Unfortunately, the cases where people are mandatory reporters and they don't report things, it's not being enforced. There is-- it's very rare in the state of Nebraska that someone who is a mandatory reporter is prosecuted for not reporting something. Unfortunately, that system is not working.

RIEPE: Is the state-- or Department of Health and Human Services already in these childcare centers because they're setting staffing standards?

DAY: Yes--

DAY: Well--

RIEPE: --of course.

RIEPE: --and I'm afraid-- we used to have problems in the nursing home business that one would come in and set the standards. The next group would come in and not give us any money to do it. Both of them state employees.

DAY: Sure.

RIEPE: I used to say, why don't the two of you ride down in the same car together and figure this out?

DAY: Yeah. And, and I think we all know, sitting on this committee-- you have plenty of experience with DHHS. We're certainly not saying that they're the solution--

RIEPE: The result of gray hair.

DAY: Yeah. We're not saying they're the solution to anything, but we are saying that there isn't currently a mechanism in statute outside of being a mandatory reporter that says if there is a substantiated case of child abuse at a childcare center, that anyone has to notify anybody. And we are just attempting to close that loophole to provide another guardrail for kids' safety.

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RIEPE: My argument would continue to be it's already staffed. It's already funded. All they're going to do is pick up the phone and call the Highway Patrol to get a--

DAY: But this-- yes, this has the--

RIEPE: Because it's a criminal offense.

DAY: Yes. And that's the case of-- that is what happens before a case is substantiated, right so--

RIEPE: Well, that's what the investigation is over.

DAY: That's what the investigation is for. Then the abuse is substantiated and then that leads to the requirement of notification.

RIEPE: I see it as a middle man.

DAY: They would actually be, like--

RIEPE: I want to go--

DAY: --the last--

RIEPE: --straight to the investigation.

DAY: Yeah, right. And that, and that would continue to happen. It's just we're saying after the investigation. Because even in these cases, after an investigation, parents couldn't get any information from anyone. They couldn't get information from law enforcement. They didn't even know if their own kids were involved in any of these cases. There was no way for them to get any information. And again, we found out that there was no procedure to notify any of these parents. And I feel like as a lawmaker, knowing that that's a problem, again, as Senator Hardin mentioned, as, as an owner of one of these centers, parents need to know. I-- you know, I have two kids and I know how difficult it is to drop your kids off at a childcare center, trusting a stranger essentially with the care of the two most important things in my life. And, and that's a really difficult thing to do and in order to be able to really trust those people even more than we already do, we have to have a mechanism as a state to make sure that we're taking care of those families.

RIEPE: I would want to hear what-- maybe it's the Attorney General's Opinion so that we don't mess up the investigation.

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DAY: Sure and we can clarify--

RIEPE: There's potent-- innocent until proven guilty, so--

DAY: Yeah, no, and we're not trying to--

RIEPE: I would almost like to have--

DAY: And that's why we--

RIEPE: --say this is how much you can inform or--

DAY: Yes.

RIEPE: --and do you-- we-- I think they need to inform the parents that there's something going on, but because of the investigation, we can't speculate on what's going on.

DAY: Right and just wouldn't, this wouldn't be in the middle of an investigation. This would be after the investigation. This would be a substantiated case of child abuse. This isn't an allegation.

RIEPE: I don't, I don't mean to be argumentative. It's simply--

DAY: No and I'm not--

RIEPE: --from the investigation report.

DAY: No, I understand.

RIEPE: Here's a copy of it. Ten--

DAY: Yeah.

RIEPE: --cents, you can make a copy.

DAY: Yeah. And it's-- sometimes it's not that simple because the owner-- again, in this situation, the owner didn't want anyone to know. So there was no-- because law enforcement was too busy trying to do their own thing, there was no way for these parents to seek any information. And when they contacted DHHS, they were-- DHHS was saying basically that they couldn't do anything. They're not required to do anything.

RIEPE: And you're saying these two new people are going to be able to say they can?

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DAY: I would hope that, that we could at least make an effort to try to make that happen instead of just shrugging our shoulders and looking at child abuse that's happening systemically in childcare centers and not do anything about it.

RIEPE: Well, I think we're all in agreement these kids need to be protected.

DAY: Thank you.

HARDIN: If I can just interject for a moment, page 3 of, of the bill, line 14, has a little phrase right there. It says, "for each person entered into the central registry," that grabbed my attention because that's the part-- I think there's a big communication thing that goes on between agencies.

DAY: Right.

HARDIN: In a nutshell, usually if something bad happens --and sometimes bad things happen out there bumping into other humanity, but yes, there is law enforcement to be notified. There's licensure to be notified. There are, oh, probably for different organizations to be notified. And in that process, there becomes a question of who's communicating with whom.

DAY: Right.

HANSEN: And so that's my sense is that the central registry piece is very important and the problem is that a lot of times, no one knows to look to the central registry, if you will. It's there. No one's hiding it.

DAY: Right.

HARDIN: But we simply don't know what we don't know.

DAY: Right.

HARDIN: And so that's also really important, not only for other parents, but for other childcare centers who may in the future hire that abuser.

DAY: Exactly.

HARDIN: So just saying hypothetically.

DAY: Yeah, which has happened, yes.

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HARDIN: Right? It does. How else do you know?

DAY: Right. Thank you.

HARDIN: Thank you. Well, I know, let's look at LB6-- wait, we have a few more. We have some letters that came in: four proponent, one opponent on LB64. Thank you, Senator Day. Senator Day, we'll ask you to stand up and turn around and sit back down again for LB65. Welcome, Senator Day.

DAY: Thank you, Vice Chair Hardin and fellow members of the Health and Human Services Committee. My name is Jen Day. That's J-e-n D-a-y and I represent Legislative District 49 in Sarpy County. The second part of our package of bills is LB65, which has two primary components: a change that creates a new classification for self-reporting of licensure violations and a notification requirement when DHHS takes discipline against a childcare center following licensing violations. Like LB64, the idea for LB65 grew out of the work over the interim on LR266 when it was identified that there were limited requirements for parental notification of licensure violations. And childcare centers that were self-reported were categorized as the same-- excuse me, childcare centers that self-reported were categorized the same way as those that were reported by a third party. So LB65 is about aligning incentives in a way that would better encourage providers to report minor self-violations of their licenses. Because licensing investigations follow a license, not a person, under current law, providers may be disincentivized to report an action from their employees for fear that it will reflect poorly on their license. Beyond encouraging license holders to report, changing this designation should provide helpful context to those accessing the information as well since there is a genuine interest in intent between a self-reported violation and a third-party reported violation. I think everyone can agree that honest mistakes do happen in the workplace and a provider that has the willingness to self-report should be treated in a slightly different manner than one that isn't. Additionally, LB65 would mirror the parental notification in LB64, but this time for licensing violations that are serious enough to merit discipline from DHHS. So while LB64 deals with the individual employee, LB65 would create the same framework of notice, but for the license. Under LB65, in the event that a licensing violation leads to the Department of Health and Human Services taking disciplinary action against a childcare facility, LB65 would require the department to provide notice by mail to all parents and guardians of children attending a childcare center. However, this reporting requirement would not apply to minor violations where HHS may use--

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may choose nondisciplinary corrective action or licensing agreements with childcare providers. So under LB65, only the most serious of licensing violations would rise to the level where parents are given notice. The processes for this notice are the same as LB64, where the license holder is required to provide DHHS with the names and addresses of those attending at the time of the incident and DHHS would be tasked with providing mail notice. The constant with LB64 and LB65 is an effort to increase transparency and empower parents-- oops, sorry-- empower parents with information that they deserve to have about their childcare provider. As I said in LB64 as well, parents have the right to know what is going on in their childcare center. In the rare instances that these serious violations do occur, the process for letting parents know should be transparent and provide them with as much information as possible. Both of these bills follow the general principle that if these incidents happened in a facility our children attended, we would want to know. So it is my hope that we can prevent future tragedies and empower Nebraska parents by making these notification changes in LB65. And with that, I'm happy to answer any questions.

HARDIN: Questions, committee? Seeing none, will you stay around?

DAY: I will.

HARDIN: Wonderful. Is there anyone who is a proponent of LB65? Welcome to our merry crew.

MELISSA KRAJESKI: Good afternoon. My name is Melissa Krajieski. I want to thank Senator Jen Day for continuing to pursue necessary changes through legislative measures. Thank you to this committee for giving parents the time and space to share their experiences. My testimony is unique in that, to my knowledge, I'm one of the only parents notified of child abuse in this day care setting. This was not one day care, but three separate locations child abuse-- with child abuse allegations at all three facilities. I was notified by Child Protective Services on December 31, 2020. The CPS worker stated It was witnessed and reported my child was rough handled. She continued to say rough is subjective, in what rough is to one person may not mean the same to another person. I asked when this occurred. She stated, December 16. She stated there was an investigation and did not have any additional information she could provide. When we spoke with the owners and the management after the holiday closure on January 4, they had completely different stories. The owner stated, this didn't even happen to your son. The teacher wasn't even in the same room as your son. He told us a cautionary tale of another incident that occurred

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long ago at a different location where workers accused another worker of coming to work while on the influence of a medication that impaired them. We didn't realize at the time he was telling us of the southwest location incident. The state had investigated substantiated claims and never informed parents of the investigation. He claimed high school drama. Although he stated it happened a long time ago, the incident occurred ten months prior. I was not aware of the DHHS website at this time. When a neighbor informed me of this, I didn't know how to properly search the website in order to get the information I was looking for. The director, the owner's daughter, however, stated, yes, the incident did occur and it did happen to our son, calling it a teachable moment. When-- they did not inform us because no injury occurred. Between the conflicting information from the day care and the CPS worker statement, rough handling is a subjective term. We decided to use the day care for the following month while we waited for new childcare to have an available spot for us. CPS, the owners, and director reassured us the individual would not be allowed to be alone with children during the course of the investigation. This proved to be a false sense of security. Over the next three weeks, there were constant red flags. Why was the worker allowed to diaper changes, a one-on-one activity? Blowouts, unchanged dirty diapers upon pickup, bright red face upon pickup, marks, slight bruises which led to the final pickup on January 26, when we noticed two welts on his abdomen near the bottom of his ribcage. We are not made aware by the state, but later realized this was the same day CPS notified the day care they faced disciplinary action for the December investigation. I called the CPS hotline to report this immediately and they sent an officer to our house to take a statement and look at the welts. The following day, a CPS worker arrived to take a statement and look at the injury. We took our son to the doctor for a medical examination. The director informed us due to the allegations we made with CPS, we were no longer welcome at the day care. I can't begin to explain how I would have never allowed my child back to that facility. Later, the police officer arrived at our house with a crime scene photographer to take photos of the injury, which no longer appeared as welts but scabs. When I communicated with DHHS about inconsistencies in previous injuries, I was met with dismissive responses. Doubt started to set in. What if I was wrong? No one believed-- no one wants to believe that their child was abused. My greatest fear was that we move on to another day care and this worker continued to abuse children at this facility. I was terrified to speak out for fear I was incorrect. I was terrified the ownership would pursue a lawsuit against me for defamation. This was a highly regarded day care, one that no one would believe such claims. I was contacted by the Omaha Police Department

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investigator mid-February. It seemed to be out of the blue. I spoke with them over the phone and thanked them for their time, as I had not heard from CPS in weeks. I later realized this was the same time frame parents at another location were being informed it was witnessed and reported their child was drug across the floor by his ankles by the owner himself. And yet another mother filed police report for an injury she noticed on her infant's head. When individuals started posting their stories in early March 2021, I realized the scope, scale and magnitude was much larger than anyone could have imagined. This was three-- this is when the three locations voluntarily closed for the course of the investigation and parents were notified there was an immediately threat-- immediate threat to the safety of their children. The weight-- of this and the guilt I felt for not sharing my experience previously was unimaginable. Change is desperately needed. My greatest fear is that in a few years, a new group of parents will be sitting in front of you with similar stories to take action. I urge you to take action now to provide a clear understanding of how to proceed in future. Our children's safety and welfare depend on it.

HANSEN: Thank you for your testimony. Are there any questions from the committee?

HARDIN: Were these drop-in centers?

MELISSA KRAJESKI: No.

HARDIN: OK.

MELISSA KRAJESKI: Yeah, we had been there for just over a year at the time and the only day that we never had a report was the day that our son was abused. They didn't have a daily report that day. I didn't realize until probably a couple of weeks later when CPS called me. It was the only day in their care that they didn't say who was in direct, direct care of our children-- or our child.

HARDIN: Thank you.

HANSEN: Any other questions? All right, seeing none, thank you.

MELISSA KRAJESKI: Thank you.

AMANDA SWAY: Hello.

HANSEN: Good afternoon.

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AMANDA SWAY: My name is Amanda Sway, A-m-a-n-d-a S-w-a-y. I would like to thank Senator Day for working tirelessly to introduce LB65. December 16, 2020, and March 30, 2021, are two days my family will never remember-- never forget. December 16, 2020, is the day my youngest daughter was born. It was also the day that my oldest daughter was abused at Rosewood Academy. March 30 is the day that we were notified by another parent of the abused. It was 104 days later. The next two days were extremely confusing because I was forced to find all the information myself. I called in to DHHS and referred to different people in different departments, all without much help as to what happened that day. There's no handbook that's given to you when you have children on how to handle the situation. And unfortunately, parents don't know a lot about these departments and their responsibilities. There were two investigations with my daughter's incident; one by the licensing department and one by CFS. After many phone calls and many people passing me off, it was finally confirmed that my daughter was associated with the reports that was substantiated by the licensing department. Because the committee has changed, for reference, my daughter was one at the time. The teacher became frustrated with her. She pulled her feet out from underneath her. She fell back and hit her head. She couldn't talk to us. She didn't tell us what had happened. But around the end of March, our daughter started saying that she had fallen and hit her head and we didn't know about it until that time and that's when the warning signs started to happen. When speaking with the individuals of the CFS department, they said my daughter was not associated with any child abuse reports because only one child needs to be named on those-- as abused on those reports. In my daughter's case, there were six children that were impacted and only one of the parents were notified. CFS and licensing were classifying that the form of abuse that happened to my child were inappropriate forms of discipline and there was a contradiction on whether that was abuse or if it was just inappropriate forms of discipline. Because of that, that's why CFS never notified the local law enforcement as to what was happening in my daughter's situation. Because of the disputes between the two reports and the lack of support provided by DHHS, I decided to file a complaint with the police department to make sure that it was documented somewhere outside of DHHS. At the time, the police department had never heard of my daughter's situation. Within five days of me reporting it, the teacher was charged with one count of misdemeanor child abuse. As we all know now, she pled down to one count of disorderly conduct. How DHHS licensing, as you've heard today, does it now, when a license is disciplined, they are required to form-- put-- to publicly put a note for everyone to see it. In my

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daughter's situation, we never saw the note. Rosewood had a system where we dropped our children off at the front door and we were not allowed in due to COVID. Because of that, Rosewood very could have-- could have very well been compliant that it was noticed-- was published in a public area, but we as parents were not able to see it. Currently, there is no follow-up set up by DHHS on whether these notices, notices are even put up. A notification system is needed to ensure that everyone is held accountable and not only assures that we as parents can know what's going on behind closed doors when we are not there, but it also helps the state keep track of the multiple offenses. After all this has happened, I can tell you that most parents do not know that they can sign up for an email that is sent out monthly regarding licensing violations. Most parents don't know the departments within DHHS and what their roles are in the big picture. And by adding a system that automatically notifies the parents of this incident, you are not only provided needed-- you're not only providing needed information for the parents to make the best decision, decision for their children, but you're also providing the opportunity to provide insight to what happened, who they can call and what the report actually means in a timely manner. I pray that no other family has to go through what my husband and I did. When we read a report and we had to try and choose which form of abuse we would be OK with, only to find out that my daughter was physically hurt, I pray that no other family has to wait 104 days to know what's going on behind doors. And lastly, I pray that you want to join us in helping us make an impact that Nebraska needs. Thank you.

HANSEN: Thank you. Are there any questions from the committee? Yes, Senator Riepe.

RIEPE: I do. [INAUDIBLE] I just tried to briefly read your letter here and it seems to me that there were two investigations going on. I'm kind of curious, like, you know, what's that like in medicine, a second opinion? And it-- quite frankly, in your letter, I believe-- correct me where I'm wrong here-- is that it appears to me that DHHS was totally incompetent and so subsequently, you had to call the police. I'm kind of going, like, so if we had two more FTEs, we're just compounding the incompetence. That's, that's my concern. It's not-- it's a matter of, I think, process and recognizing the significance of the issue and the timeliness of it all, not how many people you can get involved at the table. It's-- I just find it frustrating with DHHS and I would tell them that if they were here.

AMANDA SWAY: It is extremely frustrating. And just to clarify that, DHHS has the two department; one goes under the licensing to ensure

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that they are licensed and can provide childcare. The other one is investigating the child abuse allegations.

RIEPE: Yes.

AMANDA SWAY: And in our situation, they didn't-- DHHS never classified it as child abuse. They classified it as, like, incorrect disciplinary action. Therefore, they didn't have to send it to the, the state or the police department. And that's why that was never-- they were never notified of my daughter's situation.

RIEPE: Maybe rather than two FTEs, we need to give them one telephone and a free breakfast together or something, you know? I don't buy this that, you know, we have these silos and we refuse to talk. You know, there's children at risk on this thing and timeliness is everything. I'm sorry.

AMANDA SWAY: For reference with that too my daughter, like I said, was born the same day so we did see and experience a lot of--

RIEPE: This is daughter number two, you mean.

AMANDA SWAY: My second daughter, yes. But we experienced a lot of change within our oldest daughter. She would no longer be with family members alone. She would no longer go with our friends that we hung out with on a weekly-- you know, multiple weekly basis. She was extremely attached to me and my husband. Drop-offs at the day care were extremely difficult and we never-- the warning signs that we were seeing, we did-- we associated it with adding a new child into our family and not abuse. And then, like I had said before, we had found out, she had started speaking more in those three months and she said, I fall, I hit my head. It had gotten to a point that even after the day care had changed, we had to change how we drove around the city because every time she saw the, the facility, she would say, Mommy, I fall and hit my head. I fall and hit my head. So we had to stop driving by it for a month to just-- so she could forget about it.

RIEPE: Thank you. Thank you very much.

HANSEN: Any other questions? Yes, Senator Hardin.

HARDIN: I asked this question of someone earlier. Any cameras?

AMANDA SWAY: There were cameras. From what I understand, they recycle the recordings after two weeks. This was 104 days later.

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HARDIN: So, in essence, there were no cameras.

AMANDA SWAY: Exactly.

HARDIN: Thank you.

AMANDA SWAY: Yep.

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

AMANDA SWAY: Thank you.

HANSEN: We'll take the next testifier in support. Welcome.

BETSY TONNIGES: Thank you. Chairperson/Senator Hansen and members of the Health and Human Services Committee, thank you for allowing me to advocate in favor of LB65 today. My name is Dr. Betsy, B-e-t-s-y, Tonniges, T-o-n-n-i-g-e-s, and it's an educational leadership, Senator Riepe, if you want to know, and I reside in Lincoln, Nebraska. I'm a parent, a former educator, school administrator, and now currently own and operated a private Primrose preschool here in Lincoln, as well as operating a Primrose school that will be opening this spring in collaboration with a prominent sports tech business here in Lincoln. Thank you to Senator Day for thoughtfully and intentionally introducing this bill. My passion for early childhood came when I realized as a teacher and building principal in knowing by age five, in many cases, it becomes an uphill battle to undo or heal the effects of birth to age five that many of our children experience. In 2016, a federal study completed by the Center for American Progress found that an estimated 50,000 preschoolers had been suspended in 2015 alone and 17,000 had been expelled across our nation. If you consider it, that equals to be just about the same amount of students Lincoln Public Schools serves in our community on an annual basis. The number is shocking. Add in a global pandemic and dwindling supports for students due to lack of staffing, lack of staff with qualifications, and a larger number of students with special needs or students who need testing for supports and that number has drastically increased. Furthermore, research also shows that young children who are expelled or suspended are as much as ten times more likely to drop out of high school, have adverse feelings about school, and as a result, more likely to end up in our jail system. Our students are coming to us with more needs now than ever and yet supports to providers and not-- both nonprofit and for profit in their early childcare sector remains stagnant and in some case has decreased substantially.

BETSY TONNIGES: The rules and regulations for the DHHS reporting features have not adjusted to allow for centers to work with families who are facing challenging times. It is easy for-- easier for a center to dismiss a student than to work with them for fear of having to report a violation to licensing. Regardless of the planning, being proactive and reporting the violation themselves, a licensing infraction reported by a center, just out of honesty, is treated just the same as a center who is negligent in their practices and is reported by somebody else. Therefore, I am advocating for the DHHS Complaint Tracking System to differentiate between self-reported and complaint-related licensing violations as outlined in this bill. For child care centers to better serve families with students who have special needs, a collaborative plan needs to be in place. Even the most well-crafted plans established collaboratively between the family and a center and sometimes external providers have an element of trial and errors. Everyone works together to establish a safe plan for all that that is involved. For example, a child who has a disability and as such has a history of eloping or leaving the classroom without permission due to too much stimulus. Under currently--current licensing practices, the minute that that child leaves that space, the center is required to call licensing to report that a child was out of eyesight and earshot of an adult. If the teacher in the classroom is by himself or herself, this requires them to decide whether to leave the remaining students in the room alone to follow the one who is eloping or call for help for someone to go after the child who has left the space. Either way, a licensing violation has occurred. We will honestly report it. The experience is logged into the system and an investigation ensues. There is nothing currently on the website that would detect to a citizen that the center had an established plan in place, that the plan was collaboratively planned with the parent and signed off on with the parent knowing that this could happen. If LB65 becomes law, it does not mean that the situation above would not be reported to licensing or even listed as a licensing violation. But it does mean that the complaint tracking system would provide that critical piece of information to the public that our child care center was proactive in communicating with licensing and was honest about their practices. We do not want a situation where centers are deciding whether or not to be honest or pretending something didn't happen for fear of public retribution, which does happen. We also need to know that what we-- need to do what we can to encourage our child care centers to focus on the needs of their students instead of the liabilities. In closing, an ounce of prevention in early childhood could change the trajectory of our prison system as a whole. It starts with asking for help instead of fearing retribution. It also starts

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with centers being supported and working with families of students with special needs to be able to keep them in a stable child care environment. This change in legislation and reporting would provide for centers who are so hoping for support and encouragement, for child care providers are needed now more than ever. Thank you for allowing me to share my expertise, experience and hope for assisting child care providers in our state. Our profession is essential to economic growth and to support many of the initiatives introduced during this session and I ask that the Committee please advance this bill as a parent and as a child care provider. If there are any questions, I'll take them.

HANSEN: Thank you for your testimony. Are there any questions? Yes, Senator Riepe.

RIEPE: Senator. Thank you, Mr. Chairman. My question is this-- you're obviously an entrepreneur, but what's your doctorate in?

BETSY TONNIGES: Educational leadership.

RIEPE: OK, very good. I just wondered if you were a chemist or something like that.

BETSY TONNIGES: No.

RIEPE: OK.

BETSY TONNIGES: I mean, some days it, you know, feels like it. But no.

RIEPE: Thank you very much. Thank you for being here.

HANSEN: Any other questions? All right. Seeing none, thank you for coming.

BETSY TONNIGES: Thanks.

HANSEN: We'll take our next testifier in support.

KATIE BASS: Hello again, Chairperson Hansen and members of the Health and Human Services Committee. My name is Dr. Katie Bass, spelled K-a-t-i-e B-a-s-s, and I'm the data and policy research adviser representing First Five Nebraska. Our organization is a statewide public policy organization focused on supporting policies to promote quality early care and learning experiences for young children in our state. And I'm here today to testify in support of LB65 and I want to thank Senator Day for introducing this legislation. During the LR266 interim study this past summer, concerns were raised about

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investigations of licensing violations that may be serious but do not rise to the level of a child abuse investigation. In instances where a licensing violation has been documented and the result of the violation is one of the statutorily defined disciplinary actions against child care providers, as outlined in Nebraska Revised Statute 71-1920, there is no statutory requirement to notify parents. LB65 requires the Nebraska Department of Health and Human Services to provide notice by mail to all parents and guardians of children attending licensed child care when there is a disciplinary action against the child care license. To be clear, there are many different types of licensing violations that can range from needing to cock a toilet to inappropriate use of discipline against a child. This legislation would not require a mailed notice for every documented violation, but only those serious enough to lead to the issuance of a probationary license, the revocation of a license, a civil penalty or restrictions on enrollment and services. This notification empowers parents to make informed decisions about their child care. It also encourages dialogue between the provider and parents about how the violation either did or did not affect the child-- or the care their child receives. And what is being done to remedy this violation? A second element of LB65 is adding information to the complaint tracking system for licensees under the Child Care Licensing Act. Again, this was part of our conversations with providers during the LR20-- LR266 interim. In discussions with our child care providers, they expressed frustration because it was difficult for parents to differentiate between the self-reported violations from complaint-related violations. For example, if a child care business owner learns of an employee who used inappropriate discipline against a child, they are obligated to report the incident to child care licensing and may take actions against-- may take actions up to and including firing the offending employee. However, the incident is tracked as a violation against the business owner's child care license. LB65 would not change this, but would identify when a violation was the result of a self-report as opposed to a complaint. This additional piece of information is important to providers and prospective and current families as they educate themselves on their child care options. Nebraska is fortunate to have early childhood educators who make children's safety their top priority, but when safety concerns do arise, it is important that we are transparent and accountable to parents who are entrusting their children to the care of others. Thank you for your time today and for your consideration of LB65 and I'm happy to try to answer any questions you may have.

HANSEN: Yes, Senator Riepe.

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RIEPE: Thank you, Mr. Chairman. My repeat question is Katie, what's your doctorate in?

KATIE BASS: It's in sociology from the University of Nebraska-Lincoln.

RIEPE: I'm starting to feel like a real underachiever, all the doctorates here. Thank you very much. I don't have any other questions.

KATIE BASS: Thank you.

HANSEN: Any other questions from the committee? I think I have one.

KATIE BASS: Yes.

HANSEN: It might be because I just missed Senator Day's opening.

KATIE BASS: Sure.

HANSEN: I don't know if I should say this. So we're talking about complaints now, right? Not self-reporting?

KATIE BASS: This legislation has two pieces to it. Right. So one is that it's part of the complaint tracking system.

HANSEN: Yeah.

KATIE BASS: So any licensing violation that is entered into the complaint tracking system, it would need to just state whether or not it was self-reported or complaint-related. The second piece of the, the legislation is when there are licensing violations that result in discipline against the license, there would be notice to parents, so only those disciplinary actions that are outlined in statute--

HANSEN: OK.

KATIE BASS: --not corrective actions, not, you know, some of those smaller events, but when we have larger events that would lead to probation or a civil penalty, then there would be notice to parents.

HANSEN: Verified offenses, not just complaint--

KATIE BASS: Verified. That's correct.

HANSEN: --offenses. Because that's the only thing I was worried about is, like, you might have a disgruntled employee who doesn't like their

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boss and they end up calling in and saying, oh yeah, I-- you know, there was a kid, I heard, who got pushed down, you know, all the time.

KATIE BASS: Right.

HANSEN: Now there's a complaint and all the parents get notified and the business owner gets, you know, so-- but there has to be--

KATIE BASS: Yep.

HANSEN: --followed up and verified. However, if somebody still does complain, though, it still has to be tracked, though.

KATIE BASS: It does have to be tracked. Right. And this would, would add an additional element. So all of the complaints in the complaint tracking system, when there's an investigation, they'll state whether they're substantiated or unsubstantiated.

HANSEN: Gotcha.

KATIE BASS: That's already in there.

HANSEN: OK.

KATIE BASS: But we're also adding because there could be substantiated events, violations that did happen. Right, as Dr. Tonniges gave an example of elopement. Right. That was certainly a violation that occurred, so that would be substantiated. But this would also indicate that that substantiation was the result of a self-report, that the license was the one who notified DHHS this happened.

HANSEN: OK. Because I was wanting to make sure there's not some way people can abuse it, you know, or--

KATIE BASS: Right.

HANSEN: --use it against somebody in a nefarious situation, so.

KATIE BASS: We wanted to be really cautious of that and I think Senator Day has been very cautious of that in the crafting of, of this.

HANSEN: OK. Thank you for answering that.

RIEPE: I have a quick question.

HANSEN: Yes, Senator Riepe.

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RIEPE: Thank you, Mr. Chairman. You used the word investigation.

KATIE BASS: Yes.

RIEPE: Kind of a bias. When I think of investigation, the people that have the most experience in investigation is law enforcement.

KATIE BASS: True.

RIEPE: And it is a breach of the law, a violation of the law, if it, if it's confirmed. So I'd feel more comfortable of having law enforcement making the quote unquote investigation, than I ever would the Department of Health and Human Services.

KATIE BASS: I think what we're talking about here, though, are violations of the licensing agreement. Right.

RIEPE: Oh, OK.

KATIE BASS: And so it would be the investigation of the licensing--

RIEPE: OK.

KATIE BASS: --agreement.

RIEPE: OK.

KATIE BASS: Now, I know when you're talking about some of the other things, right. We have other types of investigations, but here we're focused on all that.

RIEPE: I was out of order. Thank you. I appreciate it.

KATIE BASS: Yes.

HANSEN: OK. Any other questions, just to make sure? Seeing none, thank you.

KATIE BASS: Thank you.

HANSEN: Is there anybody else who wishes to testify in support of LB65? Seeing none, is there anybody who wishes to testify in opposition to LB65? Seeing none, is there anybody who wishes to testify in a neutral capacity? Seeing none, Senator Day, you can come back up to close.

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DAY: Thank you, Chairman Hansen and I appreciate the engagement from the committee on this issue. Again, we've been working on this for years. The decisions that we made about these bills were from the years of discussions and research that we've done from the interim study that we did. Again, we tried to balance protecting our providers in the community and make sure that we weren't penalizing them to a point that they wouldn't be able to operate, but also protecting the kids that are in the centers and making sure that families are notified of instances that they need to know about. The main concern with LB65 was to differentiate between self-reporting and third-party reporting, because we felt like when there was no differentiation, we were disincentivising owners of centers to self-report these incidences. And as I mentioned, on LB64, the incidents that this all arose from came from an issue that was sort of a systemic issue. And this, in differentiating the two different types of complaints, will help to hopefully address the systemic issues that could potentially arise from an owner who doesn't self-report. And then that leads to other issues within the center. So again, as I said earlier, these families have told their stories dozens of times. They've had to bear their trauma of their children being abused to us, to law enforcement, to media and I am grateful for them continuing to show up and work with us on these bills and to trust us to help make sure that nothing like this happens to kids, other families' kids, in the future in the state of Nebraska and that we are doing our best as lawmakers to be sure of that. So, thank you.

HANSEN: Thank you. Are there any questions from the committee? All right. Seeing none, thank you very much. That will close-- actually, before we completely close it, let me read that we did have three letters come to us, three letters in support and one in opposition to LB65. And also, I don't know if they read them or not, but four letters of opposition, four letters supporting LB64 and one letter opposed to LB64. So with that, we will now proceed on to LB115 and welcome Senator Raybould up to open.

RAYBOULD: Good afternoon, colleagues. It's so nice to be with you all today. My name is Jane Raybould and it's spelled J-a-n-e R-a-y-b-o-u-l-d, and I represent Legislative District 28 in Lincoln. And today I bring you LB115, a bill to define evidence-based home visiting in the State of Nebraska. And I just want to talk a little bit about this program and some of my experiences. So as, as a young mother with our first baby, I was so very lucky to have my mom come and be my support and coach me along and all the things you need to do with a newborn. So I was very, very lucky, even though as a young person I had been babysitting babies, including newborns, since I was

12-years old. And I remember watching how to bathe a newborn at the hospital, the video on that, about five times just to make sure I could do it because I knew how slippery newborns were. But I was so lucky because I had a visiting mom come and, and stay with me and my husband as we welcomed our, our daughter and got the hang of being a parent. So now I want to fast forward to my time on the Lincoln City Council. So we have had a, a visiting nurses program in the city of Lincoln and Lancaster County for quite some time. But in this last year's budget cycle, the Lincoln-Lancaster County Health Department came to us and asked for eight, eight additional visiting nurses to help families all throughout the city of Nebraska doing something that was a very transformative, universal program. And I want to stress that this is all voluntary, voluntary programs that-- oftentimes these families, the pediatricians will say, hey, if you're interested in this, you know, you can have extra help or if you have questions, you can have a visiting nurse stop at your house and at, at no charge to you. So now I'm going to try to answer the question, what is home visiting and share about the different evidence-based models. Home visiting is an evidence-based service that supports the health and well-being of families with young children. It is voluntary, free for families and cost effective. Home visiting programs pair young families with trained professionals who tailor services to meet the families' specific needs. These trained professionals can be nurses, social workers, peers and more. And they work to form trusting relationships with the families to help them reach their goals in child development, family health, parent/child relationships, school readiness and more. They're there to facilitate questions and concerns that they might have about new things, as new parents oftentimes have questions. So here are some of the outcomes associated with home visiting participants: outcomes for home visiting participants include that they are more likely to be enrolled in school and more likely to be employed; home visiting participants are more likely to access prenatal care, they're more likely to have fewer CPS reports, calls to the emergency hotline, are less likely to need emergency medical care; home visiting participants are more likely to start breastfeeding and to breastfeed longer; and home visiting participants engage in more positive parenting techniques, such as more reading, time between parents and children, compared with families not enrolled in home visiting. So here are some outcomes associated with the children enrolled in home visiting programs. So children who are enrolled in home visiting programs have improved language and cognitive development, they have greater math and reading achievement in elementary school, they have reduced absentee rates and suspensions, compared with children not enrolled in home visiting. So here is what

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can be confusing about home visiting. There are 26 different evidence-based models of home visiting in use across the country, with only a handful of them being implemented in Nebraska. Each model varies in the professional requirements of the home visitor, the length of the service, the type of curriculum utilized and eligibility requirements. The goal is really to connect a family with the best and most appropriate model to meet their own needs. For example, if you're a new mother coming home from the hospital with your baby, the Durham Family model connects-- the Durham Family Connects model may fit your needs best because it connects you with a nurse who conducts home visits with you focused on the health of you and your baby. Or, if you are a family at risk for involvement in the child welfare system, this is before you're involved in the child welfare system, the Healthy Families America program might be a better fit because it is more intensive with weekly visits. So next I'm going to share with you the history of home visiting in Nebraska. Home visiting has had a long history in Nebraska. In fact, if you speak with our public health departments, they were conducting home visits for new mothers decades ago, a practice that was lost in an era of budget cuts. The first legislative effort in the Unicameral was in 2007, when then Senator Gwen Howard was able to include an allocation of \$600,000 for nurse home visiting services in the budget. This line item has remained in the budget bills annually and has since increased to \$1.1 million. Currently, Senator Vargas has a companion bill to LB115, LB114, that increases the funding for evidence-based home visitations to \$2 million to maximize a new federal matching opportunity for this type of programming. And that's one of the reasons I'm so excited, with the federal dollars allowing us to really increase our outreach. OK, So now I'm going to turn to what LB115 does. LB115 creates a Family Home Visitation Act and places into statute three important pieces of the home visiting puzzle. First, LB115 creates a definition in statute for what an evidence-based home visitation is, defining it as one with clear guidelines, a national certification and high-quality service delivery. This is to ensure that state funds utilized for this programming are exclusively used for programs with clear success for families. Second, LB115 calls on DHHS to create a website for evidence-based home visiting programs in Nebraska to make it easier for families and referring entities to connect with programs that suit their own individual needs. And third, LB115 asked DHHS to submit an annual report to the Legislature on home visiting in Nebraska to peel back that curtain on the successes of these programs and the efficacy of our state investment in home visiting. I'm passing out an amendment now--

_____ : They got it.

RAYBOULD: Oh, they got it. OK-- on LB115, that does two things. First, it moves the date of the report to February 15, and this was at the request of the department, and this is February 15, 2025. Second, it clarifies that the report shall only include outcomes from programs funded by federal or state funds for this purpose, which the department is already reporting on to the federal government, as opposed to all programs in the state. I believe that this should address the fiscal note where the agency requested an FTE to assist with the data reporting. I also want to take a moment to address the letters you received in opposition to LB115. I have read through them all and I believe they represent a fundamental misunderstanding of the difference between home visits, which are conducted by social workers and court ordered when a family is involved-- already involved in the child wel-- welfare system and home visitation programs, which are offered to families to support them. They're voluntarily-- voluntary and while they both use the same wording, they're very different in that the former is mandatory and the latter is optional-- voluntary. LB115 deals with the optional home visitation services offered by trusted providers and not social services and child welfare offered by the state. Because these services are optional, there is no constitutional issue in LB115. The goal of LB115 is to define evidence-based home visiting in statute to clarify a line item in our budget, already in our budget, that has been in existence since 2007 and pull back the curtain on the use of those taxpayer funds with an annual report on their utilization and efficacy. In closing, home visiting programs in the state of Nebraska are doing incredibly significant work for our youngest children and families. Often called the Silver Bullet for Child Abuse Prevention, a robust and coordinated home visiting network in Nebraska can not only improve outcomes overall for our children, but particularly for those who are at risk of court involvement. And LB115 is the first step in creating a statutory framework to support this important work. I really appreciate your time and attention to this issue and I will be happy to try to answer any questions you may have and I will also stick around.

HANSEN: Thank you for your opening.

RAYBOULD: You bet.

HANSEN: Are there any questions from the committee? Senator Riepe.

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RIEPE: Thank you, Mr. Chairman. I guess my first question would be is could you tell us who asked you to carry this bill?

RAYBOULD: I am carrying this bill on behalf of First Five Nebraska.

RIEPE: OK.

RAYBOULD: And I can also share with you-- I know Lincoln Littles in Lincoln, Nebraska, is very involved in early childhood programming because data-driven results show that early intervention, as early as possible with families, helps create greater outcomes for our children.

RIEPE: I'm going to want to come back and-- because you talked about mandatory [INAUDIBLE] and I'd like to come back and visit that, but before we do that, I just want to comment. I know schools are now into home visits and Medicare Advantage is into home visits. I mean, it's like an invasion of the home for all of these recipients and all of a sudden that becomes kind of a personal issue. I also-- just as a sidebar, and of course, I have a full-grown son. At DHHS, when he was a child, they used to send out what I think was called the penguin letter. I don't know whether-- you're all too young. But it's very helpful. It said-- it had his age and then it said, at this age, you should be seeing this and this and this. It was a simple little letter, but I know I went to it immediately when it would get there, just to, hopefully, see that we were on track. And it was very helpful. I don't know what happened to it, but I thought it was a great resource. That all said, I wanted to go back to the-- because I am concerned with mandatory pieces, particularly going into someone's home. That's pretty invasive. So who was required to be mandatory and who wasn't? Which?

RAYBOULD: These are-- mandatory is something completely different. These programs are all voluntary. All voluntary. They're not court ordered. Those that are court-ordered by child welfare and protective services, those are mandatory.

RIEPE: OK.

RAYBOULD: This is a completely different critter.

RIEPE: OK. OK. That was--

RAYBOULD: So these are, these are voluntary programs. Like I said, in, in Lincoln, we actually approved the budget that allowed us to hire eight more FTEs, visiting nurses, because we saw the benefits. So

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these programs, like your pediatrician, when you bring your, your newborn in for their first visit, the pediatrician will, will ask you, hey, are you interested? There's a great program that is in Lincoln-Lancaster Public Health Department. If you would like more information or more details on how you can participate and you know, you can contact the department. Hopefully with the website, all the pediatricians will see all of the available programs in-- all throughout the state of Nebraska that make sense. And so it's not mandated. That's a whole different category. But both serve valuable purposes to help families-- for those that are mandated, families that are clearly in distress, that need more parenting skills or more assistance with young children and issues that-- the development issues that young children have. So, but some of those are often court ordered because they have gone through the Child Protective Services. This voluntary program that we know has proven to be very beneficial.

RIEPE: The eight individuals were hired, hired by Lincoln Council or the Lincoln-Lancaster County?

RAYBOULD: They-- I was talking about being on the Lincoln City Council. We approved in the budget for the Lincoln-Lancaster County Health Department. They already have a staff of four visiting nurses, but we approved hiring eight additional visiting nurses working through the Lincoln-Lancaster County Health Department.

RIEPE: So if you hired-- if we hired nurses and if Lincoln-Lancaster needs eight, the state could need hundreds.

RAYBOULD: Well, there's the-- I'm-- I didn't mean to cut you off.

RIEPE: No. That's OK.

RAYBOULD: But there's already programs that exist in the state of Nebraska. I don't know if you got a handout, but it has a map of all the programs that exist, currently, throughout the state of Nebraska and existing community or nonprofit organizations already offer this service.

RIEPE: What's the fiscal note look like on this?

RAYBOULD: The fiscal note is-- was \$1.1 million and we're increasing it to \$2 million. But that'll-- I'm sorry.

M. CAVANAUGH: That's a different bill.

RAYBOULD: Oh, different bill. Oops.

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RIEPE: Ah, a million here, a million there.

RAYBOULD: I'll let the expert talk about the, the funding. So.

RIEPE: OK. So the source of the funding is not ARPA funding. It's not a one time, it's a--

RAYBOULD: This--

RIEPE: --it's an ongoing--

RAYBOULD: It's an ongoing funding that has been in a line item budget since 2007.

RIEPE: [INAUDIBLE]. OK, thank you. You've been very--

RAYBOULD: You're welcome.

RIEPE: --polite and very kind. Thank you.

HANSEN: Any other questions? Senator Walz.

WALZ: Thank you, Chairman Hansen.

HANSEN: It's only 4:00. We got another 5 hours.

WALZ: OK. I'll get going. Five more hours?

RAYBOULD: Five more hours? You guys are good.

WALZ: Yeah, we're good. We're, we're, we're used to this. First of all, I just want to say that I don't know if you-- if you've heard, but I'm a big proponent of TeamMates, the mentoring program, which Governor Pillen is really trying to expand this year. I'm super duper excited about that. And I think that this program is pretty similar to like a TeamMates, only-- TeamMates, obviously, you know, you're going to the school supporting kids in school, but here you're going and supporting whole families, which is great. So when I was a, a Teammate mentor, I, I had to, you know, pass a background test and things like that. Can anybody volunteer to be a home visitor, home visiting volunteer? Can anybody do that? And what's the process? I'm very excited about this.

RAYBOULD: Well, I'm not sure I can answer that question completely, but I know that in Lincoln and Lancaster County, they are, are nurse practitioners, they can be nurse practitioners or social workers, but

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they do have extensive background and training and many have already completed certification in the different types of models--

WALZ: OK.

RAYBOULD: --that are out there depending upon the needs of each individual family. So you just can't be a volunteer. You have to have--

WALZ: OK.

RAYBOULD: --certification and credentials.

WALZ: You have to have an extensive background.

RAYBOULD: And oftentimes, they are actually RNs, nurses.

WALZ: Yeah.

RAYBOULD: Public health nurses.

WALZ: OK, Got it. I just wanted to clarify that, so thank you. I'm excited about this.

HANSEN: Any other questions? Yes, Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you, Senator Raybould. If I could just give an example of home visiting that I experienced.

RAYBOULD: OK.

M. CAVANAUGH: So my youngest had a-- now I'm going to forget what it's called. He had to have his bilirubin tested every single day. So he was my little glow worm. Yeah. So I had a visiting nurse come to my house every day after he was born until that was no longer the case. And so it was a, kind of, this similar home visiting for me. Now obviously, I didn't have to have her come to my house. I could have packed up my baby and driven him to the doctor's office every day. But I much preferred this option that was made available to me. And so I just wanted to share that with you because I think that there-- again, this was vol-- voluntary and even my insurance covered it, but this would be an opportunity for somebody to have home visiting when they needed it. Also, if I needed help, I think, under your program, if I needed help with nursing, then I could have a lactation specialist come into the home. Is that.

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RAYBOULD: You can have a lactation specialist or one of the public health nurses that is a specialist in, in lactation.

M. CAVANAUGH: Which-- then you're having that added benefit of being in the comfort of your own home, because I also, with my oldest, had to pack her up and go to the women's hospital, which was great. But I went to some lactation group things because I had a lot of difficulty. The milk bank conversation that we had yesterday was very near and dear to my heart, but had a lot of difficulty with my first kid. You, you know, each kid is different. They all bring their own wonderful challenges, but it just sounds like this program would be great for so many different reasons, even if you have the access to it. Some of us have been utilizing home visiting, just didn't know it. And it's voluntary.

RAYBOULD: And it's voluntary.

M. CAVANAUGH: Thank you.

RAYBOULD: Thanks.

HANSEN: Any other questions? I might have a couple. It's more kind of a language thing with me, I think.

RAYBOULD: OK.

HANSEN: And-- or, or intent, I think. I'm kind of looking through the sections of the bill and one of them is like, who describes who would be the visiting entities. Right. Nurses, social workers, Early childhood and health, health professionals? Like, is that where you-- you're thinking of-- you already have nurses on here, but who do you envision as like, health professional, that they mean in the bill here?

RAYBOULD: You know, I'm, I'm not quite clear. I think it wanted to be a little bit broader on, on health professionals. I don't know if a child has difficulty walking and it could be a physical therapist that, you know, after the first few visits, one of the nurses would recommend. Hey, I think a physical therapist would, would help increase your child's mobility or maybe with little ones, strength training, if there's something for that and, and maybe a physical therapist would be the appropriate individual--

HANSEN: OK. That's a good example.

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RAYBOULD: --or even a speech therapist, you know, with one or two sessions to help the, the parent understand, like here are some practical things you might want to try to do with your baby to, to help them enunciate better. So I think whatever that individual family's needs might be, trying to set them up with the, the appropriate support.

HANSEN: OK. And that's-- probably goes along with trained and supervised lay workers. Is that kind of a similar?

RAYBOULD: So that would be probably more like-- certainly, with a lactation consultant, it's--it-- they're not necessarily a licensed practical nurse, but it might be another peer, a mother that has had other children and, and can be a great coach on breastfeeding.

HANSEN: OK. And the program is who determines the visit-- the visiting-- the visitor? Who determines who goes into the home?

RAYBOULD: It's usually the, the, the visiting public health nurse can say, OK, I think this family might need just one visit. You know, a first time mother or parent like, they're good. They, they really have it down and, and sometimes that first time parent needs that little bit of coach-- you got this. You're great. You've got it down. And maybe another family, they need a little bit more help and assistance. They're concerned about temperature and how to swaddle a baby or not swaddle a baby or, you know, try to coach them. Like, why don't you try putting your baby on their tummy, keep the baby supervised, or just coaching tips that most parents need, but it just depends on the individual family and--

HANSEN: Sure.

RAYBOULD: --I would say that the public health nurse is the first one who can tell exactly, OK. This is probably what would benefit the family the most.

HANSEN: Would there be certain people who would be excluded from this like a priest, a pastor or like, a rabbi or somebody like that? Would they be excluded? Like if they-- somebody just [INAUDIBLE] like happens to be a priest and like, I help with coaching children or-- and adults and mentoring, like because they're religious in nature, I know sometimes some organization might exclude them because they want to kind of stay away from the religious aspect of it. I just didn't know if, if that was-- if that's an aspect of this or not.

RAYBOULD: You know, I don't think I can answer that question.

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HANSEN: That's fine. Even if you can't--

RAYBOULD: Yeah.

HANSEN: --somebody behind you might be able to. So I got-- can put it out there so--

RAYBOULD: I'm counting on it.

HANSEN: --and they, they, they'll tell me. And then in Section 4, I was trying to get a little better definition about what evidence-based program means. It just says a clear, consistent program. In, in your mind, what is it, because you mentioned that quite a bit in your opening testimony. What's an evidence-based program? I think of evidence-based and I think it's gone through rigorous, you know, peer reviewed studies and-- but I, I think a program like this is not-- kind of like-- it doesn't mean that, so I didn't know what that meant.

RAYBOULD: Well, I wasn't going to go into all that detail and I know that there are a lot of more-- there are people behind me that can address it. But because there are different models that have different established criteria and curriculum that have data that backs up the different programming types, showing that this is effective, this program will help with this type of situation, so evidence based is exactly what is. There's data. There's data that actually back up programming because they know it has worked--

HANSEN: OK.

RAYBOULD: --in other communities so--

HANSEN: And that makes sense.

RAYBOULD: --yeah.

HANSEN: And again, somebody else can, can--

RAYBOULD: They can answer that.

HANSEN: --can correct me in a lot of stuff too, here.

RAYBOULD: Yeah.

HANSEN: And then in Section 4, number 2, the first line on page 3, is associated with or certified by a national-- you know, it tells like, who they'd have to be certified by-- a national organization. What are

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some examples of a national organization that they can be certified by?

RAYBOULD: Well, again, that goes back to the particular model of-- or curriculum for each one of the different programs that can be offered and I'm going to have backup--

HANSEN: OK.

RAYBOULD: --answer that question.

HANSEN: OK. I'll ask-- I'll wait until some of the other ones come up and then if I-- if they can't, then maybe you can fill me in later, so. I'm only asking these because I'm kind of unfamiliar with this.

RAYBOULD: OK.

HANSEN: Then that's-- is why I'm trying to familiarize myself with some of the stuff here, so.

RAYBOULD: Terrific.

HANSEN: Thank you. Any other questions? Seeing none--

RAYBOULD: OK.

HANSEN: --all right. We'll see you at the close.

RAYBOULD: I'll see you at the close.

HANSEN: All right. So with that, we'll take our first testifier in support of LB115.

CHRIS JONES: Hi. Good afternoon. Good afternoon, Chair Hansen, members of the Health and Human Services Committee. My name's Chris Jones, C-h-r-i-s J-o-n-e-s. I'm the advocacy director of NCHS. I'm testifying in support of LB115 and NCHS is a statewide accredited child and family serving nonprofit with three core programs: family support, foster care and adoption. So our teams provide a range of support to caregivers of all kinds, including birth parents, relative, kin and foster caregivers, prospective and adoptive parents. We connect them with needed resources for healthy development, family preservation. Our organization is celebrating its 130th anniversary this spring and we see the priority for the future is the investment in prevention programs to support children and families early before a crisis takes place through services like home visiting. I'm here to tell you a

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little bit more about what home visiting is and why LB115 is important. Home visiting is a voluntary service that pairs home health or family support professionals with caregivers of infants and young children to provide parents with education, support and skills to alleviate stress, promote healthy parent/child relationships and connections to community resources, because parenting is difficult and stressful no matter the circumstances. Like Senator Raybould mentioned And I've heard others mention today, that, that newborn period right out of the hospital, right when you get discharged, it's terrifying. I had countless hours of training, working in children and family services in Nebraska for many years. When you get discharged, you don't know what's going on, you're scared, there's all kinds of stuff going on with your body, with your baby. And I, too, had the benefit of having a family member come and stay with me. My mother-in-law came and stayed with me. That might sound scary to some people, but it was a-- truly, a blessing. And she stayed with me, with me for almost a month and it was absolutely essential to helping me and take care of my son. So anyways, evidence-based home visiting benefits caregivers, infants and young children in many ways. According to the National Home Visiting Resource Center, home visiting has been demonstrated to improve early language and cognitive development, greater math and reading achievement in elementary school and reduced absentee rates and suspension, compared with children that don't have home visiting. Parents and caregivers also benefit in other ways, in ways that Senator Raybould mentioned in her opening. So NCHS began doing home visiting in 2010 with the Teen and Young Parent Program. And then in 2013, we began offering Healthy Families America in Douglas County, with the help of federal funds administered by the state's Maternal, Infant, Early Childhood and Home Visiting Program. So we have three HFA teams and one young parent support team. Last year we served 153 participants in Douglas and Sarpy counties. The programs are free to participants. They're voluntary. People request them of us and we are invited to provide these services to participants in their home. Families get connected to home visiting services through a variety of ways, including self-referral, contacting us, peer participants-- so we have women and, and families who participate in our HFA program who like it and recommend it to their peers who are also expecting or, or recently gave birth; maternal homes, DHHS and other community referrals. So during a home visit, a family resource specialist-- and our family resource specialists, they are not nurses. They, they have either associate's degree or specialized training in child development or have a bachelor's degree. So they meet with parents and young children to engage them in a variety of, of activities or assessments using a strength-based curriculum that guides each meeting to work

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towards the goals identified by the parents. And that might be a variety of different goals, including financial stability, working on a degree or training program and, and other goals that they identify. So the family resource specialist is a partner for parents providing connection to items such as diapers, food pantries, housing, transportation, utility or rental assistance and mental health services. Home visiting is a bipartisan and popular approach to promoting positive outcomes for families and is cost effective. National research has shown a return on investment between \$1.80 and \$5.70 for every dollar spent. These cost savings are attributed to reduced incidence of child maltreatment and child protection involvement, fewer children requiring special education and repeating grades in school and lower criminal justice expenses. So LB115, specific components of that bill that are important are the statutory definition of evidence-based home visitation so that general funds are only utilized for high quality programs with clear outcomes. The website where families can learn about and get directly connected to a home visiting provider in their community and the annual reporting to promote efficacy and ensure that policymakers are aware of the demonstrated success of home visiting services in Nebraska. So we prioritize advocating for expanded access to home visiting within our ten-year strategic plan because we believe in its effectiveness and potential to truly partner with families to provide the support needed to be successful and prevent deeper and system involvement. Thank you, Senator Raybould, for introducing and for the committee for giving me an opportunity to testify and talk about it today. I'll take any questions anybody has for me.

HANSEN: Thank you. Thank you for coming to testify. Are there any questions? Senator Riepe.

RIEPE: Thank you, Chairman. Are you a statewide organization?

CHRIS JONES: Our nonprofit does provide services statewide, however, our home visiting is just in Douglas and Sarpy counties for now.

RIEPE: Do you have the capacity or the spirit for going statewide? My-- where I'm leading to on this is rather than creating more bureaucracy, why wouldn't we contract with you as a, as a provider if you already have an established system?

CHRIS JONES: Yeah, I appreciate the question. And so the map that you were provided, I believe I didn't see it, but I have-- I'm familiar with it. There is a map of different types of home visiting-- different service providers in different communities. We have capacity

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in the Omaha area and we are interested in collaborating with other service partners and policymakers to look at how can, not just NCHS, but other, other service providers in this state expand the reach of home visiting to all communities in Nebraska? Because, like I said, all, all new parents of infants could use some support sometimes, if they want it.

RIEPE: It's not uncommon to have a lead agency and they subcontract with other providers. You don't have to do it all yourself.

CHRIS JONES: Um-hum. Yes.

RIEPE: OK. Thank you.

HANSEN: Are there any other questions from the committee? Some of the questions that--

CHRIS JONES: Thank you.

HANSEN: --I asked before, are you able to expound on any of those at all?

CHRIS JONES: Let's see here. I tried-- there was a lot of questions asked earlier.

HANSEN: Yes, that's fine. Like, I'm still hung up on the evidence based.

CHRIS JONES: Um hum. Yes. OK. So different programs have different credentialing bodies, so Healthy Families America gets their credentialing through Prevent Child Abuse America. I think that's right. Yes. Prevent Child Abuse America. Different certifying bodies are, are responsible for those, those evidence standards. And then the like, health and-- the Human Resources Service Administration, a federal program, approves different home visiting programs for, for the Federal Home Visiting Fund.

HANSEN: OK.

CHRIS JONES: I can definitely get more information to you. The amount of research on home visiting is, quite frankly, very overwhelming. But I would be happy to get you information about the evidence component of home visiting.

HANSEN: I would love that.

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CHRIS JONES: OK.

HANSEN: Yes, because some of the studies said national research has shown to return investment one-- \$1.80 to \$5.70. Like, where does that come from? Like, I, I get what you're saying.

CHRIS JONES: Oh, yeah.

HANSEN: Like, we help them, they're less likely to etcetera, etcetera. But--

CHRIS JONES: Yeah.

HANSEN: --we can say that. But I'm kind of curious on though, like where's the evidence that shows that it does that? So if we're gonna spend taxpayer money on something, which might be very--

CHRIS JONES: Certainly.

HANSEN: --an awesome program.

CHRIS JONES: Yeah.

HANSEN: I just want a little bit more, kind of, comfort in--

CHRIS JONES: Yeah.

HANSEN: --knowing that we're spending money on something that's actually going to give us a return on investment or is doing a benefit for the taxpayer.

CHRIS JONES: Yeah. Yes, I can absolutely get you that information. The range has to do-- because there are about 26 different evidence-based home visiting models. The-- that range that you see, the \$1.80 - \$5.70, different models are, are good for addressing different outcomes or issues. So the, the broader the model, the more evidenced it is, the more effective it is in, in affecting different entry points of other deeper end systems such as child welfare, trips to the emergency room and special education, things like that. So.

HANSEN: Yeah.

CHRIS JONES: I can get more information for you--

HANSEN: That'd be awesome.

CHRIS JONES: --is the short answer.

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HANSEN: OK. And are you able to answer-- so we're, we're stating in the bill, what their-- what it's trying to accomplish and one of the things is reduced child maltreatment and injury.

CHRIS JONES: Um-hum.

HANSEN: What does that mean? Like prevent abuse?

CHRIS JONES: Um-hum. Yes.

HANSEN: And like how, how would that-- if, like, you're, you're recognizing, maybe, abuse in the home or you're talking to the parent to reduce stress so they don't [INAUDIBLE] their child?

CHRIS JONES: Yes. So it's-- yeah. There's a couple of different ways that a home visitor would approach that. So it's providing coaching, how to care for an infant and young child, but it's also education about developmental stages, cognitive brain development, what are reasonable expert-- expectations of children for different ages and helping the parent with-- build protective factors and capacities to alleviate stress, have positive parent/child interactions and, and others. Those are the things that come to mind.

HANSEN: Would, would-- do you think--

CHRIS JONES: So by equipping parents to better care for their children, they're less likely to harm their children through intentional or unintentional maltreatment.

HANSEN: OK. Would they happen to go through a home and if they see that there are dangerous aspects of the home that they might need to report or put into a file, that they would report that to somebody or they would note that like--

CHRIS JONES: Right. So as a-- a home visitor is really a helpful peer, mentor, coach, professional to help the caregiver. So if there is a situation that is unsafe and needs to be addressed, they'll work with the parent to say, this is what's going on and this is why this puts your child at risk of harm. And also I'm a mandatory reporter, so if you-- if your child's been harmed because of this situation, I do need to make a call to the abuse neglect hotline, but we can make that call together but that's a requirement of my--

HANSEN: OK.

CHRIS JONES: --of all Nebraskans, actually.

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HANSEN: And I'm, I'm sorry for all the questions.

CHRIS JONES: That's OK.

HANSEN: Because these are some of the questions I've gotten and some of the ones I just, kind of-- when I read part of the bill. I know there's been some concern like, like what the agenda is. Right. Because I know some of these are different because of their manuals and because of their policy and procedures about what they're trying to accomplish. And so some people might say, I want to keep the home safe. And so if I notice there's a gun cabinet I see, I'm going to put that in my file and I'm going to share that. And maybe there's some ways we can have better gun safety or they report to somebody or some people might have a concern about that, even if they're storing things safely. Some people might go in there and see that as a, you know, a potential child maltreatment, you know, or the potential for it. Right. They could injure themselves in this aspect. You know, not like a knife that's laying on the floor, you know, that would obviously make sense, but sometimes, people might have different ideas about what child maltreatment could be. And so those are some of the questions that I've gotten.

CHRIS JONES: Oh, yeah.

HANSEN: And so I'm just trying to see-- I'm just trying to get everyone else's point of view.

CHRIS JONES: Yeah.

HANSEN: They're like, oh, no, that's completely ridiculous or I can kind of see where that might come into play or-- do you hear about any of that kind of stuff at all, like from your organization or somebody else or?

CHRIS JONES: No. I, I, I don't know that I've heard that. But I would say our, our home visitors work with parents and they, they help educate about what are threats to child, to child safety and provide them coaching about that and then also connections to other community resources if needed.

HANSEN: OK.

CHRIS JONES: So I'm not aware of it--

HANSEN: OK.

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CHRIS JONES: --if that's been an issue.

HANSEN: I just want to get your opinion.

CHRIS JONES: Sure.

HANSEN: You know--

CHRIS JONES: Yeah.

HANSEN: --and so it helps me get a better understanding about it. So thank you very much. Any other questions? All right. Thank you for testifying.

CHRIS JONES: Thanks.

HANSEN: Appreciate it.

CHRIS JONES: Yeah, Thank you.

HANSEN: All right. We'll take our next testifier in support, please. Welcome.

JESS PARKER: Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Jess Parker, spelled J-e-s-s P-a-r-k-e-r. I live in District 30 here in Lincoln. I am a parent ambassador and parent ambassador mentor through Nebraska Early Childhood Collaborative. Although today I'm here in my own personal capacity as a parent in support of Senator Raybould's home visitation bill, LB115, I will be sharing my family's personal experience with the Early Head Start home-based visitation program with you all. I have three kids. All of my kids have voluntarily participated in various capacities of Head Start programs and Early Head Start home-based programs. We were initially referred to the Early Head Start program through the Nebraska Early Development Network. The Early Head Start home-based program is an evidence-based home visitation model where a certified and screened childhood educator visits the enrolled child, ages birth through three, in their family, in their home, weekly. The home visitor provided me with educational curriculum-based activities to do with my child throughout the week based on my child's interests. In addition to educational activities, my child was routinely screened using the ASQ and other data driven evaluations to make sure he was meeting all of his developmental milestones. Home visitors were trained on certain technology to allow vision screenings and hearing screenings to take place in home during weekly visits if needed or requested. As my son began having vision

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and hearing difficulties, the screenings our home visitor did became a great resource to me. These results helped me feel more prepared to address concerns when I took him to his well-child checks at his pediatrician's office. Early Head Start served not just my enrolled child, but our family as a whole. We set goals with our home educator to track the progress of our goals over time. In addition to my son's weekly educational visits, we also had weekly in-home visits with the nutrition and wellness coach who is available to us, also, through the program. We set goals together for meal planning and overall nutrition. We cooked together, tried new foods and even learned how to garden so we can be more self-sufficient and grow our own food. Our home visitor was always a person I could turn to if I had a question, whether the question was about parenting, developmental milestones, car seat installation and safety, navigating benefits or finding additional resources. This program really set the stage for a well--well-rounded care for my child. Early Head Start had such a lasting impact on myself and my family. I learned something new every time we met with my child's home visitor. I will never forget my son sitting by the door, looking out, waiting to see his home visitor's car pull into the circle and screaming in excitement when she arrived. I would love to see this bill advance so more families across our state have access to home visitation services. Thank you for allowing me to testify today. I would also like to thank Senator Raybould for her continued support of home visitation programs.

HANSEN: Any questions from the committee? Seeing none, thank you very much.

JESS PARKER: Thank you.

HANSEN: We'll take our next testifier in support. Welcome.

LINDSEY CASSLER: Hi. Good afternoon. My name is Lindsey Cassler, L-i-n-d-s-e-y C-a-s-s-l-e-r, and I'm a public health nurse at the Lincoln-Lancaster County Health Department. I have worked as both a home visitor and a supervisor in our evidence-based, home visitation model, Healthy Families America, or HFA. Our program is designed to work with overburdened families who are at risk for adverse childhood experiences, including child maltreatment. Some of our many goals are to strengthen nurturing parent/child relationships, promote healthy childhood growth and development and enhance family functioning. Families are often referred to our program from their health care provider or the hospital following the birth of any baby and we accept and encourage any community referrals such as cultural centers, family, friends and self referrals. To determine eligibility, the HFA

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program uses two systematic tools that effectively determine which families will most benefit from intensive home visiting services. And initial screening includes assessing for criteria such as late entry into prenatal care, mental health issues and/or a history of substance abuse. Following the initial screening, an in-person assessment is completed, in which we use a structured tool for learning a family's story, understanding their strengths and challenges and setting the stage for their entry into what will be a supportive, meaningful relationship for the family. We offer home visitation beginning prenatally and lasting until the child turns 3 to 5 years old. Our services are free and participation is voluntary. Visits are initially offered weekly and the intensity of services is based on the family. A family could expect to receive anywhere from 75 to 150 visits in the program, depending on their unique needs. Because home visit frequency varies, a typical caseload for a full-time home visitor ranges from 10 to 20 families at any given time. Every home visit looks different depending on the family's needs, but I want to give you an idea of how a home visit is conducted. In general, I greet the family and ask how everyone is doing, what's new with them. I follow up on something that they told me about at the last home visit. As the visit progresses, I will complete any screenings I need to do and review the results with the family, along with other referrals if necessary. I observe the parent/child interaction and use what we call reflective strategies to promote good interactions and address interactions that may need strengthening. I answer any questions the family may have, provide resources that they ask about and use curriculum to provide education about child development, safety and anticipatory guidance. I end the visit by asking if there's any information or resources the family would like at the next visit and thank them for letting me come. I'd like to share more about one family that I have been working with for about three years. I received the referral for this family from the hospital after their baby was born. I started visiting this mom weekly. She was very open with me about her ongoing mental health struggles. When I would arrive at the visit, she would hand me her baby and say that he had been fussy and she needed a break from holding him. This happened at every visit for the first few months, especially with mom saying baby had been fussy and hard to calm. I would talk to her and ask what has worked to calm her baby in the past and brainstorm other strategies to try. I knew that mom was severely depressed to the point of being hospitalized several times during those first few months, so I would get really excited if she found something that seemed to help her baby calm down or if she spoke positively about him. I also demonstrated good interactions with the baby by talking to him and making eye contact during the visits. I

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would promote mom's bond with the baby by pointing out how her baby looked at her when he heard her talk or how he would smile at her when she looked at him. Mom's mental health did improve after several months of trying a new treatment and she stopped handing the baby to me when I arrived. She was able to hold him and interact with him in a positive manner, along with showing me new skills he had learned since the last visit. Mom had her second baby about a year ago and right from the start, she knew how to calm him when he was fussy. She talked to him, she smiled at him and she really just had a completely different postpartum experience than she did the first time. As a home visitor, I feel like my biggest role with this family was being somebody she could talk to without being judged and building her confidence and her ability to parent. Another mom in our program has been receiving home visits for the past two years after the birth of her baby. One of her goals was to complete college, but she let the school go after getting pregnant because she didn't think she could achieve it. After starting Healthy Families, her home visitor helped her reenroll and start classes again. Together, they found her an internship that was needed to complete her degree program. She recently graduated with her Bachelor's degree in education and human sciences and accepted a job offer in her area of study. Many of our participants set and achieve either education or employment goals. In fact, 95 percent of moms currently enrolled in our Healthy Families program are either in school, in a job-training program or employed by the time their child reached two-years old. Last year, we provided nearly 5,000 visits to over 300 families. During home visits, our staff promote the parent/child bond, educate families on child development and parenting and share health and safety information. They help family goal planning, establishing medical homes for healthy pregnancy and infant care and provide screening and referral for developmental delays, substance abuse, mental health and family violence. Home visitors also help connect families to needed community resources and services to address needs like food insecurity, medical insurance, housing, child care, employment, education and so much more. All of this work is done before any calls are ever made to the child abuse hotline about families who might be at risk, saving the state money and the trauma for the family of being court-involved for preventable challenges in the home. I have included with my testimony additional local data on the outcomes associated with HFA in Lincoln and Lancaster County.

HANSEN: Thank you. You read that pretty fast.

LINDSEY CASSLER: I did.

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HANSEN: You got through it, though. Thanks for your testimony. Is there any questions from the committee? Yes, Senator Walz.

WALZ: I don't have a question, just a comment. Those are-- I would-- if you weren't going to tell a couple of stories I was going to ask you to, so I appreciate the stories because I think it really gives us a good insight as to how important it is to connect with families early on. So thank you.

LINDSEY CASSLER: Yeah. You're welcome.

HANSEN: Any other questions? Hey, I just have, maybe one. You were-- so you're with-- this is not on behalf of the Lincoln Public Health.

LINDSEY CASSLER: It is. Our Healthy Families America program is through the Lincoln-Lancaster County Health Department.

HANSEN: OK. And that they're the ones who helped fund this? Or like, the materials that you use and--

LINDSEY CASSLER: So we-- it's state funding through MIECHV, I think, federal funding and then sometimes grants.

HANSEN: OK. That's what I was wondering.

LINDSEY CASSLER: That funding.

HANSEN: OK. Thank you.

LINDSEY CASSLER: Thank you.

HANSEN: We'll take our next testifier in support.

TIM HRUZA: Good afternoon, Chair Hansen, members of the Health and Human Services Committee. My name is Tim Hruza, last name is spelled H-r-u-z-a, appearing today on behalf of CAFCON, the Children and Families Coalition of Nebraska. Sorry about that. We are an organization made up of 10 child welfare service providers from across the state, statewide reach. I'm appearing today-- I intended to just pop up and kind of echo what's been said before to support the efforts of Senator Raybould. I appreciate her introducing the bill today. But I also do want to provide-- I know there's been some questions and maybe some confusion and I thought, well, most of my providers do provide or I guess a, a good chunk of them do provide the type of services that Senator Riepe had asked about before, I think early on in the hearing of Senator Raybould. But the types of court

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interactions, forced home visitations, I think there's some confusion about the types of visitations that we're talking about with LB115 versus those where you talk about system-involved parents or youth, where a child has been maybe removed from the home or is in foster care. Some of our providers, Nebraska Children's Home Society, who you've heard from today, would provide these types of voluntary home visiting services. And I'd point you to the very first page of the bill and the definition that's supplied for the types of programs that we're talking about. But these truly are voluntary services. We support efforts to provide those services for families that need them and that can benefit from them to help ensure that the children maintain safe and don't end up in a situation or a situation-- a position where they're being removed from a home or taken from their parents in, in an instance where you have court-ordered visitation or those types of things. So I just-- I do want to be very clear that those are situations in which there are law violations or there are neglect-- abuse and neglect allegations that have been made. That's a completely different type of the-- area of the law that we're talking about. These are, these are voluntary programs intended to help provide supports for families, for children, and ensure that, to your question earlier, Mr. Chairman, about kind of how you get that, that return on your investment, but to ensure that we don't have problems on down the line. So again, I just provide that context. I'm open to any questions that you might have. But what Senator Raybould's doing, what the advocates you're hearing from today, are good things that will help children and families avoid the need, hopefully, for future services on down the line. Entirely voluntary, so thank you very much.

HANSEN: Thank you for your testimony. Any questions? Are you able to provide me some of that evidence-based data that we're talking about here?

TIM HRUZA: We're, we're going to get-- we'll get you some-- we'll get you something. Yeah. So in terms of that return on investment calculation [INAUDIBLE].

HANSEN: [INAUDIBLE] we're trying to keep people out of government care, Right. You mean-- in, in essence, right. I mean, we're, we're trying to keep them out of the courts, we're trying to keep them off food assistance, whatever. I would think some of the states that have, have implemented this more or we have-- I don't think we have at all this, this type with, with DHHS involvement, but other states that have, what were-- what have we seen? Right. Like, we've seen a decrease in X, Y and Z that shows, OK, it's actually working but I--

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TIM HRUZA: We've definitely, we've definitely seen a national trend toward, you know, prevention services ahead of system involvement. So that's where you have-- I don't remember what it was-- 2018, 2017, Families First Prevention Services Act, federal law passed to recognize and see, kind of, how that's trending. That when you get involved and when you get family supports earlier, you can avoid some of those back end things. First Five is the organization that is probably best positioned to give you the data and the background in terms of how getting involved with children under the age of five and an early intervention to make sure that they provide supports both for parents and again, for youth, that they're more successful on the back end. Well, we're--- I'll work on making sure that we get you that data.

HANSEN: Yeah, good. And, and that's-- some of the reasons why I'm asking some of the questions from people that I've heard, because I've heard people that-- who really are excited about this program and have other people on the other side who are concerned. Anytime we start saying we want to be proactive and helping families with government care--

TIM HRUZA: Sure.

HANSEN: --in essence. You know, I mean and some-- that raises a red flag for a lot of people. Right. And so you're in my home, the government's going to help you take care of your child early, proactively, instead of waiting for something to happen [INAUDIBLE] the government should step in and help out in that instance.

TIM HRUZA: Definitely understand some of that hesitation. I mean, I myself am a-- fairly conservative when it comes to those sort of things. I'll also tell you, too, that, you know, you heard Nebraska Children's Home Society testify earlier. These are private entities that are providing some of these services to you that, again, are aimed-- many have supports from the-- from private donations and those sort of things that help bolster some of that expense. But I think what we find and, and that's what your evidence will show, is that when we make public investments and that are strategic and are calculated and are aimed at providing supports for those parents, we get a return, right? So we avoid having to spend things on system-involved youth and, and those sort of things. And it, and it helps prepare children for their school age years and families to avoid pitfalls that, that I think everyone's concerned about. Right. Which is--

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HANSEN: Yeah. The, the, the funding or the data is more like the quan-- the quantity part--

TIM HRUZA: Yeah.

HANSEN: Then there's the quality part like, what are you doing-- you know, what are you going in there doing in the home? That's why I was asking some of the questions.

TIM HRUZA: Yep.

HANSEN: I mean, that's just trying to filter some of this out, so that's all I had.

TIM HRUZA: Thank you.

HANSEN: Any other questions from the committee? All right. Thank you very much.

TIM HRUZA: Thank you.

HANSEN: We'll take our next testifier in support. Here she comes. She's got all the answers.

SARA HOWARD: I have all the answers and I apologize for coming so late, for being so late to the party. So good, good afternoon, Senator Hansen and members of the Health and Human Services Committee. Thank you for allowing me to testify today. My name is Sara Howard, spelled S-a-r-a H-o-w-a-r-d, and I'm a policy adviser at First Five Nebraska. First Five Nebraska is a state-wide public policy organization focused on promoting quality early care and learning opportunities for Nebraska's youngest children. So my position at First Five is focused on maternal and infant health policy. This is my last bill of the year in front of the HHS committee. But Senator Ballard, I hope you understand this is the best committee in the Legislature and I hope you're really enjoying your time here. OK. So home visiting, it's confusing, right? I'm actually really glad that I get to sort of close you out in terms of support. We have had home visiting in the state of Nebraska since 2008, so we have been personally funding, with general funds, home visiting in the state of Nebraska since 2008. In 2007, my mother put in an-- a line item in our budget and spoiler, actually, Senator Hansen and Senator Riepe, you have both voted for this line item in the past, So my mother, who was a 34-year veteran of the Health and Human Services Department, she was a social worker, a frontline social worker. She saw that other states were starting to implement nurse home visiting and she realized that people will not

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open the door to a social worker, but they will open the door to a nurse. And so they were, they were more willing if a nurse came in and said, Tell me about your baby. How can I support you? What do you need? And so my mother put that in in 2007 and at the time the line item said nurse home visitation. Back in 2009, the federal government passed the Maternal and Infant Early Childhood Home Visiting Program, or MIECHV. You've heard that acronym kind of get kicked around a little bit and that changed the work of home visiting across the country because it really broadened it from just nurses to evidence-based models. So we're going to dig into that. OK. In two thousand-- in 2013-- cough it up. Do you need a water? I have cough drops in my purse. In 2013, I modified the line item in the budget to go from nurse home visiting to evidence-based home visiting so that it could really broaden the reach of those funds. And then the MIECHV program in the state of Nebraska, we've been drawing down federal funds for this program since 2010. I'll tell you about the MIECHV program and then I'll tell you, kind of, what's cooking in terms of evidence-based home models in the state of Nebraska. The MIECHV program is an interesting federal program because you receive a baseline amount of funding, so there's no matching opportunity for the states or there previously hadn't been a matching opportunity for the states. So it's a program that has to be reauthorized every five years. And previously, Nebraska's baseline was \$1.2 million and then we would leverage the federal \$1.2 million with the \$1.1 million that was in our General Fund budget, that pretty much everybody has voted for except for Senator, Senator [INAUDIBLE]. OK. So in this last iteration of MIECHV, which was reauthorized in December-- and I'll give you just a spoiler. MIECHV is wildly popular. When Chris Jones was talking-- it's Chuck Grassley on the Senate side who really pushes it. And then our own Adrian Smith has actually been-- was the sponsor of the MIECHV bill for this reauthorization and then the previous reauthorization because of its efficacy in preventing child abuse. So now in this new iteration, our baseline amount that we're getting is \$1.7 million and then our General Fund amount that we have to provide will be \$1.1 million. That becomes maintenance of effort. We won't be able to go below that. And then the Vargas bill that was referenced is actually to increase funding so that we can draw down a new matching opportunity, which was something that some of the conservatives in Congress really wanted to start seeing. They really wanted to see states have more skin in the game and MIECHV. So evidence-based, so because we've had about two decades of different programs around home visiting, there have been a lot of academic studies that I will absolutely provide you with. The ROI that they're talking about when they think about finances is predominantly hyper-focused on medical.

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And that's because when a new mom comes home and a nurse is able to chat with her about her baby, do some lactation consultants, baby's fussy or something like that, that new mom, her first visit is going to be to the emergency room. But if a nurse is coming in a couple of days, they might talk to the nurse about it before they go to the emergency room and so the financial ROI that you're seeing is predominantly on the medical side. That being said, over the course of several years, because home visiting can be offered prenatally and postnatally generally, up to three years old, you start to see some ROI on that cognitive behavioral development. So they follow children all through school and you see that kids who had home visiting early on will actually have better reading and math scores in their third and fourth grade, which is pretty remarkable. So I will, I will follow up with some of those studies just so you can dig into it a little bit more. I do think there's some confusion when we think about, sort of, the opposition. I read through some of the opposition letters and I think some of the key components of that are that home visiting is something that you're a new mother and you are being offered support and most often, you'll take it. Home visits that are court mandated, you have to take them. That social worker is coming into your home and making sure your kids are safe. So that's really the, sort of, the, the line in the sand between the two of them. I'm happy to try to answer any questions you may have.

HANSEN: Did you finish your thoughts?

SARA HOWARD: Well, I--

HANSEN: I can't cut off the--

SARA HOWARD: You can always cut me off.

HANSEN: --you know, the previous Chair.

SARA HOWARD: I'm, I'm, I'm very comfortable being cut off. Senator Riepe, I did want to make sure that I answered your funding question. What's weird about this situation is that we should not have line items in our budget that are not defined somewhere in statute. Do you know what I mean? Like, we're funding something and we've never said what it is, we've never, as lawmakers said what it is, so this money could actually go kind of anywhere that looks like home visiting. And so essentially, what you're being asking is-- what you're being asked to consider as policymakers is defining something that's already in the budget, using the exact same language as is in the baseline of the budget, asking for a website so that other providers can find these

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services and then that report, because it worries me a little bit, is that we have no idea how these programs are doing without a report to the Legislature saying, you know, we have been investing \$1.1 million every year. And we have no idea as policymakers whether it's doing what we want it to do. And so I think the report is one of those, sort of, essential pieces, but it's hard because you can't have a report without a definition. You've got to define what it is before you can report on it. And so that's why you're getting sort of this, this type of bill, which in essence, honestly, at the end of the day, should be an easy bill. You're defining something, you're asking for a website, you're asking for a report. But I appreciate that there is some confusion about what home visiting might be.

HANSEN: Spending money on stuff that we have no idea what it is, you just described half of government.

SARA HOWARD: It's bananas, Senator Hansen. And so I, I think it's funny because--

HANSEN: I'm starting to find that out. It took me 4 years.

SARA HOWARD: --because we're working so hard to provide some clarity on these programs because, you know, we've got fans. Home visiting has fans. They've got fans nationally, we've got fans locally. Like, people love home visiting. They love that these programs come before a judge is ever involved in your family's life. Right. So there are fans up and down, up and down the road. The problem is, is that there's no way for us to say, hey, is it working like you're a fan? But is it actually doing what we want it to do? What if we tried getting-- having just that annual report? And so, you know, Senator Raybould's amendment, that changes the date of the report. DHHS requested that and then it also clarifies that the report is specifically about fund-- like programs that are funded by our money to really like nail down like, I don't care about programs that are privately funded. You know, Senator Raybould talked about the nurse partnership, the nurse family partnership in Lincoln, Lancaster County. That's locally funded. We wouldn't be wanting a report on that necessarily. But I think state General Fund's \$1.1 million is a lot of money and so I think it behooves us to consider laying eyes on how those funds are being used.

HANSEN: Any questions from the committee? Senator Riepe.

RIEPE: Do you anticipate that Lancaster and Lincoln and-- I mean, they're funding eight FTEs at quite an expense. So it seems to me if I

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were them, I'd withdraw that and just say this should become a state responsibility.

SARA HOWARD: Sure. That's a good question. So the state is only funding a model called Healthy Families America, which is--

RIEPE: A model?

SARA HOWARD: --a model.

RIEPE: Is that a pilot project?

SARA HOWARD: Nope, it's not. So home visiting has different models. Senator Raybould actually has a fun handout that I made for you guys with the different models. So there's Healthy Families America, which is pretty intensive. There's a Sixpence parents as teachers model, which is like a peer model and the one that Senator Raybould is speaking to is the Nurse Family Partnership, which is every newborn baby is offered visits from a nurse. Healthy Families America is the only one that is funded by the state. And so her nurse model can't-- they couldn't supplant those funds because that's not a model that the state is willing to fund at this time.

RIEPE: OK. But going back to your other question if I may, Sara, is that we're-- you're taking fundamentally line item budgeting that would-- so that you could track it?

SARA HOWARD: It's you know, it's oh, oh wait.

RIEPE: With the idea of saying, here's the statutory requirement. These are the ones-- the money that was assigned to it, so as a Legislature, we can see if the money-- that we, that we weren't just pouring soda pop into the ocean and wondering what happened to it.

SARA HOWARD: Yeah, that's-- I mean, that's essentially what we're asking you to consider putting in statute is a report that says, hey, how is this money being used and what are the programs that you're using it for?

RIEPE: Wouldn't that apply to a lot of things that we do?

SARA HOWARD: It would, yes.

RIEPE: OK.

SARA HOWARD: Yeah, absolutely.

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RIEPE: So we might be setting precedent. OK. That's good.

SARA HOWARD: I don't know.

RIEPE: Thank you. It's good to see you again.

SARA HOWARD: It's nice to see you as well. I don't know if we're setting precedent, per se. The only other piece that I'll mention is that home visiting is not only funded by MIECHV in Nebraska. So we've got General Funds, MIECHV funds, we are also using TANF rainy day funds for this, which I know this committee is kind of lays eyes on TANF rainy day funds regularly. This is an appropriate use of TANF rainy day funds because it's for at-risk families.

RIEPE: Sounds to me like a new concept called accountability.

SARA HOWARD: Well, we're trying it out. I'm hoping, I'm hoping you'll be interested in it, as well.

RIEPE: OK.

HANSEN: Any other questions? Maybe just one more clarification. So what makes this Healthy America?

SARA HOWARD: Healthy Families America is nowhere-- listed nowhere in this bill.

HANSEN: What makes it different than-- from these?

SARA HOWARD: From the--

HANSEN: Because you said we're already paying for it and I'm, I'm assuming you met the Maternal, Infant, Child and Home Visiting. That was MIECHV, right?

SARA HOWARD: Yeah. MIECHV, only MIECHV--

HANSEN: Head Start.

SARA HOWARD: --and state funds are only paid for one-- they only pay for one model. And that model is Healthy Families America.

HANSEN: OK and that' the one--

SARA HOWARD: One.

HANSEN: --we're implementing right now, currently?

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SARA HOWARD: Oh, yeah. There are six different models being implemented in the state right now. But a lot of them are funded privately--

HANSEN: OK.

SARA HOWARD: --or they're using local dollars.

HANSEN: OK. So just to make sure I'm right. So then, what we're trying to do here is another model?

SARA HOWARD: We're not talking about models. We're defining all of them. Evidence-based--

HANSEN: Gotcha.

SARA HOWARD: --home visiting--

HANSEN: OK.

SARA HOWARD: --is all of them. And then there are six different models. Actually, I'm really glad you asked that question because it is super confusing as a policymaker to be like, wait a minute. So you're talking about Healthy Families America, you're talking about Nurse Family Partnership.

HANSEN: Yeah.

SARA HOWARD: The bill would define all of the models. They would all fall under the definition, which is why it's pretty broad, when you think about it. When you, when you were asking questions about what does this mean, a nationally accrediting body? Well, Healthy Families America has an accrediting body, Parents as Teachers has an accrediting body and so you want to have those models that are receiving funding, have that national certification so that we know that they're maintaining fidelity to a model that has an evidence-based.

HANSEN: OK.

SARA HOWARD: Yeah. I, I'm clear as mud.

HANSEN: Got it now. So.

SARA HOWARD: OK, cool.

HANSEN: I'm just going to filter it in my head now.

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SARA HOWARD: Awesome. OK.

HANSEN: It's like a family tree of stuff.

SARA HOWARD: It is very confusing. I, I do not blame the confusion.

HANSEN: OK. All right. Seeing no other questions, thank you very much.

SARA HOWARD: Thank you.

HANSEN: Is there anyone else wishing to testify in support of LB115? Is there anybody-- seeing none, is there anybody wishing to testify in opposition to LB115?

MARILYN ASHER: Hi, my name is Marilyn Asher, M-a-r-i-l-y-n A-s-h-e-r. I am the proud grandmother of 12 grandchildren, five of which are under the age of five or five or under. I am a former state employee with the Nebraska Department of Corrections and I have a real heart for young families and young children. And after working at the Nebraska Correctional Youth Facility in Omaha for 15 years with the Department of Corrections as a volunteer coordinator, I made an effort to help young men whose families were very destructive and difficult at their early ages. And I received awards for the mentor program that I did start and I'm very proud of what we did accomplish there, but I realized that the root of the problem was their early childhood. But I do have concerns about the way this bill is worded and I have some questions, so I'm going to go ahead and read these, even though Senator Raybould and some of the others have answered some of these questions. LB115 does not state what criteria should be used to determine if a home needs a visit from the home visitation program. I'm talking about what's contained in the bill, not what they've talked about today. There are no standards that set how homes should be chosen and not only are there no objective standards, there are no standards that I could see spelled out in the bill. Who decides on the home visitation standards? If I have a messy house, do I fail those standards? What authority is provided-- is providing the program manual on page 2, line 6, item 4? What is meant by culturally competent staff? Section 8, line 23 states, the department may adopt and promulgate rules and regulations to carry out the Family Home Visitation Act. This represents bureaucratic authority and it does not spell out the limits of power that will be held by the department. Section 3 (a) states that home visitation will improve maternal, infant or child health outcomes, including reduce-- reducing preterm births. Could that possibly include encouragement for abortion if the home is poverty stricken and there are already a number of children in

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it? What is meant in Section 5, line 15, when it says that home visitation funds may be used for workforce purposes and to assist the programs and individuals in receiving and maintaining certification for home visitation providers? Is this an education program for Nebraska state employees to enter the homes of Nebraskans and give subjective evaluations on a random aspect of the home? Perhaps that's-- after what we've heard, that is not exactly true, but that entered my mind as I read the bill. Section 9, items 1-11 call for data collection that is to be turned into the Clerk of Legislature. And for what purpose is the data, data collected? There doesn't seem to be an end game in this program. It doesn't sound like these people will be working themselves out of a job. It will be a perpetual government program at the cost of taxpayers. Another question is how does this bill interact with Amendment IV of the United States Constitution and the right of the people to be secure in their persons, houses, papers and effects against unreasonable searches? Who determines if a visitation is reasonable and will it be done at the request of the inhabitants of the home? As was covered, this is not dealing with things like Child Protective Services, but it did enter my mind when I read the bill itself. Finally, I believe that the Family Visitation Act is not a well-written bill. It does not stipulate specific purposes, even though it is going to cost us \$2 million a year. It's an addition to the programs which we already have in place and I'm not a fan of the family-- the nuclear family in Nebraska being scrutinized by subjective government officials for purposes which are not clear. So I do appreciate the concern for young childhood development, but I have some real concerns about this bill. Thank you.

HANSEN: Thank you for your testimony. Are there any questions from the committee? Senator Walz.

WALZ: Thank you--

MARILYN ASHER: OK.

WALZ: --Chairman Hansen. Thanks for being here. I appreciate all those questions. And you're right. I mean, this is-- there is a huge need to help families and support kids. I'm just curious, you again, had a lot of good questions. Have you talked with Senator Raybould or have you sat down and, and asked those questions with organizations or the senator--

MARILYN ASHER: No.

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WALZ: --just to get--

MARILYN ASHER: No, I have not. Senator Raybould's office contacted me on, on the way down here.

WALZ: Oh.

MARILYN ASHER: I, I, saw there was an email, but--

WALZ: OK.

MARILYN ASHER: --yeah. I'm just concerned about government trying to perform this service and not-- and feel like perhaps it's a duplication of services, as has been mentioned previously by some of the senators here.

WALZ: Right.

MARILYN ASHER: So.

WALZ: Do you-- I mean, I-- my first thought was maybe this is a duplication of services, but the more I thought about it, the more-- there's a lot of need out there, as you know, with the past experience that you've had.

MARILYN ASHER: Right.

WALZ: So. OK. Well, that was all-- I just wanted to see--

MARILYN ASHER: OK.

WALZ: --if you had had questions answered from Senator Raybould.

MARILYN ASHER: Some of the, some of the discussion beforehand has answered some of my questions--

WALZ: OK.

MARILYN ASHER: --but I-- still concerned about some of the generalities in the bill. Thank you.

WALZ: Thank you.

HANSEN: Any other questions just to make sure?

MARILYN ASHER: OK.

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HANSEN: All right. Seeing none, thank you. Well, if there's another testifier in opposition? Welcome.

JEANNE GREISEN: Hello, my name is Jeanne Greisen, J-e-a-n-n-e G-r-e-i-s-e-n, and I'm here on behalf of Nebraskans for Founders Values, which we are about protecting children, First and Second Amendment right, in all 93 counties in Nebraska. And I agree with what the testifier in front of me said about this particular bill. And I-- obviously, from being at some hearings-- I've been in, in front of this committee before, too. There's clearly a battle going on of-- for our children, whether it be in the schools, the colleges and now we're going down to the preschool level and now we want to go into people's homes. Why is there a battle for our children? That's what I want to know. And why is there so much money that people are wanting to get to battle for our children? So we look at the colleges, they've already been taken over. You have indoctrination going on. We have Senator Jen Day that says she cares about kids at, at daycare centers. However, we don't even have our children safe in K-12 school. So we have that going on in there at the schools. Then we go down to the preschool. And if you listen to some home daycare people that want to take care of children, that's being taken over by the-- another part of the government. They're taking-- the, the ESU is taking over some of those and she is getting put out of business. So now if that's not enough, now we want to go into people's homes and say we're going to teach you how to raise your children. At some point, the government needs to butt out. People have family, they have their neighbors, they have their friends that help support them to raise their children. And I say that because I have very-- a lot of minority tenants that live in some of my rental properties and I don't treat them like a tenant. Their-- they reach out to me. They've created little pockets within the city to help them raise their children, so they create their networks. They don't need the government to be their network because they can do it by themselves. And so I'm looking at the money and Senator Raybould said, well, this is free for families. It is not free when it comes off the backs of taxpaying Americans or taxpaying Nebraskans. So it's not a free program because somebody is paying for it. And then another thing, there was some comparison saying, well, these children do better than the kids that don't get part of this program. Well, how would you know unless you're data collecting? And that's another part that's going on at these schools. There is so much data collection going on on all these children and that is a darn shame. Somebody needs to stop all this data collection that's going on. And so that data collection is going to go down to people's homes now, too. So if we want to protect our children, let's protect their

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data. OK. And we saw that happening at the University of Nebraska, as well, with all of COVID. So then the other thing, if you really-- we had talked about the Department of Health and Human Services and I think it's this committee's job to rein in the Department of Health and Human Services. We don't need to give them any more power. We saw what's happened over the last two years. It's about time that we, like, put the brakes on and remove some of that power. And then I want to also just bring up, as I was listening to the testimony, because I-- the other people that were here and I always do some research on who organizations are. And obviously there's a big play in the ESSER money that came down from the federal government, that funny-- there's a line item in there saying in-home services are part of ESSER Money. So is it really about the children or is it really about the money? That's my question. That's it.

HANSEN: OK. Thank you. Are there any questions from the committee? Seeing none, thank you. Is there anybody else wishing to testify in opposition to LB115? Welcome.

DANIEL BUHRDORF: Thank you. My name is Dan Buhrdorf, common spelling for Dan, D-a-n, Daniel, D-a-n-i-e-l, Buhrdorf, B-u-h-r-d-o-r-f, and I come before the-- before you today to voice my strong opposition to the proposed LB115, the Family Home Visitation Act. As a resident of Senator Raybould's own District 28, like many others, I wholeheartedly believe in the principles and values important to Nebraskans, especially when it comes to our rights to bear arms and our support for freedom, equality, safety and security and the limited role of government in our lives. On the tone of this bill, going off script a little bit here, the tone of this bill seems, in my opinion, to imply that some groups don't know how to raise their own children and may imply a class-based bias against groups, not, not the author's own-- but to continue with my testimony, the idea of giving the state unchecked access to enter our homes is a violation of our privacy and a threat to our safety and security. And our homes are sacred and, and free places of care and should be protected, not subjected to government intrusion. The government's primary purpose is to provide for a safety, safety-- for the safety and security of its citizens, not to intrude on their privacy. As a strong supporter of families, neighborhoods and communities, like many in District 28, I believe that the family is the best-- basic building block of our society. Laws that intrude on the rights of families and interfere with parental rights only contribute to the disillusion of the family unit. We should protect the sanctity of the family and support families in their efforts to provide a safe and secure environment for their children. We recognize the needs to prevent children-- to prevent

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child and spouse abuse, but the Family Home Visitation Act is not the solution. There are already measures in place to protect children and spouses from abuse and this bill goes beyond what is necessary to prevent abuse. I would-- it would infringe on the rights of families and contribute to the government's overreaching authority. There are also already services that provide home visiting services. We've heard that in testimony already today. In conclusion, I urge that the Legislature-- I urge the Legislature and this committee to reconsider and reject the proposed bill, LB115, and instead focus on measures that protect and serve families and preserve our rights and privacies. We believe in the strength of families, freedom and neighborhoods and we should not allow the government to intrude upon these building blocks of our society. Thank you very much.

HANSEN: Thank you for your testimony. Are there any questions from the committee? No. Seeing none, thank you.

DANIEL BUHRDORF: Thank you very much.

HANSEN: Is there anybody wishing to testify in opposition to LB115? OK. Seeing none, is there anybody who wishes to testify in a neutral capacity? Seeing none, we will welcome Senator Raybould back up to close. And for the record-- where's my sticky note? I will say after you're done with your close.

RAYBOULD: OK. Wonderful. Well, thank you all very much. I want to thank all the testifiers who came out today. Did I mention that this program is voluntary? I didn't know if that came across as clearly as, as we wanted. It's voluntary and this program already exists. This program is already funded. This program is effective. It's been around for 16 years. And I know I had concerns, too, that we were adding eight full-time public health nurses. And when I looked at the data-- I'm a business owner, businesswoman-- I saw the data and I said, how can we not invest in this type of program because of what it does? It helps give parents confidence. It helps answer any of their concerns and questions and instructs them on these are the great methods that help you be more successful as a parent. And so I want to say thank you again and I certainly ask for your support. And certainly, when Senator Vargas brings forward the matching appropriations bill that we have been appropriating funding for the last 16 years, I ask for your support on that, too.

HANSEN: Thank you. Are there any questions in the committee? Yes, Senator Riepe.

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RIEPE: I always believe in philanthropy and Susie Buffett seems to love early childhood development [INAUDIBLE]. And have we ever looked at the Buffett-- at Susie Buffett's foundation for any matching funds? If we can get the feds to match on one side, then we get a philanthropic organization to match on the other. And I only mention hers because I think we're all familiar with her commitment to early childhood.

RAYBOULD: And I know that that is one of the leading organizations. I can only tell you from Lincoln and Lancaster County, we go out for multiple grants from all kinds of organizations, including, you know, foundations to help continue to fund and supplement these programs. Why do we do that? Because we know they're making a difference in the communities that we serve. We know they're making a difference in the families that we serve. And they're-- they have data-driven, proven effectiveness in making families stronger and better. And really, it's a prevention so that state government and other services don't ever have to intervene, should that family get into a crisis.

RIEPE: I said that in part because I sat with [INAUDIBLE], one of his financial people at some event, and he said that Miss Buffett had said, oh, it's only a million dollars. You know, kind of like, real-- so. She's got a lot of money, so-- thank you. Thank you for being here. Thank you for presenting.

RAYBOULD: Thank you all for listening.

HANSEN: OK. Are there any other questions from the committee? I have one question.

RAYBOULD: Oh, certainly.

HANSEN: I do have to ask about what one of the testifiers mentioned about the definition of reducing preterm births and her-- when she talked about workforce purposes. What, what are those? [INAUDIBLE] emails about it.

RAYBOULD: OK. So I want to answer your second question. Workforce purposes are, are the funding that is used to assist the programs and individuals in, in-- and also the practitioners that go out to-- for their continual training and certification. But it also speaks to the costs that some of the providers incur to ensure that the, the staff, their members are following appropriate certification and that they get the national certifications and additional training that help them do that. And then the-- your first question, you know, that's, that's

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not the purpose of the program. They're there to assist and offer families whatever help that that family might need at that particular time. So it's, it's, it's not there to judge. And again, think of these programs. They have been in existence probably since the turn of the century when a nurse midwife goes out to help with the birth of the, of the baby and makes follow-up visits. And so they're not there to judge, but they're there to coach and help and educate. And certainly, parents have questions and these practitioners have answers that can help them be better parents and to help their children thrive.

HANSEN: And just for clarification on workforce purposes, would that mean we would be using some of this money to pay for people's credentialing?

RAYBOULD: I would say probably for their, their training and to make sure that they have the certification that they need.

HANSEN: OK. Would that be a private individual that we're paying for or do we-- like a, like a--

RAYBOULD: This is-- would be all part of this funding that is currently there to assist--

HANSEN: OK.

RAYBOULD: --in programming and the training and certification.

HANSEN: OK. Cool. All right. Seeing no other questions, thank you very much.

RAYBOULD: All right. Thank you all.

HANSEN: All right. And I found my note. So for the record, there were 9 letters in support and 36 letters in opposition to LB115. So with that, we will close the hearing on LB115 and the hearings for today. Thank you very much.