HARDIN: Welcome to the Health and Human Services Committee. I'm Senator Brian Hardin, representing Legislative District 48, and I serve as chair of the committee. The committee will take up the bills in the order posted. We're just kidding. It's not going to happen that way today. And the reason we're not going to do it that way is all the fault of Senator Quick. He's right over here. You can reach him at dquick@le-- no. Just kidding. He's got to be in 2 places at once, and it's very difficult to dematerialize and rematerialize. He has a couple of folks that are testifying on his bill. And so in order to expedite and get him on his way, he's going to go first in here. Then, Senator Guereca will go next with LB446. So we're going to switch that up. The rest of them will go in order. If you're planning to testify today, please fill out one of the green testifier sheets on the table in the back of the room. And please, if you will, move forward to the front row and be ready to testify when it's your turn to come forward. Give the testifier sheet to the page. If I can, who all is getting ready to do LB486? OK. Look at them, right up front there. Just like that. That's awesome. If you do not wish to testify but would like to indicate your position on a bill, there are also yellow sign-in sheets on the back table for each bill. These sheets will be included as an exhibit in the official hearing. Any time you come forward, give your handouts or your green or your yellow sheet, give them to the pages and they'll make sure they get to the right place. When you come up to testify, please speak clearly into the mic. Tell us your name and spell your first and last name. That way, we'll get an accurate record. We will begin each bill hearing today with the introducer's opening statement, followed by proponents, and then opponents, finally, anyone speaking in the neutral capacity. We will finish with a closing statement by the introducer if they wish to give one. We will be using a 3-minute light system for all testifiers. When you begin your testimony, the light will be green. When the yellow light comes on, you have one minute remaining. And when the red light comes on, that means you get to meet one of our fine officers from the back of the room. No. You have to stop; wrap up the thought. And committee members may come and go during the hearing. That's just normal. We're running out and presenting other bills in other places. Just part of the j-o-b. And a few final items to facilitate today's hearing. If you have handouts or copies of your testimony, please bring up at least 12 copies. Give them to the page. Props, charts, and other visual aids cannot be used, simply because they cannot be transcribed. Please silence or turn off your cell phones. Sure. And verbal outbursts or applause are not permitted in the hearing room. Such behavior may be cause for you to be asked to leave the hearing. Finally, committee

procedures for all committees state that written position comments on a bill to be included in the record must be submitted by 8 a.m. the day of the hearing. The only acceptable method of submission is via the Legislature's website at nebraskalegislature.gov. Written position letters will be included in the official hearing record, but only those testifying in person before the committee will be included on the committee statement. I'm now going to have the committee members with us today introduce themselves, starting with Senator Riepe.

RIEPE: Thank you. We're glad to have you here. I'm Merv Riepe. I represent Omaha. It's District 12, and also the fine little town of Ralston.

MEYER: Glen Meyer, representing District 17. That's northeast Nebraska, Dakota, Thurston, Wayne, and the southern part of Dixon County.

QUICK: Dan Quick, District 35, Grand Island.

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

HARDIN: Assisting the committee today to my left is our research analyst, Bryson Bartels, and to my far left is our committee clerk, Barb Dorn. Our pages for the committee today are Tate Smith and Kym, are you over there?

KYM DYKSTRA: Yeah.

HARDIN: This is Kim's first time with Health and Human Services, so be nice to her today. We told her it's a very nice committee. Today's agenda is posted outside. With that, we're going to begin today with LB486 and Senator Quick.

QUICK: Thank you, Chairman Hardin and members of the committee. And thank you for letting me go first. I really appreciate that. I represent-- my name is Dan Quick, D-a-n Q-u-i-c-k, and I represent district 35, and I'm here today to introduce LB486. LB486 was brought to me by the Nebraska Homecare Association. This bill would ensure that the state is paying a consist-- a consistent reimbursement rate to personal care service providers under the Aged and Disabled Waiver Program. Right now, personal care service providers under the Age and Disabled Waiver Program individually negotiate their reimbursement rates with the Department of Health and Human Services. The result of this process is that similar providers in the same area are paid vastly different re-- reimbursement rates for pro-- for providing

identical services. You will hear testimony this afternoon from two personal care service companies that will explain how this process came about, and what the negative impact of these unfair reimbursement rate practices have, have had on their business and their patients. The solution to this problem, presented by LB486 is simple. It would end the rate negotiation process and require the department to pay a standard reimbursement rate to these medical-- Medicaid service providers. So standard-- those standards rates would be based on a rate study commissioned by the department that is identified in the next-- in the text of the bill. You will hear testimony today that some providers will receive an increase in their current rates based on the rate study, and others would receive a rate decrease. But the, but the point of the-- of LB486 is to level the playing field and ensure that all providers will receive the same rate. I want to emphasize that this bill applies only to personal care services and only for those ben-- for those beneficiaries under the Age and Disabled Waiver. For some background, the AD Waiver is a program that is designed to reduce state Medicaid costs by keeping eligible individuals, individuals at home and out of nursing, nursing facilities, where costs are significantly higher. To qualify for the A&D Waiver, an individual, an individual has to be (1) Medicaid eligible; (2) have a disability or be over the age of 65; and third, meet the department's criteria for nursing facility level of care. In other words, Nebraska's-- Nebraskans on the A&D Waiver program are Medicaid beneficiaries that are eligible to go to a nursing home, but are served-- being served at a greatly reduced expense to the state in their home by personal care service providers. This is an important program for the managing-- for managing the state's overall Medicaid expenditures. Creating a fair and consistent reimbursement rate for personal care services under the waiver program will help ensure that we have a sufficient amount of providers to deliver these services across the state, and that will ultimately benefit the state by keeping as many members of our Medicaid population in their homes and out of nursing homes for as long as possible. Thank you, and I appreciate the committee's vote to advance this bill. And I'd be happy to answer any questions that I can.

HARDIN: Thank you. Questions from the committee? Senator Riepe.

RIEPE: Thank you. Thank you, Senator Quick, for coming from that chair to this chair. What is the relationship with these organizations, with the managed care? Do they-- are they under contract with them?

QUICK: They would be the providers. Are you talking about--

RIEPE: The, the, the nursing home--

QUICK: Yeah. They do the in-home care. So they're not really associated with the nursing homes themselves.

RIEPE: So they're not under their per diem. OK. That was my question.

QUICK: And they might be able to answer that better. I know there's a couple of providers that are coming up to speak to.

RIEPE: OK. Thank you. Thank you, Chair.

HARDIN: Tell me about the fiscal note.

QUICK: Yeah. And I, I know there's a couple of people that are going to talk about that behind me, but I know there's some questions on that. And I have some notes here, but I think I'm going to let them answer that--

HARDIN: OK.

QUICK: --question, because I think they can--

HARDIN: If they don't, we'll ask you in a few minutes.

QUICK: Yeah. That would be great.

HARDIN: OK. Other questions. Seeing none, will you stick around?

QUICK: I will.

HARDIN: Great. Proponents, LB486. Don't be shy. Welcome.

TIM MARTENS: Thank you. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Tim Martens, T-i-m M-a-r-t-e-n-s, and I'm a member of the Nebraska Homecare Association. I'm testifying on behalf of the membership. I serve as the chief operating officer for AmanaCare, a non-medical, in-home care provider serving Nebraskans who desire to stay in their homes while they receive help with their ADLs, or activities of daily living. Last year, AmanaCare employed 389 caregivers and served 329 clients across the state. We operate 5 offices from Omaha to Scottsbluff, with a strong focus on rural communities central and western Nebraska. Home care is an essential component to Nebraska's healthcare system, particularly in rural communities. Thousands of Nebraskans depend on in-home care as a safe, cost-effective alternative to institutional care. By keeping individuals in their homes, we reduce

hospitalizations, relieve pressure on long-term care facilities, and ensure people receive the needed support in the most appropriate and cost-effective setting: their home. However, home care providers in this state face significant challenges due to wage competition from other industries, and most concerning, increased costs for additional compliance measures and a current rate reimbursement structure within the Department of DHHS that creates huge disparities in rates awarded from one home care agency to another. The current rate determination process allows DHHS to negotiate rates separately with each agency provider, resulting in rates ranging from $26-48 an hour for the exact same service. This practice has now created an environment where new providers with no home care experience and providers coming into Nebraska from other states receive higher rates than long-standing Nebraska companies who've been in business for over 25 years. Just recently, I was made aware of a new agency setting up shop in Nebraska, serving an area that we cover with reimbursement rates $5-6 an hour higher than our current rate, and they provide exactly the same service. I've been told by the Department of Health and Human Services that there are parameters in place to determine how reimbursement rates would be awarded. But when you look at what's happened over the past few years, it appears there's no consistency or consideration for quality, tenure, or good standing. Honestly, it feels like the better negotiator you are or if you catch a resource director on the right day, you might get an increase in your rates. It is an issue that the department is aware of and they realize a change is needed. In fact, back in 2022, the department requested a rate study by CBIZ Optumus to help them determine what a reasonable rate would look like for service providers. We're in favor of the rate study and feel it reflects the true cost of doing business, and an appropriate rate for proposed-- for personal care services.

HARDIN: You're in the red, but continue.

TIM MARTENS: Thank you. Standardized rates are a common practice in other states and would level the playing field in Nebraska and allow us to focus on what really matters, and that's caring for Nebraskans in their homes. Additionally, I believe it would help prevent fly-by-night, out-of-state companies or inexperienced providers from entering this industry. Each year, as our company considers wage increases for our caregiving team, we must guess what our reimbursement rate might be the next year. Will it stay the same? Will it go up? And if so, how much? Inconsistency makes it very difficult to retain caregivers, increasing turnover, reducing-- and reducing access to care. A standardized rate would create consistency, allowing providers to invest in their workforce and ensure continuity of care

for Nebraskans. We also urge the committee to establish a permanent rebasing methodology to adjust provider rates regularly every 1-2 years, based on inflation and rising business costs. Other states have implemented similar models to ensure long-term stability, and Nebraska should do the same to maintain a strong home care system. Thank you for your time and consideration. I'm open to answering any questions that the committee might have.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Thank you. Chairman. Thank you for being here.

TIM MARTENS: Yes.

RIEPE: I picked up a little bit on-- you talked about from year to year. I'm, I'm just curious, have the rates changed and gone down, because you said you don't know for sure in planning what the rates are going to do, but have they gone down?

TIM MARTENS: No. They've not gone down. We just can't anticipate giving raises to our caregiving team, not knowing if a rate will increase or not. If I could expand on that.

RIEPE: Sure.

TIM MARTENS: Just this last year, I was going through a rate negotiation process to get our rates raised so that we could increase caregiver wages, and I was told there is no rate increase. Well, I went and back-- went back to try and renegotiate and plead my case, and then we got $1.50 an hour rate increase. So why was it that we were told we were going to get no increase and then a month later, we were given a $1.50 rate increase? And so that's-- you know, that's part of having the rebasing methodology in there, is you have a standardized rate, and then we have a system in place to know what our rate increases could be the following year.

RIEPE: How do they set the-- do, do they do a acuity-based evaluation on clients?

TIM MARTENS: Yeah. It's ba--

RIEPE: I assume you call them clients and not patients, or what?

TIM MARTENS: Yeah, clients. Right. So the, the department has case managers or service coordinators that would assess whether or not a client is eligible for the program. And they have to meet a certain

number of ADLs that they can't perform on their own. They're basically waiving their right to go to assisted living or institutional care-- to stay home and have a caregiver come into the home and care for them.

RIEPE: And those, we'll call them standards, are they developed by the federal--

TIM MARTENS: Mmm, that's a good--

RIEPE: --agencies or state?

TIM MARTENS: I do not know that. I do not know that.

RIEPE: Have you had a chance to look at their, their grading or however they-- their logic or rationale for coming to what-- how they base then, the-- to apply the doctor-- dollar amount to it?

TIM MARTENS: Well, no. Well, well, what they-- yes, yes

RIEPE: Well, what I'm saying is, are they transparent?

TIM MARTENS: Not really.

RIEPE: OK.

TIM MARTENS: Yes. There, there, there's no clear answer. They'll, they'll tell us that there is some methodology. That if you've been, been in business a long time, I know that's for one. If you serve rural communities, that would be another. I think those are the two that I remember I was told that they'll consider, you know, giving you a larger rate increase, which, you know, it doesn't make sense to me, when you have new agencies coming in, inexperienced agencies, agencies from out-of-state coming in and establishing a home address, and then opening up business across the state, getting rates that are higher than, than what my--we're getting and higher than what my colleague over here is getting.

RIEPE: Do you get audited?

TIM MARTENS: Well, they have-- there's an audit process yearly, where a resource director will come in and look at our caregiving files just to make sure that we're doing their background checks and things like that.

RIEPE: But they don't do surprise audits.

TIM MARTENS: No, no. Just once a year.

RIEPE: OK. Thank you, Chairman.

HARDIN: Other questions? Senator Meyer.

MEYER: Thank you, Mr. Chair. I see where you've got 329 clients and 389 caregivers. So are some of the clients they require 24-hour or are-- what kind of, what kind of work day does a caregiver--

TIM MARTENS: Yeah. I would say the average client that we serve under the Aged and Disabled Waiver program is around 30 hours.

MEYER: Per week.

TIM MARTENS: Yes. I'm sorry. Per week, yes. Very few receive 24-hour care.

MEYER: Thank you. Is-- are you seeing an increasing need for these services, given the prohibitive, expensive cost of going to a nursing home or any, any, any other type of care facility?

TIM MARTENS: Yeah. Absolutely. I think there was some statistic from the department that said last year, there was-- it-- I think-- I hope I'm saying this correctly, that there was 2,000 new cases of, you know, individuals needing help across the state. I think it was the same, the-- what they're projecting out this next year, as well. There's really-- the, the true-- the issue is more about what an agency can do to hire caregivers. There's, there's not a, a lack of clients coming in that we can serve. It's, it's the workforce. And so, again, another reason for why you have this standardized rate, so we're all on the same level playing field. If I could give one quick example. The one I referred to, paying $5-6 an hour, this was an agency that we heard of, came in, got, you know, they're getting 40-some dollars an hour, and, and so we got contacted-- my company got contacted by a service coordinator. Service coordinators in the area are the ones that kind of manage those cases, who said, hey, we've got this-- these caregivers from this other company. They're getting paid 25 bucks an hour. They want to switch companies because this company is not paying them on time, and, and they're late and things like that. Well, there's no way we could match 25 bucks an hour because our reimbursement rate wasn't-- it wouldn't account for that. So that's what we're trying to do, is trying to get, you know, a level playing field. So we're you know, we're all-- we all have equal access to caregivers, we all have equal access to clients and, and not some that are, you know, $20 difference than another, which doesn't make any

sense to any of us providers that, that have been doing this a long time and feel like the rates need to be adjusted.

HARDIN: OK.

MEYER: If I may, Chairman Hardin, one more. Do you see a difference in rates between rural and urban, urban settings, given there are obviously some cost of living differences between urban and rural. Do you see a difference in rates-- or western Nebraska, eastern Nebraska?

TIM MARTENS: I can, I can point to one agency that works in Lincoln and Omaha, and they're getting rates up in the $40 an hour. I don't know exactly. It's over $40 an hour. They're nowhere near central or western Nebraska. So our rates would be $7 less than what they're making, and we're all in central Nebraska and western Nebraska.

MEYER: Thank you.

HARDIN: So, can we talk about the fiscal note that's here?

TIM MARTENS: Sure.

HARDIN: It's $86 million this year and $88 million next year. Of that, in this year, about $38 million is from the general funds from the state. $48, $49 million is-- would be from the feds for this year. What we wrestle with and we like to share that pain with others, is to deal with the YBH in the margin, as I say yes, but how?

TIM MARTENS: Yeah, yeah.

HARDIN: If we're looking at upwards of, oh, I don't know, $30-some million a year over the-- each of the next two years, which is essentially new money for us during a time when the governor's not really excited about anything going outside of a 1% increase. How do we accomplish that?

TIM MARTENS: Yeah. Well, first of all, we, we received this note yesterday, I believe it was. And we were shocked by this. We were told in previous conversations that the impact would be between $6 and $8 million.

HARDIN: OK.

TIM MARTENS: And this came out at $86 million.

HARDIN: Slightly higher.

TIM MARTENS: Slightly, slightly higher. There were two significant mistakes in the DHHS fiscal note.

HARDIN: OK.

TIM MARTENS: One is the fiscal note mistakenly assumes that LB486 requests the rate increase for all A&D providers. And the fiscal note mistakenly assumes that LB486 would necessitate a rate increase for SSAD chore service providers. So, wrong scope of services and there's no chore service rate increase in this at all, so we think it's 10 times what, what it should be.

HARDIN: It ought to be.

TIM MARTENS: Yeah. Now we did reach out to the department and ask for clarification on this, because there's, you know, there's nothing to substantiate their numbers, but we didn't get a response.

HARDIN: Hang in there. Very well. Any other questions? Seeing none, thank you.

TIM MARTENS: Thank you.

HARDIN: Proponents, LB486. Welcome.

KERIN ZUGER: Thank you very much. Thanks for having me, Senator Hardin and fellow members of the Health and Human Services Committee. My name is Karin Zuger, K-e-r-i-n Z-u-g-e-r. I am a member of the Nebraska Home Care Association and I am testifying on their behalf today. I am also the chief operating officer for Caretech. Caretech is a privately held company. We've been around for over 25 years now, so very tenured organization. We cover the entire state of Nebraska. Last year, we had over 600 caregivers hired, and we cared for more than 400 seniors and those living with a disability. More than 70% of the folks that we care for are in these rural areas that we're talking about in western Nebraska and south central Nebraska. And of the folks that we care for, more than 85% of those are receiving services through this waiver program that we're discussing today. Now, the primary goal of the bill that we're discussing is around standardization of fee schedules. So Nebraska is actually one of the only states that doesn't have a standardized fee schedule. It's frankly a little bit unusual not to have one, because it does simplify the process. And in lieu of this standardized fee schedule, as Tim talked about, it creates lots of inconsistencies. So you've got every agency negotiating on their own behalf, with different service coordinators that really don't have a guided or defined process on how to negotiate these rates. So it

really just, just depend on the day and depend on who you're talking to, relative to what your rate may or may not be. Some agencies, even within the same zip codes, the same communities, as Tim discussed, have great disparities from, you know, mid-20s to mid-40s in the hourly rate that they're getting reimbursed from the state. What LB486 does is it aims to limit the bureaucracy. Right. DHS has stated this isn't an ideal process. So they know that, right? They know that this isn't a process that works. It's not easy. It's not simple. It's not clear. They've also stated that the Aged and Disabled Waiver program that we're talking about is underfunded. Right. So when it's underfunded, what happens is we are forcing these individuals out of the low-cost setting of their home environment into these higher-cost settings, right, long-term care facilities and hospitals, which ultimately is costing the state more dollars. I do want to share some specific examples that Caretech has experienced, that is, were directly impacted by this disparity in pay. Over the last six months, we have lost 11 care providers. And when we lose a, a, a care provider, what happens is we lose the client, too. So we've lost revenue to the organization, which is really unfortunate. And I called the care providers to ask, you know, what's going on? And none of them stated that it was in reference to our organization. It wasn't an employer issue at all. The issue is they're getting paid higher rates elsewhere. And frankly, I can't blame them for leaving. Right. I had one lady in tears. She said, you guys have done so much for me and my mom, and I hate to leave, but I can't give up $6 an hour.

HARDIN: You're in the red. If I can encourage you to wrap thoughts, that would be great.

KERIN ZUGER: Absolutely. So what we're trying to accomplish here again is consistency. And I want to be clear, I have no problem with competition. As a matter of fact, I encourage it. I think it's good for business. But let us compete on quality. Let us compete on culture. Let us compete on how we're providing care for our clients, not on these, you know, misguided rates across the state. And it's just not fair to the organizations. It's not fair to the caregivers. And lastly, I just--

HARDIN: Can I, can I just ask?

KERIN ZUGER: Yeah.

HARDIN: What-- you mentioned a moment ago that rates are standardized in a lot of other states. We're always because the other kids are doing it, can--

KERIN ZUGER: Sure.

HARDIN: --you speak specifically to those states that-- half a dozen states that touch us?

KERIN ZUGER: Yeah.

HARDIN: What's happening in Missouri and Kansas and Iowa, and even most people in South Dakota? How do our, our rates compare to theirs?

KERIN ZUGER: South Dakota, I know for sure is right in the low 40s.

HARDIN: I see.

HARDIN: So all of the states contiguous to us to right now have a fee schedule in place--

HARDIN: OK.

KERIN ZUGER: --and are significantly higher than where we're at.

HARDIN: I see.

KERIN ZUGER: And match-- you know, they talked about the third party that came in and did the rate study-- matched that rate, rate study, which is already 3 years old, but is still fair, even though it was 2 or 3 years old. It still, I think is reasonable, from standardized fee schedule standpoint.

HARDIN: Can I get your thoughts on that fiscal note?

KERIN ZUGER: Well, they're similar to Tim. I don't think that we've had enough time to really digest it. And I will say-- I mean, I've had discussions with Tony and with service coordinators at DHHS, all of which are in favor of this bill--

HARDIN: Yeah.

KERIN ZUGER: --you know, want us to move forward. They recognize that there's tons of time wasted--

HARDIN: OK.

KERIN ZUGER: --trying to negotiate the fee schedules. I'm not sure where they came up with these numbers.

HARDIN: I see.

KERIN ZUGER: I think it was a little mis-maybe-understood, relative to who wrote the fiscal note, relative to what we're trying to accomplish with the bill.

HARDIN: Other questions? Senator Ballard.

BALLARD: Thank you, Chair. Thank you for being here. You, you mentioned that their lack of funding for this waiver, waiver forces vulnerable populations to long-term care facilities, hospitals, so it would be your opinion that there would be some Medicaid savings in this?

KERIN ZUGER: Ab-- absolutely.

BALLARD: Can you give me a ballpark what that would-- I know it's a tough number to--

KERIN ZUGER: Yeah. Yeah.

BALLARD: --quantify, but can you ballpark?

KERIN ZUGER: There, I-- actually, in my earlier-- it was too long, because I get long-winded, but I had multiple studies. And I can give you that information and provide it to the committee. But there's been multiple studies across the United States and within Nebraska that have showcased 3 or 4 time saving by having people in the home outside of the settings, millions of dollars in state savings if you can people-- keep people home. And let us not forget, and I will try not to get on, you know, a bandwagon here, but if you keep people in the home and you monitor them, and you're doing things like ensuring they're getting to doctor's visits, ensuring they're taking their medications, you're going to reduce these readmissions to the hospitals that are extremely expensive. So it's not just about the higher expensive long-term care in hospitals, it's about readmissions back into the hospitals and everything associated to that. So we are in partnership with these acute care settings, to say let us work together to keep the overall cost of care low.

BALLARD: OK. So part is-- you said about 3-4 times what the [INAUDIBLE]. OK.

KERIN ZUGER: Mm-hmm. Absolutely.

BALLARD: Thank you.

KERIN ZUGER: Conservatively.

BALLARD: OK.

KERIN ZUGER: Mm-hmm.

HARDIN: Other questions? Senator Meyer.

MEYER: Thank you, Chairman Hardin. We had previous testimony from-- on other bills, whereby every five years our over-65 population is increasing about 30%. And so, we're going to have an increasing need for your services. Are we adequately covered right now or do you have a waiting list of people that need to utilize your services as opposed to go to a, an assisted living facility, or are we adequately covering right now?

KERIN ZUGER: You know, I think the issue is not demand. The issue is supply. So yes, there is a waiting list. If we could figure out a way to reimburse these caregivers, then I think, you know, it would significantly impact the problem that we're having. So, yeah. And again, this comes down to how do you get the right quality caregivers in place so you can provide the care that you need and then they stick with you. So, yes.

MEYER: If I may, Chairman. And regarding the waiting list, is there a mechanism whereby you triage, for lack of a better word, those most needy? Is there a qualification test or, or-- I think you understand where I'm going with this

KERIN ZUGER: Absolutely. So-- and this is an interesting response to your question. But really, you have to look at the caregiver. So what happens here and what you're forced to do-- what we used to do years ago is say what is the acuity of the client and how can we triage from that standpoint? What we now do is say, OK, how can we find a caregiver to care for this client? So if this is a client, for example, that is Monday through Friday, 8-5, that might be an easier case to cover than somebody that's in need of care overnights or on the weekends, or maybe they just need a couple hours in the morning and a couple hours at night. So a lot of it is shift dependent, it's not necessarily acuity related, unfortunately.

MEYER: You're matching needs with skills.

KERIN ZUGER: Right. Right. There's always a matching mechanism to what the caregiver can do and what the client needs, but a lot of it has to do with availability of caregivers.

MEYER: Thank you.

KERIN ZUGER: Mm-hmm.

HARDIN: Other questions? Senator Riepe.

RIEPE: Do you have a rejection rate of certain applicants and you take-- some you just can't take?

KERIN ZUGER: Absolutely.

RIEPE: And is that like a 2%, 5% or 20?

KERIN ZUGER: It's a little bit higher than that.

RIEPE: Is it--

KERIN ZUGER: It really is. So we, on average, will take in-- last month, for example, we got 425 applications and we hired 17. So the process administratively, just to interview and hire is also pretty steep.

RIEPE: Now those are your staff.

KERIN ZUGER: Right. This is staff, caregivers.

RIEPE: Sounds like you have a good pool to pull from.

KERIN ZUGER: Well, I mean, I would say it's not necessarily-- it's anybody out there that is looking for a job. Right. We throw a wide net and then we narrow it down. We also go through strong background checks, so criminal, APS, CPS, all of the things, so we want to make sure that-- and again, this is the other sort of barrier to entry, if you will. And it's good barriers. We want those quality metrics in place, but it does limit who can provide service.

RIEPE: There are some of those unemployed that are-- have to file so many times, and maybe they hope they don't get hired.

KERIN ZUGER: It's a good point. Absolutely.

RIEPE: What about on the client side/patient side? Do you, do you have to sort through and sometimes say, we just can't match up this patient/client with our staff? Do you have--

KERIN ZUGER: We do.

RIEPE: What's your rejection rate on that level?

KERIN ZUGER: Yeah. Very, very low. Very low. I mean, so there are going to unfortunately be scenarios when you're working with a Medicaid population, you can have environmental factors that are very difficult to staff: hoarding issues, it might be heavy smokers and caregivers don't want to go in and sit in that. So there are going to be environmental factors that cause struggles with staffing. We work closely with the state and with a service coordinator to say we want to get care in. These are the barriers that we need to overcome to get a staff in. So I don't know that I've ever said, unless it's out of scope like wound care or skilled nursing, no. But what we have said is here are some barriers to entry that we need to work on along with the client in conjunction with the state. Once we get those situations rectified, we'll staff the case as soon as possible.

RIEPE: What percentage of your business is Medicaid?

KERIN ZUGER: 85%.

RIEPE: 85. Maybe that's in here. Thank you.

KERIN ZUGER: You're welcome.

RIEPE: Thank you, I appreciate it. Thank you, Chairman.

HARDIN: Thank you.

KERIN ZUGER: You're welcome. Thank you very much.

HARDIN: Proponents, LB486. Proponents. Hi.

KIERSTIN REED: Hi. Good afternoon, Chair Hardin and members of the Health and Human Services Committee. My name is Kiersten Reed. That's K-i-e-r-s-t-i-n R-e-e-d, and I serve as the CEO for Leading Age Nebraska. We represent governmental, nonprofit, and locally-owned providers of aging services. Together, our members serve over 5,000 Nebraska seniors every day in a variety of settings. I'd like to thank Senator Quick for bringing this bill forward. As you know, the state of Nebraska has hundreds, if not thousands of home and community-based service providers under the Medicaid waiver program currently, and they're serving thousands of individuals in their homes who are aging or otherwise disabled. This does prevent higher needs or higher cost of care. Currently, the personal care service provided under this program is negotiated on an individual basis with each organization. This is not based on the needs of each individual that they are supporting, such as with the developmental disability system, but the waiver service is simply based on a rate for that provider of service.

As you're aware, their rate study was conducted in 2022, and while that is about three years old, we do feel that the rates are still valid. That rate study took in a variety of factors and determined three years ago that that rate of service should be $43.63 per hour. Since that study, the state of Nebraska has undergone three minimum wage increases, going from $10.50-13.50. And in 2026, we got another one. So these providers of services have faced a variety of unfunded mandates in their service delivery. This includes not only the minimum wage, but it also includes incident reporting requirements, electronic visit verification, and a variety of other cost-impacted mandates. Standardizing these services establishes a consistent rate, which is a first step in ensuring that we are fairly paying providers across Nebraska. I'm happy to answer any questions that you have, and thank you for looking at this bill and hope that you're able to move it forward.

HARDIN: Thank you. Questions? Senator Meyer.

MEYER: Thank you, Senator Hardin. Your testimony brings up a question, and I probably should have asked it earlier. Is there-- based on the needs of a client, is there a variable rate that you charge based on needs, or is it a uniform rate across the board?

KIERSTIN REED: It's a uniform rate across the board. And it is determined by the provider, not by the client. There are certain exceptions to that where they could get a different contracted rate for a specific client. But generally speaking, it's the rate for the agency.

MEYER: Thank you.

HARDIN: Other questions? Seeing none, thank you. Proponents, LB486. Welcome.

EDISON McDONALD: Hello. My name is Edison McDonald, E-d-i-s-o-n M-c-D-o-n-a-l-d. I'm the executive director for the ARC of Nebraska. The ARC has been advocating for Nebraskans with disabilities for over 70 years, ensuring that people with intellectual and developmental disabilities and their families have access to the community. Today, I'm here to support LB486, which seeks to increase funding for the Aged and Disabled Waiver and establish a standardized reimbursement rate that reflects the actual cost of providing these critical services. The Aged and Disabled Waiver provides essential services that allows individuals with disabilities to live in their homes rather than being forced into costly institutional care. That

institutional care, on average, in Nebraska, is about $230,000 per person per year, versus home and community-based services are going to be more down in your $35-90,000 a year sort of range. Ensuring that providers receive appropriate reimbursement rates is fundamental to maintaining and expanding access to these services. When, when we have families who come in and who have questions, we have a little bit of a different angle than I think some of our previous testifiers, because we do have families who cross waivers. So we've got a variety of waivers, our Developmental Disability Waiver, our Aged and Disabled Waiver, our new Family Support Waiver, the Day Waiver, and then the Katie Beckett Program. So families have a variety of choices that they have to make, based upon what eligibility criteria they need, what services they need, what rates they're looking for, what hours they have in terms of need, you know, what sort of budget they're looking at, and, and what sort of reporting they're willing to do. All of those are considerations as families look across waivers. Generally, we spend most of our time talking about the developmental disability service rates, which have been struggling. But these aged and disabled waiver rates have drug far more, and we really need to see these change in order to ensure that access and to ensure families don't have to make those choices and say, you know, maybe we're not going to get a certain service line, or maybe we're going to not have to fill out as much paperwork, all so that they can figure out which waiver they're going to get on and how they're going to receive those services. Ultimately, this is what DHHS's consultant says is needed, and I think that we need to make sure we take that recommendation and run with it. In particular, and I know we'll talk more about this in a hearing next week, ensuring that we figure out how we can focus on ensuring an ongoing cost of living. With that, I'll close, and any questions?

HARDIN: Thank you. Any questions? Seeing none, thank you. Proponents, LB486. Opponents, LB486. Those in the neutral, LB486. Well, Senator Quick.

QUICK: Thank you. Chairman, Hardin and committee members. And hopefully, we can work on that fiscal note to find out exactly what's going on with that. I think there's maybe some confusion about maybe some of the costs that were involved with that and maybe we can get that all squared away. And I think you heard from a testifier as to how important I think that standard rate would be to provide that care, and also for our rural communities to be-- you know, have those providers going into the home versus going into a nursing home and how that-- that would really save costs on that, on that other end. So hopefully we can get this passed on, and thank you for your time.

HARDIN: Thanks. Questions? Thank you. This will conclude our LB486. Senator Hansen, we're going out of order, just so you know. But we did have some online interaction, 3 proponents, zero opponents, zero in the neutral. Now we're going back to LB446. Senator Guereca is up next. We'll wait just for the shuffling of the room to settle down just a little bit. They're a pretty rowdy crowd here at HHS. But once they stop the mosh pit action, then it will be--

GUERECA: You must know.

HARDIN: --a little bit quieter.

GUERECA: You're the expert on the mosh pit, so--

HARDIN: That's correct. They're, they're nearly finished now. I think we can probably proceed when you're ready.

GUERECA: All righty. Good afternoon, Chairman Hardin and members of the HHS Committee. My name is Dunixi Guereca, D-u-n-i-x-i G-u-e-r-e-c-a, and I represent District 7, which includes the communities of downtown and south Omaha. In recent years, Nebraska DHHS has become more reticent to release aggregated vital statistics data relevant to maternal and child health because a lack of specificity in the existing statute, the absence of clarity around an application process for who a researcher is, as well as the allowance of data to be shared for the purpose of quality improvement, such as the work of the Nebraska Prenatal Quality Improvement Collaborative, presents significant barriers to accessing data for the state. Of note, all the data collected does have to be sent to the CDC, which creates an approximately three-year lag for Nebraska-based researchers to have access to this information. LB446 makes three concrete changes to 71-602: Allows a statewide quality improvement collaborative to have access to de-identified aggregate data. In Nebraska, there is only one such organization, and it's the Nebraska Prenatal Quality Improvement Collaborative, or Q-- NPQIC. It requires the creation of an application process for individuals and entities wishing to be designated as researchers, something the state says they already have, they're already doing; this just clarifies the requirement in statute and it places the already existing data dashboard in statute and calls for it to be updated at least once a year. In 2024, Senator Jen Day sponsored an interim study regarding the access to maternal and child health data, LR433, and the HHS Committee of the Legislature held a hearing on September 25, 2024. Testifiers included Charity Menefee from DHHS, Dr. Ann Anderson Berry representing QP-- NPQIC, and NMA, Dr. Chad Abresch, from City MCH, Dr. Bob Rauer, from Align Nebraska

and First Five Nebraska. LB446 is a product of that interim study conversation. And three-- and the three key pieces were each mentioned as critical components to ensuring access to maternal and child health data in the state. Timely data is critical to ensuring the health and safety of mothers and infants in Nebraska, as it guides policy and practice interventions that support this, this vulnerable population. The current challenges to accessing data for researcher and quality improvement collaboratives may lead to delays in directing innovation that protects mothers and babies. The proposed statutory changes are already-- are largely already in place, such as the data dashboard and the application process. The, the bill would merely codify the existing work to ensure its continuity in the future. There are several testifiers behind me who will speak further on the importance of the data, and why this access is so critical. With that, I would be happy to answer any questions you may have, but again, I got some experts behind me. So.

HARDIN: Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator Guereca, for bringing the bill. So you mentioned specifically there's one of these dashboards that is current existence for, specifically as it relates to maternal health. Would this bill allow for the potential for more of these dashboards or is this bill specifically about that one dashboard?

GUERECA: This is about, I believe, about the one dashboard--

FREDRICKSON: OK.

GUERECA: --that, that it talks about.

FREDRICKSON: OK.

GUERECA: Yeah.

FREDRICKSON: It's-- I, I ask, just because it seems like, it seems like it's useful information to be disseminated, and--

GUERECA: Absolutely.

FREDRICKSON: --in the future, should we have more--

GUERECA: Yeah.

FREDRICKSON: --areas of data which might be helpful. So, thank you.

HARDIN: Other questions? Senator Hansen.

HANSEN: Thank you, Chair Hardin. DHHS came to us already this year requesting-- well, with a bill not obviously on their behalf, but on behalf of the committee, to not do so many reports because it requires time and effort and employees. And, and they're starting to find out that they're starting to do-- over the course of time, they're requesting more and more of the reports for them to do. If you're saying that this is already like, published data, or you know, people have access to it, why do we need to codify it in statute?

GUERECA: It's, it's about how the-- it's about who has access to the data, right? So that-- I think it's just sort of streamlining things. And again, the res-- the folks behind me could talk about the challenges that they're having and why this bill goes to, to solve that problem. And they can talk more specific issue in how this solves that.

HANSEN: OK. I had to ask.

HARDIN: Other questions? Will you be with us?

GUERECA: I will.

HARDIN: Great.

GUERECA: All righty. Thanks.

HARDIN: Proponents, LB446. Who all will be testifying on LB446? Feel free to migrate this-a-way, if you don't mind. Welcome.

CHAD ABRESCH: Thank you. Good afternoon, Chairman Hardin and members of the committee. My name is Chad Abresch. That's C-h-a-d A-b-r-e-s-c-h, and I serve as the White's family chair of health promotion at the University of Nebraska Medical Center. Today, however, I am testifying as an individual. My position does not represent the University of Nebraska System or UNMC. In public health, data are like guardrails on a dangerous stretch of road. They don't dictate the exact route, but they provide safety and confidence, keeping us from veering off course. Without data, frankly, we are just guessing. With data, we're making smart, evidence-based decisions. LB446 ensures that Nebraska has those guardrails firmly in place by codifying access to vital statistics and requiring regular updates to data dashboards. It may sound technical, but it's a critical step in improving public health outcomes for Nebraska mothers, babies, and families. This bill essentially does three things. (1) It guarantees

that data dashboards will be updated annually, ensuring that policymakers and public health professionals have reliable, up-to-date information to guide their decisions. That's really information that will be available to everyone on the dashboards. (2) It creates a clear and consistent process for researchers to access vital statistics, cutting through unnecessary delays and putting Nebraskans on the map as leaders in data-driven health improvements. We don't currently have access to that data. (3) It allows statewide quality improvement initiatives to access aggregate data, helping organizations identify what's working, where there are gaps, and how to improve care. When I think about Nebraska's future, I picture a state where we don't have to wait for crises to develop before we act. Instead, we use data to steer towards solutions, or just as importantly and I want to emphasize this, to know when we do not need to act. These dashboards won't just sound the alarm for new challenges. They'll help us to see when things are steady or improving, giving us confidence to simply stay the course rather than make changes. Ultimately, this bill builds trust in transparency. Codifying the dashboard ensures that we're not relying on anecdotal or ideology to make decisions. It creates a shared factual foundation year after year, administration after administration. Sometimes the data will show us where we need to improve, and other times, it will confirm that the status quo is working. Either way, it keeps us honest and it keeps us grounded. I urge this committee to advance LB446 to General File. And I thank Senator Guereca for building this important legislation-- or bringing this important legislation forward. Happy to answer any questions.

HARDIN: Thank you. Questions? Senator Hansen.

HANSEN: Thank you. You say you don't have access to this data currently?

CHAD ABRESCH: That, that's correct.

HANSEN: Why not?

CHAD ABRESCH: This would actually create the process for us as, as researchers, say at UNMC, I focus on maternal and child health. And when I need access to Nebraska's data, I go to the CDC to get it, not to the state. And the CDC, of course, is delayed. The state could give me more accurate, more recent information, but we don't have access to that here in Nebraska, so we have to go to the federal government to request data about our own state.

HANSEN: Is it because that's just the law-- like, not law, but that's just the process or is that because the state says we don't want to give you that information?

CHAD ABRESCH: I think, I think there's two things there. Number one, we don't have it codified in statute, where there is a process for us to request that data. But there-- I, I, I can tell you that I work with states and cities across the country. And there are times where we will go to their state, even though they don't have it codified in statute, make a data request, and, and their HHS is willing to share that data. We don't necessarily have that same situation in Nebraska.

HANSEN: This other-- specifically saying we're not going to give you the data, I, I think it's weird why they wouldn't. I'm sure they'll answer afterwards. But if you're trying to improve health outcomes through research through the university, unless I'm missing something, which they may-- you know, maybe there's some privacy information that-- or-- that I'm missing. Or maybe for some reason-- I'm sure they'll say otherwise, but I'm just kind of curious to get your perspective first, before they come up.

CHAD ABRESCH: Yeah. And, and I would encourage, too, if there, if there is an argument made for privacy that, that we're not talking about protected individual healthcare data here. We're talking about vital statistics, so aggregate data that researchers really should have access to, to be able to talk about exactly what, what you're saying there, Senator, to make improvements around public health data.

HANSEN: OK. Thank you.

HARDIN: Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here and for your testimony. Kind of to piggyback a little bit on Senator Hansen's earlier question. So what-- one of the things that the Department has been-- has expressed to us has been their concern about some of the reports that their-- that the Legislature has required from them and, and the-- sort of the need for those. My, my question for you is the data that we're talking about here. This is data that would not be a separate new report. Am I understanding that correctly? This is stuff that the department's already collecting and sending to the CDC? Is that accurate?

CHAD ABRESCH: That is-- that's correct. When I, when I heard that, I was actually excited about that because the, the data dashboard is something that the department is all-- already doing.

FREDRICKSON: OK.

CHAD ABRESCH: They, they just actually, I believe, did it for the first time right around the same time we had the interim hearing. So, so this would ask them to update that data dashboard annually, so there, there is a request there. But independent of that, it creates an opportunity for researchers like me to request data and produce reports. So it might actually lighten their load.

FREDRICKSON: Right.

CHAD ABRESCH: We could do the reports.

FREDRICKSON: OK. And I know I have, I have one more question. I know we spoke a little bit about the spec-- you, you mentioned that you, you specialize in maternal health, and that's the data that we're specifically talking about with this dashboard. I've, I've been to a couple of conferences over the last year or so. And one of the things that they talked about was just in general, you know, kind of public health data, de-identified, of course, being available through dashboards, although that's related to opioid overdose, you know, thing, things along this that can be really helpful for public health goals of the state. What other possibilities do you see with this type of public dashboard, if any?

CHAD ABRESCH: Yeah. So absolutely. I think that, you know, it's important to make a distinction between the dashboard and the process for researchers to request data. The, the dashboard is going to be something that's on a website. It's publicly available to everyone. The department can and should make some of the decisions about what it's putting up on that dashboard. In addition to that, researchers may have more specific questions. One of the areas where I really focus is on vertical disease transmission, so disease transmission from mother to baby. We know in, in this country, for example, we've had close to a thousand-fold increase in syphilis in, in the last, well, 15-20 years. But we really have a crisis with the vertical transmission of syphilis, called congenital syphilis. So I might be inclined to, to request some data around that, to be able to say, how are we in Nebraska doing? We know on a national scale there's a crisis, but do we need to worry in Nebraska? Do we need to do anything to protect Nebraskans?

FREDRICKSON: OK. Well, we actually have a bill on syphilis screenings for-- so I'm sure you're aware of that. So, thank you.

HARDIN: Senator Ballard.

BALLARD: Oh, thank you, Chair. Thank you for being here. It's good to see you. I have a question I probably should have asked to the introducer, but in the language of the bill, it says statewide quality improvement initiatives. What does that mean?

CHAD ABRESCH: Yeah. Great question. Dr. Anderson Berry is also going to testify after me. And as you know, she leads NPQIC, Nebraska Perinatal Improvement Quality Collaborative. And she could-- I got the title even wrong, so she could correct me on that. But, but the way that I would interpret that is, is, is first and foremost, it would indeed be NPQIC. But others who are, are working around the state to make improvements in, in quality care would-- could submit a request to HHS for particular data. Now, I think that that request would, would need to clearly lay out who they are, how in fact they are a quality improvement collaborative, what they intend to do with the data, how they'll protect that data, and some, some other specifics around their use of the data.

BALLARD: OK. So that language is needed because it would be the organization that would request the, the data.

CHAD ABRESCH: Say that one more time.

BALLARD: So the, the language is needed in, in the bill because the-- then the organization would have to request the data. It's not publicly available.

CHAD ABRESCH: Correct. Correct.

BALLARD: OK.

CHAD ABRESCH: Yes.

BALLARD: OK. Thank you.

HARDIN: Senator Meyer.

MEYER: Just very briefly-- thank you, Chairman Hardin. And you may have addressed this and I may have missed this. And, and I think it's, it's been very thoroughly examined here. What's the basis for them denying you the data? Is there you're not entitled? You're not

authorized? Is there a particular order or a, a, a particular authorization that you would require to access this data? Because it seems like it's readily available to the CDC, and other states provide that for you relatively freely. Is there something that's causing the department not to give you that data?

CHAD ABRESCH: I, I don't have firsthand information to be able to answer your, your question accurately. But I, I would be able to tell you that different states-- and, and again, the organization, the work that I do is with urban communities all across the country. We work with 107-- 170 different cities. And, and states all over the country have different perspectives on how open they are with the data. Some, some states really think it's important to be transparent with the data. They'll say, you know, unless we are really looking at the data, kind of like I was saying, we can't have an accurate understanding of, of where we're at or how to make improvements. Others have a different perspective and feel that the data is protected information and we really shouldn't be sharing it. We shouldn't be sharing it. We have a federal requirement to share it with CDC so we honor that, but we're not going to release it elsewhere. I can't speak for the, for the department here. That's just anecdotal information I've faced with other states.

MEYER: But other states handle it similarly that they-- they're not forthcoming with the information.

CHAD ABRESCH: There are some, yes, and, and, and others who are willing. They-- others that have a, a defined process, others that don't necessarily have it codified in statute but will, will allow you to make a request and they'll consider it. I think, I think it would be fair to say that it would be unusual for me, as a researcher at the University of Nebraska Medical Center, to make a data request of a different state and they'll-- they would be like, sure, you could have the data. But oftentimes, I'm working with their public health department. So together with their local public health department, you know, the equivalent of, say, Douglas County Health Department, we make that data request and the state is willing to share it.

MEYER: Thank you.

HARDIN: You're saying that this is aggregated data. Is that correct?

CHAD ABRESCH: That's correct.

HARDIN: So there's no PHI.

CHAD ABRESCH: There, there is not PHI.

HARDIN: And so granted, any of us that attends a HIPAA conference at any time, we all leave terrified that something may be shared, realizing that there might be humanity on planet Earth or something like that and we don't want to admit it. I'm just curious, since there's no PHI involved here, how can we even invoke anything regarding anything that even approximates that?

CHAD ABRESCH: Yeah, absolutely. I, I think that probably the-- one of the foremost concerns would be small numbers. So for example, when I, when I go to the CDC website to get information, you, you have to click on a button that you say, I'll use this information ethically.

HARDIN: Which usually runs 2 or 3 years behind--

CHAD ABRESCH: Correct.

HARDIN: --anyway.

CHAD ABRESCH: Yeah. 2022 is the most recent data year that they have there. But, but there are-- there will be rows, if I'm say, looking at a small county or small area, there may only be a handful of deaths. And so, you know, theoretically, those--

HARDIN: You could figure it out.

CHAD ABRESCH: --could be identifiable. If there were only 7 fatal-- 7 losses of infants in this particular area, they could be identifiable. So it, it does require the, the researcher to have ethics and to say, you know, I'm not going to report data. What CDC asks is that you not report data with a cell under 10, so a number under 10, you're not going to publicly report. That'd be a smart thing for us to do-- for HHS to do as well.

HARDIN: OK. And is that something that-- forgive me. Is that in the bill?

CHAD ABRESCH: That is not specifically in, in the bill on my, on my reading. I don't believe so. I think that that would be some of the rulemaking that HHS would have to do when they create this process--

HARDIN: OK.

CHAD ABRESCH: --for researchers like me to request data from them.

HARDIN: OK. Would that be more helpful for that to be at the law level versus the regulatory level?

CHAD ABRESCH: I, I, I might defer to the department's expertise on that, see, see what they feel like, but I, I think it would be reasonable to have it in the statute.

HARDIN: OK. Other questions? Thanks for being here.

CHAD ABRESCH: Yep. Thank you.

HARDIN: Proponents, LB446. Welcome.

ANN ANDERSON BERRY: Hello. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. I am Dr. Ann Anderson Berry, A-n-n A-n-d-e-r-s-o-n B-e-r-r-y. For the record, I am a UNMC faculty member and the medical director for the Nebraska Perinatal Quality Improvement Collaborative, or NPQIC. However, today I am not speaking as a representative of the university. I am here today to testify on behalf of NPQIC and in my role as a private citizen on issues pertinent to LB446, a bill to change provisions relating to the releasing of health data and statistical research information. As a medical director of NPQIC, the only statewide perinatal quality improvement organization state-funded, I ensure a close collaboration with all of Nebraska's delivery hospitals, support perinatal clinicians, and serve Nebraska communities. A major part of our work is the implementation of quality improvement initiatives designed to prevent perinatal health issues and reduce maternal and infant morbidity and mortality. The development of interventions that work in specific settings, urban versus rural, critical access versus large city is a key part of this work, and is driven by accurate and timely access to data. Timely access to data from the state of Nebraska, specifically maternal child health data, will allow us to better perform our prescribed work, decreasing maternal and infant morbidity and mortality. We have a close working relationship with DHHS Maternal and Child Health Division, and we are very pleased with the Nebraska Vital Statistics Dashboard that was released last September. It allows access to 2023 data back to 2005 and gives us data at the state, not the county, but the state and the health district levels. This dashboard is very helpful, but it doesn't include specific data points that drive perinatal quality improvement initiatives. These initiatives get at the very details of care, and the state is often the only source of the information necessary to understand a community's need for specific interventions and assessed outcomes after an initiative. Information on pregnancy and neonatal

complications and outcomes at the county and delivery center level allow us to help mothers and infants. Without timely and granular information about the rates of undesired outcomes in our state, NPQIC is unable to accurately plan our next steps or assess what we have done to date. Conditions such as pregnancy-induced hypertension, increased risk for maternal hemorrhage can be managed safely if appropriate protocols are put into place, allowing teams to recognize risk and intervene appropriately. Intervention looks different for different hospitals. For critical access hospitals, it could be transfer to the closest center, or it could be transfer to the highest acuity center. Without data, we can't help build these protocols and meet the needs of mothers and infants. We don't want a bleeding mom that needs 10 units of blood to end up in a facility that only has 2 units of blood available. Access to specific and timely and accurately data-- accurate data at a state level will allow healthcare quality improvement professionals like me and my colleagues to translate the important work and goals set by DHHS into actionable care in delivery hospitals of all sizes across Nebraska. This bill provides a clear process for safe relief-- release of DHHS data. I realize I'm out of time. My testimony is a little long.

HARDIN: Keep going.

ANN ANDERSON BERRY: OK. Thank you. These are data releases that statute technically allows. You can ask for them, but they can't be easily completed without this bill's clearly outlined process. Allowing for release of de-identified data from the state to NPQIC lets us share that with the delivery facilities. If we see worsening trends, then we can address that, providing just-in-time support that's critical to the health outcomes of Nebraska moms and infants. In order to best serve the state, we need to know this information. You each come from different districts. You know your district. You know what's going on. All that NPQIC is asking is that we can serve those districts by getting that specific information so that we can make the right recommendations for the people who live where you serve. I would be happy to answer multitudes of questions that were asked before. I have additional information on that, and I'm going to pause here. Thank you, Senator Guereca. This was very kind of him to introduce this bill. And I'd be--

HARDIN: Share some things that are top of mind.

ANN ANDERSON BERRY: Yes. I've made some notes. So first of all, I don't believe this bill will be mandating extra reports from DHHS. The, the dashboard is great. I was working with it this morning on

some projects that we're doing. It's broken. Not all of the active buttons are pulling reports. And so what we would like is for what's been put forth to work. I was looking for smoking information for pregnancy at the health district level, and I couldn't get any data from 2005 all the way through 2023. So that should be pulling up. It's not. That's really important. If I had county level data, I think that would be even more important, so I could get in and understand. Smoking in pregnancy drives prematurity. It drives poor pregnancy outcomes, so things like that are very important. Other things is-- if I do an initiative, if I spend a whole bunch of the state's money that they've given me to decrease prematurity and do a big smoking initiative like I'm planning, then I'm going to start that initiative on X date. We're going to do the work for Y period of time. And then, I want to see the data from that pre-intervention, intervention period, and post-intervention period to see if we've done a good job.

HARDIN: Is there a--

ANN ANDERSON BERRY: And that's--

HARDIN: It-- can I--

ANN ANDERSON BERRY: Uh-huh.

HARDIN: --interrupt you right there and just say, is-- because you have kind of a unique role in Nebraska. Do you get an opportunity to give them a heads up and say, hey, I'm going to be coming in with these kinds of requests on around these dates. Do you, do you have the ability to--

ANN ANDERSON BERRY: I submit a work plan.

HARDIN: --communicate that to them and say, do you think you could help work in this direction?

ANN ANDERSON BERRY: We're like this. I submit a work plan--

HARDIN: OK.

ANN ANDERSON BERRY: --for the upcoming year. They know exactly what we're thinking about. They help guide what we're doing. We, we work together. When I have asked for data in the past to help drive our work, DHHS has said, sure, let me get the report ready. A month will go by, 2 months will go by. We'll reach out every so often and they'll say, you know, we aren't able to release the data. So it hasn't, in our experience, been that DHHS doesn't have time to pull our reports.

It's a little bit of code. We don't ask for extensive things. We're asking for pretty basic things that drive care. And somewhere along the way, somebody-- I have a thought that maybe it's legal representation-- has said we don't have a process, so you can't release that data. So what I'm asking for is just a process, right? The state's paying me to do this work. The state needs this work. Our maternal child health outcomes are not great. We're trying, like, crazy to improve them, and we need data to drive the work.

HARDIN: So more often than not, you're saying it's legal that--

ANN ANDERSON BERRY: It's legal.

HARDIN: --comes up and says we can't, we can't or we won't because we're afraid. Because we recently went to the HIPAA conference.

ANN ANDERSON BERRY: That's my impression. I don't-- nobody's ever said HIPAA, because again, these are vital statistics. They're de-aggregated. I can get them from the CDC 3 years late. That's not going to be helpful to me.

HARDIN: Right.

ANN ANDERSON BERRY: But it is my impression that it's not coming from the people we're working with in maternal child health at DHHS.

HARDIN: OK.

ANN ANDERSON BERRY: There's some step in between where they're not granted approval to release those reports.

HARDIN: Other questions? Senator Hansen.

HANSEN: Thank you, Chair Hardin. The information they do provide for you from Nebraska Vital Statistics, they're pretty trustworthy, though, the, the information they do give you, though?

ANN ANDERSON BERRY: Oh, they give me--

HANSEN: No problems with that?

ANN ANDERSON BERRY: They do great work. They get-- they give me great stuff.

HANSEN: OK.

ANN ANDERSON BERRY: I think we have potentially some inaccuracies in our birth certificates. Vital statistics. We can talk about that another time. It's a high turnover job and it's a very detailed birth certificate, so sometimes I worry about that. But that's not DHHS. That's a, a bigger issue. But DHHS is great. I don't have any beef with them. I just would love them to be able to do what they want to do and work with me. I'm speaking for them. Maybe they don't want to work with me, but that's my impression is that they want to work with me. The other thing is this would be useful for cancer, right? This would be useful for so many diseases, lung disease. There's a lot of things that, in Nebraska, researchers could help our citizens better if we had data. I know you've met Doctor Joanne Sweasy. Runs the cancer center. I think there's so many things that we can do for our citizens if we have timely data, accurate data, data that's population specific. That's all we want to do. Yeah. Oh, and the less than 10, it's always suppressed in any data that I've gotten. So I think that's a good question for DHHS, whether that needs to be in the statute. But that's a pretty standard suppression rate, if a row has less than 10, we don't expect to see it. We don't want to see it.

HARDIN: Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Doctor, for being here and for your testimony. We heard from the previous testifier a little bit about the potential benefits of this from a research perspective. Can you maybe share with the commit-- committee an example of how this could be helpful from, from a clinical perspective, for a clinician?

ANN ANDERSON BERRY: Absolutely. So I mentioned smoking and smoking intervention. That would be one that-- we have a big smoking problem with pregnant women smoking during pregnancy. We know that leads to out-- poor outcomes. I've done work in opioid prescriptions in pregnant women. We've really tried to decrease those, particularly in rural areas. Rural pregnant women are being prescribed opioids at very high rates. We'd love to get a little bit more granular into that and work to protect those moms and babies. We would love to have county and delivery specific data so that we can provide information based on payer. We need to hold all payers responsible for quality outcomes. And sometimes, in maternal child health work, we see that outcomes are not as good because access is not as good for women who do not have private funding, and we certainly worry about women who have no insurance as well. So there's a, a variety of items-- early entry into prenatal care. You know, it's a long list. We have-- never any work to do.

FREDRICKSON: Thank you.

HARDIN: Senator Meyer.

MEYER: Thank you, Chair Hardin. And just very briefly, what I'm hearing you say is rather than-- you, you mentioned the site being down and not able to pull anything up. Do you-- is it more a matter of the site is not available or they are just not going to provide you the data? Is it a technical thing or is it just a, a, a, a conscious effort by the Department of Health and Human Services not to provide you with data?

ANN ANDERSON BERRY: Oh, my thought is that they intend to provide the data. I've never done that specific data request because we're just getting started on this. It appeared to be a glitch that the data wasn't pulling in. The data I can get would be OK to start the project. The data that I could get off the dashboard wouldn't be great for the arc of the program like I said, because we'd have an intervention period and then we would need to pull more time-specific data, but that would just mean changing a date line on the formula that they're already doing. It wouldn't be a, a big lift for them necessarily.

MEYER: So it seems more technical than anything. OK.

ANN ANDERSON BERRY: It seems more technical. We don't come with any bad will against DHHS with this bill. So we're hopeful to be great partners. Our funding is from the state through them. We work collaboratively with them. We're aligned in our goals. This is really just about their ability to release the data to us in a timely manner, being in statute.

MEYER: Well, thank you. That was very helpful. Thank you.

HARDIN: Other questions? Thanks for being here.

ANN ANDERSON BERRY: Thanks for your time today.

HARDIN: Proponents, LB446. Welcome.

BOB RAUNER: Thank you. Members of the committee, thank you for this opportunity. My name is Bob, B-o-b, Rouner, Rauner, R-a-u-n-e-r. I'm the president of Partnership for Healthy Nebraska. I'm going to testify on some of the questions you talked about, because we actually do have the data we're talking about. We just get it 2-3 years later from the National Center for Health Statistics. So why is it so

important and like, one thing I point out to people in Nebraska, unfortunately, our infant mortality rate has been going up, and we're now in the bottom half of states across the United States. And to me, that really pains me. I hate to say this, but one of the states that's doing a good job on this is actually New Jersey. And what I have on, on, on-- I have some slides there that I-- not supposed to use handouts, but they're there. You can see Nebraska has tried and you can see what New Jersey is doing well. New Jersey's had a very long-term, decade-long decrease in their infant mortality rate. It's one of the best in the country, which really pains me because I have relatives in New Jersey. I like to give them a hard time about Nebraska being so much better, except for this one area. But they do a good job, and one of the reasons they do is they have [INAUDIBLE] increment coalitions. One of them is the Central Jersey Health Coalition. I've actually given you a screenshot of their dashboard where they have this data on their dashboard, doing exactly the things we talk about. And I've talked to those folks, and I'm going to go out and visit them in a couple weeks when I'm out in New Jersey. So what we want to do is to create a process like this where we can do this, so, so that all the data we have, we're talking about, we literally have it in my server at my office right now. The problem is it comes 2-3 years later, so it's old. When I'm launching a project, I want to know in a, in a-- in 6 months or a year whether it's working. I don't want to wait for 3 years, because if I'm doing the wrong wave-- thing for 3 years, I'm wasting time and money and I'm not making things better. So one of the key things is the timeliness of the application. The key things that the legislation fixed is it clarifies in statute-- my understanding-- and it used to be that UNMC did have access to the data, but there was a-- my understanding was that the new legal had a more conservative interpretation that they, they-- you couldn't do it for quality improvement, it was only research. When I tried to get the data, that was exactly what I was told, that what we were doing was quality improvement, not research. Therefore, we couldn't get it. And even if we did, though, they didn't have an application process at that time. The National Center for Health-- Center for Health Statis-- does have an application. I've actually included our last application, so in the back of that is our application to the National Center for Health Statistics. And basically, it walks through what kind of an organization are you? Do you have the expertise to do this? How are you going to safeguard, guard that data for confidentiality purposes? And that's what the application is for. And I would prefer that be in the application as opposed to statute because it gets too rigid. I did probably have one example that I want to really try to get to is what can't you get from a state dashboard. And it's slides five and six,

where I've got every county in Nebraska where there's enough sample size for me to, to show it without violating confidentiality. What I've done is, is shown you adequacy of prenatal care based on where you live. In Nebraska, there's huge variation, especially on-- from some Medicaid people, but not everywhere. So for example, by looking at that, I can show you that in Scottsbluff, Nebraska, there is no disparity. The, the adequacy of prenatal care for Medicaid is just as good as private. So now what I can do, I can go talk to them. And I have. I've talked to Community Action Partnership of Western Nebraska. What are you doing that others could do? That's how you rapidly learn. On the flip side, there's areas in Nebraska not doing so well. So northeast Nebraska-- one of the representatives on NPQIC is Matt Felber up in Pender, and Matt's a friend of mine from residency. So I call Matt up and say, hey, Matt, this is what I'm seeing. What are you seeing? How can you talk me through this? And so having that degree of, of access to the data is essential, and it would really help us improve this and, and catch up to and beat New Jersey. So, I'll stop because I'm out of time.

HARDIN: Questions? Thank you. This is very fascinating information. Much appreciated. LB446 proponents.

SARA HOWARD: OK.

HARDIN: Senator, how are you?

SARA HOWARD: I'm hanging in there. Thank you for asking. Almost. This is my last visit with you before this baby gets here. So. OK. Barb, hit it. OK. All right. Chairman Hardin 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 advisor at First Five Nebraska. First Five Nebraska is a statewide public policy organization focused on promoting quality early care and learning opportunities for Nebraska's youngest children. I'm focused on the area of maternal and infant health policy, and I'm here to testify in support of LB446. So that was very quick, as per protocol. Yes? So as policymakers, I always viewed my role as two-- twofold when it came to data. One, making sure that data was being collected and is available, and the other one is using data appropriately to direct policy. And so you can see, this year in particular, we've already cited LB41. But there's no way that as a policymaker, you would have known that our rate of congenital syphilis was going up by such an alarming amount, but for the data was telling us that we needed to look in that direction. First Five has been working on improving access to maternal and child health data for several years now. We

worked on the Maternal Mortality Review Committee, so restructuring the Maternal Mortality Review Committee. We partnered with the Catholic Conference to make sure that stillbirth and fetal death outcomes were able to be collected and analyzed. And then, we also worked on severe maternal morbidity, so allowing the state to collect incidence of near-miss death events for mothers at labor and delivery. So we've been working on maternal and child health data for a while, and we kept on running into this barrier specifically around vital statistics, which is the statute that you're looking at today. This statute was created in 1989 when the federal government first started talking with states about sending all of this rich, vital statistics data up to the federal government so that it could be shared. So that's sort of that lag that you're hearing about, that three-year lag, as we collect it under this 1989 statute, but we send it off instead of keeping it sort of in-house and sharing it directly with, with folks in the state. We opened up the, the statute for researchers in 1993, and since then the statute has never been opened up, so it's probably about time. What I will say is it was really exciting over the summer when we had LR433, because it was on September 25, day after my birthday. And 2 days before, for my birthday, they put up this beautiful data dashboard. And I said, this dashboard is amazing. This is what we've always wanted for vital statistics. Perhaps we should consider codifying it so that it doesn't go away. Right? And so, that's exactly what you're being asked to do in terms of the dashboard. I will say people love the dashboard. I-- my colleagues threw me a baby shower on Monday, and it has the top-- they were betting on what the baby's name will be. Top 5 baby names are listed on the dashboard. If you guys are gambling folks, I will tell you. The other 2 pieces of this is the research or application process, which has never been codified, but should be. We don't have a requirement around the researcher application process, but we should. And then the last few pieces, obviously, the quality improvement collaborative, which, Senator Ballard, you rightfully pointed out, why don't we have a definition of what a quality improvement collaborative is? And I think it's because-- and I apologize-- sorry about that. I think it's because we've been funding our Perinatal Quality Improvement Collaborative since 2014. And so I think we just thought, oh, everybody knows what this is. We've been paying for it for 11 years. And so, we'll just pop it into the vital records statute to make sure that they have access to the data appropriately. So I think that's what you're being asked to consider here. There is also no fiscal note. And I'll stop there, because I'm on the red.

HARDIN: So if we have legal--

SARA HOWARD: Always.

HARDIN: --pushing back on this--

SARA HOWARD: Yes.

HARDIN: --and they've been pushing back on this for a long time, how do those of us sitting here who did stay in a Holiday Inn Express last night, essentially come to a place where we say, OK, this has been coming to us for a long time. We've needed data for a long time, but legal is saying we have challenges with this. How do we wrestle with that?

SARA HOWARD: This is a good question. One of the reasons why legal is saying no is on the Perinatal Quality Improvement Collaborative, because they're not listed in statute, so this bill fixes that issue.

HARDIN: Might legal say this bill goes too far?

SARA HOWARD: At this point, from my understanding on the DHHS side, I don't believe so. And you'll note that the, that the letter from DHHS in the neutral capacity was really about let's make sure you tell us what a quality improvement collaborative is. And so I think if the committee were to consider any amendment, it would be a definitional on what a quality improvement collaborative is.

HARDIN: Part of the reason I bring it up is-- sorry, I cheated and went to the last chapter of the book.

SARA HOWARD: Cheat-- cheated on--

HARDIN: And so their online testimony essentially expressed that sentiment.

SARA HOWARD: Yeah.

HARDIN: And so that's kind of why I'm bringing it up. I'm only picking on you because you used to sit in this chair, so-- yes.

SARA HOWARD: Yes. Pick, pick on-- pick away. I, I respect it. I will also say other folks that are listed in 71-602 are, are public health departments. This is the statute that they're able to get their data with as well. And they're not defined, but we've just had a long-term understanding as to who they are and what they do.

HARDIN: OK. Other questions? Thanks for being here.

SARA HOWARD: I appreciate your time.

HARDIN: We wish you well.

SARA HOWARD: Thank you. I won't bother you again this season. I appreciate it.

HARDIN: Proponents, LB446. Opponents, LB446. Those in the neutral, LB446. Would you mind coming back?

GUERECA: Sure.

HARDIN: Welcome back.

GUERECA: Well, it was a great conversation. Again, the, the purpose of this bill is to make sure that we have healthy moms and healthy babies here in Nebraska, and that our brilliant and talented researchers in-state can help make policy recommendations and changes that gives us more healthy moms and babies. And with that, I'll take any questions.

HARDIN: Questions? Very thorough, so thank you.

GUERECA: Perfect. Thank you, everyone.

HARDIN: Thanks so much. We had online-- there it is-- three proponents, one opponent, one in the neutral. And this concludes LB446 hearing. Now we're up to LB463. And Senator Ballard, we'll wait until the room finishes its shuffle. Welcome, Senator Ballard.

BALLARD: Good afternoon, Chairman Har-- Hardin and fellow members of the best committee in the Legislature, the HHS committee. My name is Beau Ballard. For the record, that is B-e-a-u B-a-l-l-a-r-d, and I represent District 21 in northwest Lincoln, northern Lancaster County. I'm here today to introduce LB463, if passed, would do 3 main things. First, it would, it would mandate that schools-- state school security directors develop a standardized cardiac, cardiac emergency response plan for schools to adopt. Second, the bill would establish grants to oversee the Department of Education for school districts to cover the costs associated with the development and implementation of the plan, which would draw upon the Medical Managed Care Excess Profit Fund to pay for these grants to $1.5 million. My, my intent with this bill is simple. It is to ensure that schools are prepared to save lives. According to the American Heart Association, cardiac arrest is a leading cause of death, with more than 350 cardiac arrests occurring outside the hospital each year in our country. This medical condition

is real, looming threats that can strike anyone at any time, including students sitting in class or teachers walking down the hallway. And since our schools are the hubs of our community, revolve around parents, grandparents, and other members of the community that may suffer cardiac arrest while gathering at school football games or a school play. Each year, 23,000 children under the age of 18 experience cardiac arrest outside, outside of hospital, with about 40% of those events being sports-related. LB463 represents our best effort as a Legislature to prepare our schools to save lives of our citizens. This bill stipulates that state school security directors can-- would develop a standardized cardiac emergency response plan that all school districts should adopt, should adopt, with part of that plan requiring schools to have AED at an easily accessible location onsite. As you know, everything costs money, which includes the development and implementation of plans in schools. Thus, the Department of Education will look to compensate districts using the Medicaid Managed Care Excess Profit Fund to cover the cost. This fund ought to be made available for LB463 because it measures the strength, the second, third links, and the CPR and AED uses, respectively, and the chain of survival for all citizens, which is precisely what Medicaid is supposed to aid in. In con-- in conclusion, the bill would implement meaningful steps towards the gap between cardiac arrest and the arrival of first responders, which unequivocally further, further the common good and local communities and state of Nebraska. I ask for your consider-- thank you for your consideration of LB463, and respectfully ask you to pass it on to General File. But with that, I'd be happy to take any questions.

HARDIN: Questions? Senator Riepe.

RIEPE: Thank you, Chairman. Do we have an understanding where we're at right now, in terms of which schools have these? You know, I briefly served on a school board, and we had a, you know, external defibrillator--

BALLARD: Yes.

RIEPE: --in the school.

BALLARD: Yes.

RIEPE: You see them in the airport. You see them virtually everywhere.

BALLARD: Yes.

RIEPE: Is it urban versus rural? I mean--

BALLARD: It's a little bit of urban versus rural, big versus small. A lot of schools have one, but not-- we're looking at mostly sporting athletic facilities, close to football fields, cross country venues, trying to make sure that they have access to def-- AD-- equipment, wherever they are.

RIEPE: Do you see a formal-- that they have to be formally trained, like I would assume in this case, it would be the coaches.

BALLARD: Yes, yes. And there are some NSA stipulations, as well, on some training requirements.

RIEPE: But I have seen non-practicing physicians get called out of the bleachers to, to come down to take care of it. And they're, you know, quite inadequate, in terms of what to do, it's been so long.

BALLARD: Yes.

RIEPE: But, they're better than nothing. But--

BALLARD: Yeah.

RIEPE: I was just curious that-- and then when you have this and you have to have somebody that's going to check on them on a regular basis--

BALLARD: Correct.

RIEPE: --because the batteries can go dead.

BALLARD: And that's another added expense that we heard about from school districts, as well.

RIEPE: These batteries are not inexpensive by any means, either.

BALLARD: These batteries or machines are not inexpensive. Correct.

RIEPE: OK.

HARDIN: Do we know how much they cost?

BALLARD: I will say they vary, but I would say they probably average about $2,500--

HARDIN: OK.

BALLARD: --per machine.

RIEPE: I have a-- I personally have one that I carry in my car, but I think it's about $80 to get the battery, when the battery has to be replaced. So I drive around looking for an opportunity.

HARDIN: I was going to say: problem solved.

BALLARD: We'll just have Senator Riepe drive around.

HARDIN: Other questions?

RIEPE: I have everything beside a red light [INAUDIBLE]-- a blue light on my top.

HARDIN: Will you, will you stick around?

BALLARD: I'll be here.

HARDIN: Great.

BALLARD: Thank you. Thanks, Chair.

HARDIN: Proponents, LB463. Welcome. Hello.

ERIN ZABAWA: Hello. My name is Erin Zabawa, E-r-i-n Z-a-b-a-w-a. Before I begin, I want to thank Senator Ballad for-- Ballard for introducing this bill. Today, I'm here to share the survivor story of my son, Memphis, who I actually brought with me today, back there. Really, really excited to be here. And I just want to share why I believe this bill is so important. 17 months ago, my son, a seventh grader at the time, was excited for his upcoming cross-country race. He'd been looking forward to it not just for the competition, but because, like any middle schooler, he was thrilled to leave school early with his teammates. The course was one he'd run before, a familiar two-mile path winding through a wooded area with only a few open spots for spectators. Like many cross-country races, there were stretches where no one could see the runners, just glimpses of them as they passed through clearings. At the start of the race, everything seemed normal. The runners lined up, the starting gun fired, and they took off. Memphis settled into his pace, running alongside his usual group of friends. But somewhere along the course, things changed. Around the 10 to 15 minute mark, those watching began to notice that Memphis' steps looked heavier and his pace was slower than usual. As a soccer player first and a runner second, he was used to pushing himself, but running had always been more about the camaraderie than competition for him. Slowing down wasn't completely out of the ordinary. It was noticeable, but not alarming. Then the group of

runners Memphis had been with earlier passed by again. This time Memphis wasn't with them. Concern grew quickly. Moments later, Memphis' coach took off in a sprint toward the course. That's when everything shifted from concern to fear. Something was wrong. Memphis had collapsed. He was on the ground, turning blue, and a bystander had already begun CPR. Memphis was in cardiac arrest. This woman, a teacher from another middle school, had been watching the race and noticed something about Memphis earlier. Though she didn't know him, something about his demeanor caught her attention. She had been about to leave, but chose to stay a little longer, just in case. And because she did, she was there the moment he collapsed. A former ER nurse and another teacher rushed to Memphis' side. One called 911, while the others took turns performing CPR. Memphis coach arrived. The athletic director sprinted over with the portable AED. Within 3 minutes, paramedics were on the scene. Memphis was intubated right there on the course and rushed to the hospital. He spent the next 18 hours in the PICU, the longest 18 hours imaginable. When something like this happens, it's impossible not to think about all the what ifs. What if Memphis had collapsed alone? What if the people who found him hadn't known what to do? But today Memphis is here. He's thriving. He's healthy. And if you met him now, you'd never know that just a year and a half ago, we almost lost him. And that's why I'm here today. Our story about Memphis is not just about survival. It's about preparation and about the importance of being ready before a crisis happens. Every school in Nebraska must have a cardiac emergency response plan in place, one that ensures people are trained, AEDs are accessible, and no one is left waiting for the help that never comes. Because a life is priceless. No amount of money, no amount of time is too much if it means one more child makes it home. Because of those heroes on that course, my son made it home. And because of that, I'll never stop advocating to make sure that the next child does, too. Please support LB463, as it will help save lives. Thank you.

HARDIN: Way to go, Memphis. Questions? Senator Riepe.

RIEPE: Thank you. Are you advocating for intubation tubes, as well?

ERIN ZABAWA: Not necessarily. No.

RIEPE: Because that's an art in and of itself to be able to insert an--

ERIN ZABAWA: Yes. It is. Yes. So more so the AED and the training that comes with that.

RIEPE: But at least maybe airways.

ERIN ZABAWA: Yes.

RIEPE: But that needs to maybe be in the whole kit kind of thing. OK. Thank you for being here. Thank you for sharing your story.

HARDIN: Other questions?

RIEPE: Go have your good-looking boys stand up back here or something.

HARDIN: Yeah. Memphis?

RIEPE: All right.

ERIN ZABAWA: That's my son, Cruz [PHONETIC], and that's Memphis.

HARDIN: OK. Thanks for being here, guys. Thanks so much.

ERIN ZABAWA: Thank you.

HARDIN: Proponents, LB463. Welcome.

FARA ADAMS: Hello. I'm Fara Adams, F-a-r-a A-d-a-m-s. And again, I want to thank Senator Ballard for introducing this legislation. My name is Fara Adams, and I'm here today as a mother, wife, and a firm believer in the importance of emergency preparedness in our school. I'm here in strong support of LB463, which would require Nebraska school districts to develop a cardiac emergency response plan and provide support in these efforts. This issue became deeply personal for me on January 13, 2024. It was the middle of the night, and of course, a Nebraska blizzard was raging on and I was sound asleep at home and I heard a loud crash. I shot out of bed, my heart was pounding, and I found my husband collapsed on the floor, unresponsive. Later, we would find out that he woke up, had tightness in his chest and a headache, and he had gotten out of bed. And then everything went dark. He had no memory of what happened, but I absolutely remember it. Fortunately, I knew CPR. I knew how to respond. I called 911. I performed chest compressions until the paramedics arrived. Later, we found out that despite being in excellent health, he had a pulmonary embolism. The physicians told me that had he been alone or had not received immediate emergency response, that the outcome would have been very different. He might not be here today. That is a very sobering thought. That moment changed everything for me. It made me think about our four kids who I send off to school every day, trusting that they're in a safe environment. But safety isn't just about fire

drills, locked doors, it's about having staff that are trained to act in medical emergencies because every second matters. The reality is that cardiac events can happen to anyone, anytime-- students, teachers, staff, regardless of age or health status. This is especially critical in rural communities where emergency response times are longer. The difference between life and death could be a trained staff member who knows CPR and how to use an AED. Our schools should be prepared and not just hoping that nothing ever happens at their school. Another point, our neighbors in Kansas have already passed similar legislation and while we might not play them anymore since we left the Big 12, we can still compete in other ways, especially when it comes to protecting our kids. My husband is a former Husker who also played in the NFL, which who--NFL is also supporting this bill. The former athlete who takes care of himself can experience a life-threatening emergency. It really can happen to anyone. This bill is not just about policy. It's about giving schools the tools that they need to save lives. I urge you to support this bill so that no family has to experience the helplessness of an emergency without someone trained to step in. So thank you for your time and for considering the safety of Nebraska students and staff. If you ever need someone to ride along with you, I am happy to be your wingman and do CPR.

RIEPE: I drive rather recklessly, so you might want to reconsider.

HARDIN: Just curious, are you familiar with which other states besides Kansas do this?

FARA ADAMS: No, I'm not.

HARDIN: OK. Just curious.

FARA ADAMS: Yeah.

HARDIN: All right. Questions? Thanks for being here.

FARA ADAMS: Yes. Of course.

HARDIN: LB463. Proponents. Welcome.

MATTHEW SORENSEN: Thank you. Good afternoon, Chair Hardin and the members of the HHS Committee. I'm Dr. Matthew Sorensen, M-a-t-t-h-e-w S-o-r-e-n-s-e-n. I am an assistant professor in pediatric cardiology and electrophysiology, and the medical director for Project ADAM at Children's Nebraska. And Children's Nebraska is the only full-service pediatric specialty health center in the state, with a mission to

improve the life of every child through, through exceptional care, advocacy, research, and education. My job enables a unique opportunity where clinical medicine and advocacy intersect. Today, I am testifying on behalf of Children's Nebraska in support of LB463. Let me start with a story for introduction. Adam Lemel was a 17-year-old varsity basketball player who died of a sudden cardiac arrest while playing basketball in 1999, in Wisconsin. Despite doing everything right, emergency crews were unable to resuscitate Adam, likely because there was no defibrillator available. You see, sudden cardiac arrest is an electrical problem with the heart, where CPR is just buying you time until you can electrically reset the heart by means of an external shock. Adam's family and doctors turned their mourning into Project ADAM, which stands for Automated Defibrillators in Adam's Memory. Since that time, 49 Children's Hospitals have united across 33 states and counting to raise awareness and increase preparedness to save the lives of these victims of sudden cardiac arrest. This is why we have a long-standing partnership with the American Heart Association surrounding resuscitation training as we seek to increase bystander CPR and AED utilization while professional help is on the way. As the Project ADAM medical director responsible for Nebraska, it is, it is my goal to make sure that every school in our state achieves Heart-Safe status by doing many of the same things that LB463 is calling for by having a detailed cardiac emergency response plan that includes the equipment, team members, training, and drills necessary to successfully resuscitate victims of cardiac arrest. In 3 years since I've had this role, we've helped 225 schools achieve that Heart-Safe designation, which protects more than 112,000 Nebraskan students, but we have much further to go. Some schools don't have the resources or feel completely unqualified to try, but this is our main point. AEDs are intended for lay responders who have had basic training, and it works. In just 3 years, we've seen 3 students saved in schools in Nebraska. For example, one teenage boy was at a regional choir competition occurring outside of school hours when he collapsed. Staff members from different schools rallied together and performed CPR while the school's AED was retrieved. He was shocked multiple times, transferred to Children's by paramedics, and this undoubtedly saved his life. And as luck would have it, he was surrounded by people who knew what to do. We are trying to take luck out of the equation. I can't stress the importance of this bill enough. We need legislation like this to set the bar high for every school in the state, with clear metrics and a pathway to get there. I present to you not just a theoretical problem that needs to be solved, but also a proven framework of the solution that affects real children in Nebraska. We need your help to get us there on the state level. Thank you, Senator

Ballard, for introducing this bill. And thank you to the committee for your time today. And I welcome any questions.

HARDIN: What does the training entail? How long does it take? If I'm a lay person and I want to do this, does this commit me to 3 nights a week out for the next 9 months? What does this commit me to?

MATTHEW SORENSEN: I wish. No. It's much more, it's much more inclusive, honestly. So the, the basic training is usually accomplished in about an hour worth of your time. And because what we say with Project Adam is you don't need a card, you don't need a designation, a certificate to, to prove-- to save somebody's life. But if you want to take it to that next level and achieve a certification, then there are benchmarks and metrics to go through, either through the Red Cross or through the American Heart Association, where it's a couple of hours course pre-work and then a test center to, to prove--

HARDIN: A test.

MATTHEW SORENSEN: Mm-hmm-- where we have mannequins and, and machines that practice the whole scenario, and then you can practice it, similar to a hospital staff member.

HARDIN: Are sports teams carrying these with them?

MATTHEW SORENSEN: We encourage that. I hope so. But one thing that I wanted to bring up to the committee is it's not just athletic events. The, the data show that the majority of cardiac arrests, even that occur in athletes, they occur at rest. Several of my patients have had arrests while playing cards at a choir competition or in their math class, because that can be dangerous. But--

HARDIN: Allow me to spice up this conversation even more.

MATTHEW SORENSEN: Sure.

HARDIN: What are we seeing in these rates in oh, I don't know, 2025 as compared to 2019?

MATTHEW SORENSEN: It's hard for me to say, other than when Damar Hamlin experienced his cardiac arrest in-- on the NFL--

HARDIN: Right.

MATTHEW SORENSEN: --that brought the limelight to this condition--

HARDIN: OK.

MATTHEW SORENSEN: --in a way that we haven't seen for 25 years in Project ADAM.

HARDIN: OK.

MATTHEW SORENSEN: It, it made public awareness much greater and allowed us to have this conversation more openly, where I felt like previously, you know, my, my mentors had spent 20 years being in the pulpit, trying to get people to listen and say, yes, this matters to kids, yes, this matters to our communities. And so we've-- it's something that's always been possible and happened to children. And as an electrophysiologist, that's kind of my niche. If you come in through the Children's Hospital, I'm one of 4 people that they will call when they have concerns for an arrhythmia.

HARDIN: Senator Fredrickson.

FREDRICKSON: Oh, look at that. You read my mind. Thank you, Chair Hardin. Thank you, Doctor, for, for being here. And thank you for your work and your advocacy. I know you do this not only locally but on a national level as well, so I appreciate all your work around in this field. This might be something that's kind of difficult to quantify, but I am curious. So in organizations, states, schools, businesses that do have plans like this in place, AEDs onsite, do you-- are you able to quantify like what type of success rate these programs have? Can you talk a little bit about that?

MATTHEW SORENSEN: So you're right. It is hard to quantify because there are so many disparate measures, it's hard to get the denominator right. There are several studies that show that schools that have an emergency response plan have a better survival rate than a lay community where there may or may not be an AED. That's hard to say, because usually those studies don't get authorized by the IRB, because you have a known life-saving intervention compared to nothing.

FREDRICKSON: Right.

MATTHEW SORENSEN: So what my work on the national scale is doing is I'm trying to standardize that. And each of our schools that, that are achieving Heart-Safe status, not just in Nebraska, but also throughout the country, we are tracking the AED usage, how often they're being checked and maintained for their battery checks, pads checks, if they're taken for a field trip, and certainly, the emergency uses, so that we can quantify that better. And I'm also leading the charge on a

national prospective database to study victims of sudden cardiac arrest so that we can identify preexisting medical conditions and ongoing follow-up, so that we can establish more standardized expectations of what procedures and treatments would be most helpful for them.

FREDRICKSON: My other question for you is, and so the, the bill, it looks like it, it designates $1.5 million for, for grants for this. From a fiscal impact, what do you see as the-- what's like, an AED cost? Right, like, how, how-- I'm trying to just quantify how much-- how far that can go.

MATTHEW SORENSEN: In my experience, you know, there's a wide range. It depends on which brand or what functionality it has. They seem to run about $1,500 to $3,000 new. You can get a refurbished one for a little bit cheaper. Some schools in particular don't like to take on the liability of a refurbished unit, because what if it doesn't work? Then Project ADAM and the NFL and the American Heart Association have worked together to-- with those 3 organizations, establish some discounts available for schools, because they're pur-- purchasing in bulk. And I, I support that.

FREDRICKSON: And what's the lifespan of an AED?

MATTHEW SORENSEN: Let's see here. I believe-- and that varies from manufacturer to manufacturer, it's usually 5 to 10 years. The pads themselves usually expire after 2 or 3 years.

FREDRICKSON: OK. OK. Thank you.

MATTHEW SORENSEN: Yeah.

HARDIN: Other questions? Senator Riepe.

RIEPE: I guess my question would be to you, and is it enough to go with a cardiac-only program, because you're going to have, you know, peanut allergies, where you need an EpiPen. You probably have-- if you're going to have an external defibrillator, you're going to need ambu bags and oxygen and--

MATTHEW SORENSEN: Sure.

RIEPE: --and, and seizures and other things. And-- but all of this needs to be very portable to move very quickly. My other-- and so I, I would afford you an opportunity to say it goes-- the issue goes beyond just a cardiac arrest.

MATTHEW SORENSEN: Certainly. Thank you for the question, actually. I, I'm impressed by schools here in Nebraska that are stepping up to do the right thing because they know that they should, even if they may not have all of the resources, knowledge, or requirements to do so. When we surveyed our 225 schools that have met our criteria to be heart safe, they, they said that one of the best things for them was once they committed, they were able to take their existing processes for the peanut allergies and the EpiPens and the asthma attacks, they were able to take those existing emergency response teams and give them additional training, and incorporate these drills into what they were already doing to, to take it to the next level. And if I may, I didn't answer your question. One statistic that I like a lot is that for every minute that passes without defibrillation, even if you're doing high-quality CPR, survival rates decreased by about 10%.

FREDRICKSON: By 10%?

MATTHEW SORENSEN: 10% per minute. And so you can do the math. We don't have that many 10 percents to lose. So that's why we believe firmly that the AEDs need to be accessible where people gather. I'm sorry, I cut you off.

RIEPE: Thank you. Chairman. Do you think we could have any luck if we had a fundraiser that said for grandparents who love their grandchildren, and be able to raise $1.5 million?

MATTHEW SORENSEN: I, I encourage all sorts of fundraising like that, whether it's philanthropic grants, bake sales, grandparents. I-- this is something I believe in strongly.

RIEPE: I think it would have a good appeal, anything that has to do with safety for kids and has to do with grandparents or parents.

MATTHEW SORENSEN: I agree.

RIEPE: There's a huge appeal there. A lot of checkbooks can go flying.

MATTHEW SORENSEN: Yeah. I'm, I'm all for it.

RIEPE: I'm all for avoiding the state paying for stuff, but yeah.

MATTHEW SORENSEN: I understand.

HARDIN: Other questions? Thanks for being here.

MATTHEW SORENSEN: You bet. Thank you.

HARDIN: Proponents, LB463. Welcome.

SAM WILKINS: Hello. Good afternoon, Chairman Hardin and members of the committee. My name is Sam Wilkins, S-a-m W-i-l-k-i-n-s, and I'm the vice president of the Nebraska State Athletic Trainers Association. And I'm here today representing the NSATA to testify in support of LB463. Athletic trainers are often on the front lines, especially in sporting events when issues like this happen. LB463 is an important piece of legislation that seeks to enhance the safety of students and athletes across Nebraska by requiring schools to develop cardiac emergency response plans. The bill outlines critical steps to ensure that schools are prepared to respond effectively in the event of sudden cardiac arrest, including the placement and maintenance of AEDs and training of designated personnel. While the overall incidence of sudden cardiac, sudden cardiac arrest is young in athletes-- or is low in young athletes, excuse me, each case is a tragedy and can devastate families, schools, and communities. Fortunately, survival rates drastically improve when an AED is available and used quickly. A recent study found that survival rates of exercise-related sudden cardiac arrest reach nearly 90% when an AED was used as part of the resuscitation effort, compared to just 48% overall. The NSATA supports LB463 because athletic trainers are educated and trained to-- in emergency preparedness. While not every school has an athletic trainer, every school can and should have an AED and a well-rehearsed emergency plan, particularly since these venues tend to be very accessible to the public. We appreciated the opportunity to discuss this bill with Senator Ballard in the interim period. We feel that LB463 made some necessary changes compared to LB1391 that was introduced in 2024, ultimately making it more realistic for schools to implement. We appreciate that LB463 includes funding provisions through the Medicaid Managed Care Excess Profit Fund to help schools with implementation costs, specifically to purchase additional AEDs, as these devices are not necessarily cheap. However, one concern we still have with the bill is the 3-minute accessibility component that's outlined in Section 6(e). As athletic trainers, we are keenly aware that applying an AED in less than 3 minutes is not feasible in every single scenario, and potentially opens up our members to a risk of liability. For example, you heard about the cross-country example from Memphis earlier. I've worked a number of those events, and, and it would be very difficult in some cases to get an AED on somebody in 3 minutes. The NSATA is looking forward to continuing conversations with the American Heart Association and Senator Ballard on our concern related to that 3-minute component. In closing, we urge you to advance LB463 to help protect Nebraska students, athletes, and community

members. This bill provides a proactive and evidence-based approach to help prevent tragic outcomes. Thank you for the opportunity to testify, and I'll answer any questions.

HARDIN: Thank you. Questions? Seeing none.

SAM WILKINS: Thank you.

HARDIN: Appreciate it. Thank you. Proponents, LB463. Welcome.

KARLA LESTER: Hello. Good afternoon. Thank you, Senator Ballard, for introducing the cardiac emergency response plan in schools bill and to members of the HHS committee. I am Dr. Karla Lester, K-a-r-l-a L-e-s-t-e-r. I'm a pediatrician and I'm a volunteer with the American Heart Association. I'm here because cardiac emergency response plans save lives. As you've heard the statistics, 23,000 children 18 and younger experience cardiac arrest outside of a hospital each year in the U.S.. Time is of the essence when it comes to having not only an AED, but a cardiac emergency response plan in place. Seconds count. Every minute without intervention means a 10% decrease an-- in survival. As a pediatrician, sudden cardiac arrest isn't something that can be predicted. Years ago, before AEDs were in schools and before cardiac emergency response plans, one of my patients suffered cardiac arrest and died while playing basketball. CPR alone wasn't enough to save him. He was an otherwise healthy teen. I think of him as I advocate for this life-saving bill. I'm a mother to three. My youngest is an 18-year-old senior at Lincoln High School who plays football. Fortunately, as a mom, I haven't experienced my child having cardiac arrest. But if you attend sporting events in schools, there are a lot of people there and there's a lot going on. Having an AED and cardiac emergency response plan in place is not only for the students, but for the adults in attendance. It's not only for peace of mind, but data shows that cardiac emergency response plans can more than double survival rates from a cardiac arrest. Throughout Nebraska, many components are already in place, such as CPR training, AEDs in schools, but it's very hit and miss, it's not consistent, and it isn't enough until we also have cardiac emergency response plans in place, which include the ongoing training and supports for schools. We live in a rural state, and emergency response often relies on volunteers who do a beautiful job, but having a cardiac emergency response plan in place will avoid delays before emergency responders arrive. Thank you for your consideration. I hope you will support this life-saving legislation.

HARDIN: A football team.

KARLA LESTER: Yeah.

HARDIN: And who should be the logical person to do this? I know it's a great answer to say every responsible adult should. But if you don't have one of these available and you have not been through the training, who should that be that, that--

KARLA LESTER: Well, the coaches are trained.

HARDIN: So--

KARLA LESTER: Yeah, the schools.

HARDIN: OK.

KARLA LESTER: And then I mean, as we've spoken about, you know, a lot of the schools have or it's hit and miss whether they have an AED. But as far as having-- you know, it's one thing to have an AED and there are reports from other states of there was a student, I think, in Ohio recently, who had a cardiac arrest. And they had an AED, but it wasn't used. They didn't have a response plan in place or anybody there who knew how to use it. And so that's why it's really important to not just have the AED there, but to make sure that we have a whole, a whole team trained so that the plan is in place.

HARDIN: 244-45 school districts in this state. Any notion how many of them have an AED?

KARLA LESTER: I don't know, per se, off the top of my head.

HARDIN: Just curious. Questions? Senator Hansen.

HANSEN: Thank you for coming.

KARLA LESTER: Yeah.

HANSEN: I'm sorry, sorry I missed a couple parts of the, the beginning of this.

KARLA LESTER: OK.

HANSEN: And I don't know if anybody talked about the statistics about cardiac arrest in youth. So I think-- this just seems like an odd bill. We're, we're making a plan for cardiac arrest for kids in Nebraska. If it's not-- the reason I'm thinking we-- we're introducing this is because-- are they going up in the state of Nebraska among the youth, 18 and younger?

KARLA LESTER: I don't have access to that data specifically, but as far as-- I know Dr. Sorensen, I think, was asked about that. But every, every life counts. And so the, the reality is that we have data that shows that when we have a cardiac emergency response plan including an AED so that survival rates are improved, if we have-- if we-- every minute we go without CPR, without that response to a cardiac arrest, then the survival rate decreases by 10%. So even if it's one child, even if it's a few children, even if it's 100, I mean, having, having this data and having these in place is imperative.

HANSEN: Which I would agree.

KARLA LESTER: Yeah.

HANSEN: But--

KARLA LESTER: I don't know if the incidence is increasing in cardiac arrest in youth in Nebraska.

HANSEN: OK. I just never used to hear about it when I was a kid. And now, I hear it a bit more often now. And I'm just curious to know, is it environmental? Is it genetic? Is it-- you know, I, I'm trying to figure out the reasoning why. I would never think, even 20 years ago, we'd be bringing a plan to help with heart attacks in kids. So I didn't know-- I just-- more statistical questions, I think, than anything else, like cardiac arrest, I should say.

KARLA LESTER: Well, there's a-- there are many, there are many causes and many ways that, that children can suffer from cardiac arrest. So it's not the same as, like an adult, per se, having a myocardial infarction.

HANSEN: Yes. Yeah. I think when I was a youth-- when I was younger, I had this SVT, sudden ventricle tachycardia, I think.

KARLA LESTER: Yeah. Mm-hmm.

HANSEN: Yeah. Yeah. And so luckily, I found that and I took care of that, but just kind of curious now why. But.

KARLA LESTER: Yeah. Good question.

HANSEN: All right. Thanks.

FREDRICKSON: Thank you, Senator Hansen. Other questions of the committee? Senator Meyer.

MEYER: Thank you, Vice Chair. I guess we were focusing on kids here, but I'm assuming these devices work on adults that may collapse in the stands, also.

KARLA LESTER: Yes.

MEYER: So I-- and I appreciate the fact we're, we're focusing on the kids, but I think it's probably universally very positive to have one onsite, so--

KARLA LESTER: Yeah. Thank you.

MEYER: --just thought I'd point that out.

KARLA LESTER: Thank you.

FREDRICKSON: Other questions? Seeing none, thank you for being here.

KARLA LESTER: OK. Thank you.

FREDRICKSON: Next proponent for LB463. Welcome back. We get you every day now.

MICHEAL DWYER: Good afternoon, Vice Chairman Fredrickson and members of the Health and Human Services Committee. My name is Micheal Dwyer, M-i-c-h-e-a-l D-w-y-e-r, and I appreciate the opportunity to testify on LB463. I will tell you that I wrote the test-- testimony this morning, intending to submit it written, and something told me, no, maybe it's a good day to take a trip. I apologize for being here again when I was just here last night, took up your time. But this is really important. I'm a 40-year veteran of fire and EMS with a resume of over 2,800 calls, author of the fourth version of The Future of EMS in Nebraska Report, a member of the Nebraska State Volunteer Firefighters Association, legislative committee and co-chair of the Nebraska EMS Task Force, and a 12 year school board member, 2 years as president. I want to clarify that I'm testifying on my own volition, not on behalf of any of the other associations. Couple of comments before I get into my written testimony. I really appreciate the testimony from moms and wives that have had to do this. This is not fun stuff. In my 40-year career, I've done CPR 38 times, 3 times on children. I'm the guy that comes busting through the door trying to help. And despite everything that I can do, everything that our advanced life support partners can do, everything that our hospitals can do, I've only had 3 saves in my 40-year career. LB463 represents both a step back-- CPR was invented in 1960 and automated external defibrillators-- excuse me-- have been widely available since 1978. But also, a step forward, in recognizing

it as a workforce and cultural center of so many of our domestic communities. School districts have a responsibility to effectuate a planned response to a cardiac arrest in our community buildings. Someone having a cardiac event literally has moments to live unless someone intervenes. As a first responder, I know that emergency events, by their nature, are chaotic. School buildings are large and complex. For 16 hours a day, these buildings are full of a wide variety of people, doing a wide variety of things in a wide variety of places. Planning for the inevitable is the only hope that we have of controlling that chaos. Nebraska and our schools specifically have a responsibility to provide a safe environment for everyone, especially anyone whose moments-- in moments will die. Citizen emergency response is a piece of what I personally believe-- to be clear, I'm not speaking on behalf of the task force-- will become a critical piece of the EMS system going forward. Publicly available, noninvasive, do no harm, easy to learn interventions saves lives. Bystander CPR and the quick and effective application of an AED saves lives. Lincoln Fire and Rescue is legendary for their use of Pulse Point, an app-based citizen response tool that has given the citizens of Lincoln one of the best cardiac event survival rates in the nation because of an efficient and effective system that puts hands-on in minutes when seconds matter. LB463 is similar to LFR and Pulse Point are doing for Lincoln, and why wouldn't we do that for Nebraska school buildings? Finally, if I may continue--

FREDRICKSON: Mr. Meyer, you're out of ti-- or Dwyer, you're out of time. I would-- but please finish up your thoughts.

MICHEAL DWYER: Thank you. Finally, this is about public safety. Public safety: the safety of our students and our citizens. I would strongly encourage the HHS Committee to advance LB463. And of course, I would welcome any questions, particularly the question that Senator Hansen asked about other incidents and the, the data, and Senator Riepe's inquiry about what other things we can do.

FREDRICKSON: Any questions of the committee? Senator Hansen.

HANSEN: I was actually gonna ask you something different anyway, Micheal. I noticed, I noticed in here-- maybe-- I don't know if it's another [INAUDIBLE] statute. I don't know if you know or not, about like, the use of, like, do we have anything in statute that mandates fire extinguishers? This would be right up your alley. I'm just kind of curious.

MICHEAL DWYER: That's a great question, and I am 90% sure that we do. I would assume--

HANSEN: Or is that a--

MICHEAL DWYER: --that we do. That may be covered under fire inspections.

HANSEN: Oh, OK. Fire--

MICHEAL DWYER: So it's a regulation is both those statute. I think. I, I do know that to my knowledge, they-- these are not required. Some of the questions earlier about how many schools have them-- my anecdotal information is probably 100% on the eastern part of the state, 80 or 90% in central Nebraska, maybe a little bit less in western Nebraska, only because of funding and, and general resources. On the other hand, I could make the case as a provider that it's more important out there because our response times and transport times are longer.

HANSEN: OK. Makes sense. Thank you.

FREDRICKSON: Other questions? Senator Meyer.

MEYER: Thank you, Vice Chair. Just a, just a question for you, Mr. Dwyer. You said you had over 30 responses and only 3--

MICHEAL DWYER: 38.

MEYER: --successful resuscitations. Was an AED utilized in any of these by you? Would, would you have access to that?

MICHEAL DWYER: Good question. And let me think a little bit. Some of those are a little, a little historical.

MEYER: Sure.

MICHEAL DWYER: To my knowledge, I don't ever remember an AED being on when I responded. And again, I'm way back in the cobwebs, but I don't remember-- probably 3 times, quickly that CPR was even initiated. Obviously we've come a long ways. Again, LFR is the, the, the sort of the bell cow of that, if you will. But we still have a lot of work to do. And again, I think that this kind of response is critical to the EMS system going forward because in, in-- as we get shorter on responders, response times become longer, we need someone to have-- not only in this case, but in the case of the-- of-- that Senate Riepe alluded to, epinephrine and anaphylaxis. And I would add Narcan and

some other stuff to that. That way-- we, we need those hands on as quick as we can.

MEYER: Thank you very much. I, I, I-- it very much could have made a difference in some of those cases. And--

MICHEAL DWYER: Oh, yeah. No question.

MEYER: And I think we had previous testimony, every minute delayed reduces the success rate by about 10%. So, I, I, I appreciate that.

MICHEAL DWYER: And, and that's true of the AED. That assumes that bystander CPR is going on, which is great. It's effective. But without either one of them, then you got 4 minutes.

MEYER: Thank you very much.

FREDRICKSON: Thank you, Senator Meyer. Other questions? Seeing none, thank you for being here.

MICHEAL DWYER: Thank you.

FREDRICKSON: Next proponent for LB463. Welcome.

BRIAN KRANNAWITTER: Hello. I'm back again today. Good afternoon. My name is Brian Krannawitter. That's spelled B-r-i-a-n, last name is spelled K-r-a-n-n-a-w-i-t-t-e-r. I am the government relations director for the American Heart Association here in Nebraska, and I'm going to try to answer some of the questions that were brought up earlier. One of the questions was brought up is how many other states do this? And I can tell you what I know. The state of Kansas was mentioned. They did pass similar legislation last year. And my understanding is a, a well-rounded coalition, including the Kansas Association of School Boards did end up supporting that legislation. The state of Michigan, I believe, does as well-- Kentucky, Arizona. It's also my understanding that currently, right now, there's 25 states that have legislation introduced similar to this, and several more are expected. Including surrounding or close-- nearby states of Iowa, Missouri, Minnesota, North Dakota, Others as well, Indiana. In North Dakota, their bill has been placed on the consent calendar in their house, I believe. They are bicameral. That's just kind of a little bit of an overview of-- you know, kind of a snapshot of where we're at right now. So there's a lot of activity out there and a lot of support for this. And as we mentioned previously, this really took off a couple years ago with the, with the-- I think it was a Monday Night Football game, or it was in the evening, I know that, with Damar

Hamlin, where-- of course, if you're a football fan like I am, you know, millions of people witnessed that, that incident. And there's, there's actually a coalition that had formed at the national level, including the NFL, including the Heart Association. Project ADAM and several others that support this very issue. And in fact, you should have a letter of support from the National Football League in support of this legislation. Just a few other things. One question was brought up about how many schools have AEDs, and I got this information from Dr. Sorensen earlier, in terms of a survey that was done in 2022. Out of the 175 high school that responded, 173 reported at least having one AED. The one thing I will say is, you know, working this issue and being involved with the American Heart Association, I've gotten to know a lot of survivors. And unfortunately, I've, I've got to know a mother of one that did not make it. And the 1 or 2 commonalities of all those that survived: early intervention; and those who intervened early were trained and knew what they were doing. And you heard from, you know, two of the testifiers just today. And I'll just tell you a brief story. In 2008, February, here at the Capitol, I was in the Rotunda. And a friend of mine came out and said, did you hear about Tom Vickers? And I said--

FREDRICKSON: And if you could wrap up your thoughts. You're in the red zone here, so final thoughts here.

BRIAN KRANNAWITTER: Oh, sorry. Long story short, Tom Vickers was saved here in the Capitol. There was an AED close by. There was a doctor who knew CPR. They intervened immediately and saved his life. And that's the gist of what we're trying to do here, is have people prepared, early intervention, proximity to AEDs, and the bottom line is this will save lives. I urge your support for this bill.

FREDRICKSON: Thank you for your testimony. Questions from the committee? Seeing none, thank you for being here. Other proponents for LB463? Seeing none, anyone here to be an opponent to LB463? Seeing none, anyone here in the neutral capacity for LB463? Welcome.

COLBY COASH: Thank you, Vice Chair Fredrickson. Colby Coash, with-- C-o-l-b-y C-o-a-s-h, and I represent the Nebraska Association of School Boards. I didn't want to disappoint Senator Meyer. He's used to seeing me in the-- on the red side of these bills. But today, I'm, I'm, I'm here to testify in a neutral position. But I want to share with you some of the things that I was able to share with Senator Ballard recently, with regard to the green copy. As we looked at this bill, what we saw was a lot of duplication of what's already currently in statute and currently in rules and regs. And if-- sometimes bills

like this come to the Education Committee, people would recognize this. I know Senator Riepe would recognize this from his previous time on a school board. But if you look at Chapter-- the Chapter 10 regulations, you will see that they already provide for the establishment of cardiac response plans. So, there's one governing agency that's already said schools, you've got to have an emergency response plan and it's got to include cardiac response teams. The NSAA also has guidelines that govern the sports, so there's second regulatory authority. And then third, and this bill touches on it a little bit, but currently, the Department of Education has a state school safety director that was put into-- that position was statutorily authorized about 15 years ago. And he-- it's a he at this point, but he has already provided districts with guidance and mandates on these types of plans. He's also put out templates for cardiac response teams that he think-- that, that schools have to comply with. He's also put out training for school districts that is accessible to any school district to implement all of these regulations. So my purpose here today in testifying is to kind of put out on the record that these things are already part of the statutory and regulatory schemes that schools have to comply with. As was mentioned earlier, there are 225 Heart-Safe schools out there. So that's 20 less than the, than the whole state. To get a Heart-Safe sticker, if you want to put it that way, to, to get that designation, is-- it's hard work. And it's not like you just check a few boxes. Schools really have to earn the ability to do that, and it includes having these plans. So I think that illustrates that schools are already complying with much of what is part of this bill. Our fear would be that this bill would cause what's already happening in districts and is going very well, that might cause a, a, a parallel thing to happen or something that's working well for a district, they have to start doing something different because of the passage of this bill. And I think following me is going to be some testimony from Lincoln Public Schools, who is doing a really good job of this, and is going to be able to share their story. With regard to the AEDs, the state school safety director has already given guidance to schools on these things. So schools are used to looking at the Education Committee, Chapter 79. That's where a lot of these things happen. And so that position has given guidance on that. We welcome the dollars to help purchase them.

FREDRICKSON: You're in the red, so you can wrap up your thoughts.

COLBY COASH: Yep. I'm in the red. So I'll end with we welcome the dollars to help purchase them, but grants do run out, and it's really

the ongoing maintenance that is where it is costly. On that, thank you.

FREDRICKSON: Thank you for your testimony. Senator Riepe.

RIEPE: Thank you, Chairman. And it's always good to see a former senator here. Appreciate it.

COLBY COASH: Thank you.

RIEPE: My quick calculations, there are about 19-20 schools that aren't what I will call-- would you call them Heart-Safe sticker schools?

COLBY COASH: It's a Heart-Safe designation. And it's more than a sticker. I want to be clear. They earn that designation.

RIEPE: But I, I assume that they haven't just said that those schools are too small or too whatever. They're still working to--

COLBY COASH: I would assume.

RIEPE: --make some progress to get those in compliance?

COLBY COASH: I would assume.

RIEPE: They get their sticker?

COLBY COASH: Well, they're, they're in compliance with the current statute, statute and regulation. Otherwise they couldn't be schools, right? The Heart-Safe designation is kind of outside that designation. It's when you work with testifiers that you heard from, like Project ADAM. They kind of-- when you work with them, it really shows that you've got your, your ducks in a row to get that designation.

RIEPE: Well, you provided very good, helpful information. Thank you, Chairman.

FREDRICKSON: Other questions? So I have one. So I, I hear what you're saying, where there's other guidelines or kind of rules or regulations in place that sort of include this. Can you help me kind of thread the needle between that and some of the concerns that were raised by the proponents, where it feels like there might be a disconnect between what they're seeking, versus what those guidelines might have or--

COLBY COASH: Well, I think, I think-- I was listening to the proponents. Our state school safety director is a former police

officer, first responder, and so his, his recommendations about how far away the AEDs ought to be might be different than a recommendation from the Heart Association. I'm not sure about that.

FREDRICKSON: OK.

COLBY COASH: So there might be a little disconnect there.

FREDRICKSON: Got it. Got it. OK.

COLBY COASH: But like I said, we-- schools are used to looking to our state safety director for guidance on this. And he's provided it through training, through templates, through rules and regulations that schools have to comply with.

FREDRICKSON: Got it. Thank you. Other questions? Seeing none, thank you for being here.

COLBY COASH: Thank you.

FREDRICKSON: Anyone else in the neutral capacity? Welcome.

WENDY RAU: Thank you. I am Wendy Rau. That's spelled W-e-n-d-y R-a-u. And I am the director of health services for Lincoln Public Schools. I'm presenting neutral testimony for Lincoln Public Schools on LB463. LPS has had a cardiac emergency plan in place, accordance with the NDA regulations for over a decade. Although I will share, in 2018, we updated the existing plan to become a comprehensive district plan, so this included more access to AEDs, an AED maintenance plan, and development of a cardiac emergency response team in every LPS school. Our plan requires that response teams complete at least one cardiac response drill annually. Most of our schools complete 2 drills annually. I will note that LPS is the only Nebraska school district to have every school site designated as Heart-Safe by Project ADAM through Nebraska Children's. We agree with the intent of the bill, LB463 will provide for a safer environment for Nebraska students, staff, and families. Current research-- and this is according to the National Association of School Nurses, so this is direct school information. It really highlights the importance of having a cardiac emergency plan in place. Schools that create a cardiac emergency response plan and conduct regular drills have a 70% chance of an event ending in survival, versus less than 10% of schools without a plan. Since we implemented our plan, Lincoln Public Schools Health Services has had 2 saves, or cardiac events that ended in survival. Our concerns or recommendations that be looked at in the existing bill, and Mr.-- my pre-- the previous speaker noted some of this, we suggest

aligning the language in the bill with NDE's current regulations regarding Safe Schools Emergency Operation Plans, plus indicating in the bills that schools can use existing cardiac response plans already in place and including their current training procedures. We also suggest looking at sustainable funding for districts as the cost can be extensive. There's AED cost, AED maintenance cost, and ongoing CPR training. Unfortunately, the current funding through the Medicaid Managed Care Excess Profit is not sustainable long-term. Lastly, I'm just going to leave you with a comment that we received recently from a parent. As a parent, it can be hard to leave your child in someone else's hands, even when it is at school, because of all the, the unknowns that could happen. I know that there are drills set in place, practices for fire, tornado, and even an unwanted person in the building. When drills are practiced, everyone knows ahead of time and is prepared for it. What happened last night was something no one was expecting or prepared for, but your team snapped into action as soon as it happened, happened like it was a drill that they have practiced many times before, from the teacher keeping us in the classroom while he investigated the noise to other staff members running to get the medical supplies and calling 911. You all worked so well together when this child was in need.

FREDRICKSON: So you're in the red here, but you can finish up your final thoughts [INAUDIBLE].

WENDY RAU: OK. The main thing I wanted to tell you is that your, your teams are amazing and I'm honored to have my child be a Buffalo. I hate that the incident happened, but I am happy knowing my daughter and soon to be son will be in your team's hand day-to-day. I hope everyone involved last night knows that they are appreciated. With that, I will answer any questions.

FREDRICKSON: Thank you for your testimony. Any questions? Senator Riepe.

WENDY RAU: Yes.

RIEPE: Chairman, thank you. While I have you here, I want to-- on the standards, I've-- or I'm guessing that this response plans are not in elementary schools, or are they?

WENDY RAU: Yes.

RIEPE: They are? That's-- yes, they are?

WENDY RAU: Every single school site--

RIEPE: OK.

WENDY RAU: --in LPS, so we have--

RIEPE: All the way from kindergarten on.

WENDY RAU: Correct. And even our focus sites.

RIEPE: OK. OK. My assumption was it was probably more middle school and high school, but--

WENDY RAU: We--

RIEPE: --thanks for clarifying that.

WENDY RAU: Uh-huh. We do have more AEDs on sites in larger buildings. For instance, we've got a, a minimum of 2 in all of our high schools and a minimum of 2 in all of our middle schools. Our smaller sites, we just have one.

RIEPE: OK. Thank you.

WENDY RAU: I, I can answer your question earlier, Senator Riepe--

RIEPE: Oh, please.

WENDY RAU: --about other things, EpiPens and seizures. For EpiPen response, we already have regulations for that in place. Rule 59 covers the regulation that all schools have EpiPens and albuterol on site for any type of anaphylaxis. And then the safe seizure schools regulations were passed recently, to where all school staff-- actually, it's all certified school staff have to go through training on seizure response.

RIEPE: OK. Thank you. Thank you, Chairman.

WENDY RAU: Mm-hmm. Absolutely.

FREDRICKSON: Other questions? Seeing none, thank you for being here. Is anyone else here to testify in the neutral capacity? Seeing none, Senator Ballard, you're welcome to close, but on your way here, we did have some online comments for LB463. We had 8 proponents, 1 opponent, and zero in the neutral capacity.

BALLARD: Thank you, Vice Chair Fredrickson and members of the Health and Human Services for your attention. In closing, I just want to extend my thank you to the, to the moms, the loved ones, the wives,

the doctors, and every-- everyone that works in this field every day. I really appreciate them coming and testifying. And I'd also like to thank Senator Coash and LPS. When I introduced this bill, I think, last year, I think I had every school in the state come in opposition. And so I really appreciate Coash-- Senator Coash coming in beforehand and working with me and trying to get to a yes. So I really appreciate that. Willing to work on the redundancy amendment and trying to figure out some, some language that works for all parties involved. Also like to thank LPS. LPS is the gold standard for this, for AEDs in the state, and so that's what we're trying to achieve with this bill, is trying to get up to LPS' standards across the state. With that, I'd be happy to answer any questions. And thank you to the committee.

FREDRICKSON: Questions from the committee? Senator Riepe.

RIEPE: Thank you, Chairman. Have you or would you consider [INAUDIBLE] financial match that the state might put up half the funds and-- only under a match program?

BALLARD: I, I would definitely consider it. I'll talk to schools about that.

RIEPE: I just--

BALLARD: But it's, it's something I think-- I, I-- the-- my understanding is schools want to be a partner in this, just trying to find the financial footing, I guess.

RIEPE: I'd like to see the parents have some financial interest. I mean, parents will do anything for their kids.

BALLARD: I appreciate that. That's a good idea.

RIEPE: Not cheap. So..

BALLARD: I, I mean-- OK. I'll leave the comment.

HARDIN: Other questions? Thanks for being here.

BALLARD: Thank you, Chair.

HARDIN: Did we announce these? This concludes LB463. Next up, LB379. We'll wait just a moment, Senator Andersen. We're getting a clarification on something, and then we'll proceed.

ANDERSEN: It's s-e-n. Yes. Andersen, s-e-n. Just kidding

HARDIN: That's an important distinction.

ANDERSEN: Gets confused all the time.

HARDIN: Senator Andersen, take it away.

ANDERSEN: Good afternoon, Senator-- Chairman Hardin and members of the Health and Human Services Committee. For the record, my name is Senator Bob Andersen, B-o-b A-n-d-e-r-s-e-n, and I represent Legislative District 49, northwest Sarpy County, a part of Omaha, Nebraska. I'm introducing LB379 to rightsize the duration a family qualifies for Temporary Assistance for Needy Families, otherwise known as TANF. We need to recognize there is dignity in work and assist those in need of expediting training and finding a job. Presently, the statute states cash assistance shall be made-- shall be provided for 5 years or 60 months. This bill simply recognizes it does not take 5 years to learn a skill and get a job. Therefore, LB379 adjusts the maximum eligibility for cash assistance to 2 years or 24 months. It is important to note that LB379 is about prioritizing work and ensuring that taxpayer resources are used effectively to support individuals and families on their journey toward self-sufficiency. We understand job coaching, placement services, and tailored support measures are critical components designed to promote independence. After further research into the subject at hand, I wish to submit the amendment, AM378, which was passed out. This amendment extends the eligibility period from 24 months to 36 months, harmonizing LB379 with Nebraska Revised Statutes 68-1721 (7), which allows for vocational training for up to 36 months. By extending this period from 24-36 months, we achieve a moderate framework to allow the families to be successful in a reasonable amount of time. We respectfully ask the committee to adopt this amendment to create a more effective and coherent policy framework. LB379 represents a necessary shift in how we think about public assistance in Nebraska. Rather than merely providing the cash allowance, this change incentivizes the enrollees to expedite getting trained and becoming financially self-sufficient. There will be critics who claim it's unreasonable for a person to receive training and secure a job in 24-36 months. This simply isn't true. A quick survey identified programs which can be completed in this time line, yielding degrees, certifications, and diplomas. This survey included higher education institutions ranging from Ogalalla to Lincoln and South Sioux City to McCook. The survey revealed in 24-36 months, a person could complete a program of their choice in one of 158 degrees, 87 certifications, or 60 diploma programs. By passing LB379, we send a clear message: Nebraska believes in the dignity of work. Our people deserve the security, stability, and pride that comes from earning a

paycheck rather than relying on the government. LB379 will transform our welfare system into a workforce system and help more Nebraskans regain their independence. I look forward to working with this committee on LB379 and encourage you to approve AM378. Thank you for your time and attention, and I'm happy to answer your questions.

HARDIN: Thank you. Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator Andersen, for being here. So I, I have a couple of questions for you. So, you know, so, so TANF, I think, is essentially what we're talking about here. So, as you probably know with the bill you brought-- so TANF has one of the most onerous work requirements of, of any program available. And failure to meet those requirements has some pretty severe consequences there. I don't disagree with you at all. I think that there are certainly skills, degrees, programs that can be obtained in a shorter than a, a 5-year period, for example. But my question for you, I suppose, is, you know, if an individual is continuing to qualify for TANF outside of that 2-3-year period of time, to me that shows that they are not either receiving a livable wage or they're employed at a rate-- at a level where they are not making enough in their jobs to no longer qualify. So can you kind of walk me through a little bit about that-- you're thinking with that?

ANDERSEN: Sure. And, and those are really debatable points, right, when you talk about TANF and you talk about what the-- what a living wage is. I mean, if you look at the way the, the statute is written, they consider a living wage for a, a, a, a man in a family of 4, which includes the family, so say a husband, wife and 2 kids-- which is probably average, right? That's approximately $64,000 a year. So that's what they receive in cash allowance. And right now, in statute, it goes for 5 years or 60 months. And if you look at-- when you talk about the, the macro level that changes, there's really only 3 lines that change in the whole statute. So the only thing that's really changing is not, is not the way the framework of the program, it's not anything else. It's simply looking at does it really take 5 years for you to get, you know, educated, get skilled, get a job, and then become-- give them a pass for self-sufficiency.

FREDRICKSON: So-- well, they don't receive $64,000, first of all. That's, that's something that we need to clarify there. But the other part is--

ANDERSEN: Sure.

FREDRICKSON: --the, the work requirement. So, you know, if you have a child under 6 in your home, you-- if you're not working 20 hours a week, you can lose your benefit. So I guess maybe my disconnect is it's-- what I'm hearing you say is you're trying to ensure people are getting back to work, that they're-- which is, I think, very good and an, an important goal to have. But with TANF, there, there are these work requirements. So these are people who are either working towards employment or a minimum of 20 hours a week, for example, building a skill, whether it's educational attainment or employment. But if they are employed for 20 hours a week, are not receiving an income level that is one that is sustainable or affordable, to the point where they're still qualifying for the benefit. So if you're working 20 hours a week, for example, and you're making money that, that you, you no longer qualify, you will no longer be on the benefit. So I guess that's the kind of question I have, is that it sounds to me like there's this goal to get folks back in the workforce, which is great. I think we all agree with that. But there are folks who are in the workforce who are still qualifying for TANF, simply because their wages are not, are not at a level where they're, they're able to survive. And my, my concern, frankly, is that, you know, you have to have children to qualify for TANF, so the risk of having that chronic low wage and, and losing that benefit could result in further implications such as homelessness, job loss if they're, if they're already working, and then even further cost to the state as it relates to the consequences of that.

ANDERSEN: Sure. No, I, I think that it would be warranted to have a full scrub of the program and really kind of modernize it. I look at it from the perspective that the money that people get on TANF is money from your parents and my parents and my brothers and sisters and everything else. It's-- there isn't any government money. They don't produce money. It's taking somebody else's money and giving it to them. And as all good Christian, charitable people, you know, we want to help people get back on their feet. If they're having challenges, they need to get educated and everything else. I'm good with that. But there has to be a limit. And that's what it comes back to what is, what is reasonable. And I think that-- I originally had 24 months. The amendment says 36 months in order to make the statutes, you know, be in agreement. But I think that's really what it comes down to: what is reasonable, what's practical, what's-- what is fair to the, the taxpayers who's paying the bill? Like I said, your parents, your family, your brothers and sisters and mine.

FREDRICKSON: Thank you.

HARDIN: What other states are doing this, in terms of saying, OK, 3 years, that type of thing? Are you familiar with any?

ANDERSEN: I have not looked at that.

HARDIN: OK.

ANDERSEN: I haven't looked at the other states.

HARDIN: I don't know why-- maybe it's just me-- are interested in the states that touch us and sort of how does something look regionally. Be curious to know what those half a dozen states look like by way of comparison. Other questions? Senator Riepe.

RIEPE: Thank you, Chairman. Thank you for being here. Thank you for at least exploring with this. I think it has merit, at least to talk about it. How did we get to the 60 months, if you will, do you, do you-- in your research and putting this together with your staff, did you, did you guys run across-- and my other question on that is how long's that been now?

ANDERSEN: Great question. We can research that and find out. It was long before my time as a freshman senator. As my elder statesman, you can probably tell me. Well, we can, we can look into it and see when that changed, if you really want us [INAUDIBLE].

RIEPE: It was a curiosity question, but thank you.

ANDERSEN: Absolutely.

HARDIN: Other questions? Will you stick around?

ANDERSEN: Yes, sir.

HARDIN: Awesome.

ANDERSEN: And for the next bill.

HARDIN: OK.

ANDERSEN: Thank you.

HARDIN: Proponents, LB379. Welcome.

CLAY RHODES: Mr. Chairman, members of the committee, appreciate your time today. My name is Clay Rhodes. That's spelled C-l-a-y R-h-o-d-e-s, and I'm here today representing FGA Action. That's the

Foundation for Government Accountability. I want to talk about a problem that affects families, communities, and the future of Nebraska's workforce: Long-term dependence on cash welfare. The Temporary Assistance for Needy Families, TANF, is supposed to be just that: Temporary, a short-term safety net to help people get back on their feet. But right now, too many individuals remain on cash, cash welfare for too long, creating a cycle of dependency instead of a bridge to self-sufficiency. Let's be clear. We all believe in helping those in need, but we also believe that work, independence, and opportunity are the ultimate goals. Research from the Congress-- Congressional Budget Office found that extended cash assistance without effective work requirements that reduce the likelihood of reentering the workforce, impacting not only the individuals but also the economy and taxpayers. This is where the proposed bill comes into play. By adjusting the duration of cash assist-- cash assistance, we aim to reinforce TANF's original purpose of being a short-term support system that encourages a swift return to employment. This approach isn't about reducing aid. It's about enhancing its effectiveness. Other states, including Kansas, Arkansas and Arizona, are already limiting the benefits to 24 months or less. That's why this bill matters. It ensures that TANF remains a true safety net, not a long-term substitute for employment. By adjusting the time limit on cash assistance, we create the right incentives, support when it's truly needed, followed by a clear path back to work. This is a common sense reform. It encourages work, reduces reliance on taxpayer-funded benefits, and ultimately strengthens our communities. I urge you to support this bill and help make TANF a trampoline. A way up, not a way to stay stuck. Thank you and I'm happy to take any questions.

HARDIN: Same question to you.

CLAY RHODES: Sure.

HARDIN: What, what other states are doing this type of thing? You mentioned a couple there.

CLAY RHODES: Sure.

HARDIN: And give us kind of a sense of the lay of the land.

CLAY RHODES: So regionally, I'd speak to Kansas. I have numbers on that in front of me. They-- after implementation of work requirements and time limits, able-bodied adults on food stamps dropped by 75% and wages doubled. So I think the idea that, you know, that, that shortening this, this window, you know, wouldn't allow for them to

come about increased wages is just-- it's not true, you know, based on the stats that we have. And I'd be more than happy to get the numbers on, on any other states that you, you might want to add to that.

HARDIN: Would love to have everything that touches us if it's possible.

CLAY RHODES: Sure. Absolutely.

HARDIN: OK. Other questions? Senator Fredrickson.

FREDRICKSON: Thank you, Mr. Rhodes, for being here and for, for your testimony. So, so I don't know how familiar you are with the TANF requirements in the state of Nebraska, but-- so if you have a child under 6 in your home, you're required to work a minimum of 20 hours a week. If you have a child that's 6 or older but under 18 in your home, you're required to work for a minimum of 30 hours per week. That's for single parents. If you're a 2-parent household, you're required to have 55 hours a week for work. So I guess I'm, I'm, I'm hearing your testimony. Does that not feel like a high enough threshold, or help me understand a bit more about your thinking behind that.

CLAY RHODES: Sure. You know, I just think it's in the name of, of the assistance. It's supposed to be temporary. We've seen other states do this and, you know, still have effectiveness in, in the assistance. And so, yeah. I, I believe that, you know-- I share your concern, but I, I believe that, you know, it's adequate time for-- especially with the amendment, for them to be able to achieve the self-sufficiency that they need.

FREDRICKSON: So for a parent-- a single parent with a 3-year-old in the house who's working 20 hours a week and is still not at an income level to support that child, how-- help me-- walk me through cutting that person off from that, that additional support to ensure that they can stay in their home, that they can feed their kids.

CLAY RHODES: Sure. I mean, like I said, it's, you know, this is-- the numbers shows-- it, it-- there's, there's a clear increase in, in, in wages, and, and-- you know, I'd be happy to run any numbers that might help quell some of the, you know, the reservations you have on this.

FREDRICKSON: OK. My, my final concern is you, you, you spoke a little bit about the potential of, you know, the, the-- this, this constant implication of, of folks wanting to work. And I guess what I'm trying to under-- underscore is that, you know, if you're not working under this program, the, the sanctions are, are pretty severe. So for, for

your first sanction, you lose your benefit for a month. Second sanction, you lose it for at least 3 months. Third sanction, you lose it for a minimum of a year. So I guess what I'm trying to understand is it sounds like you, you have concerns about the current contingencies or consequences in place that we have under TANF, which I think are, frankly, you know, hold people pretty accountable to, to be getting back into the workforce.

CLAY RHODES: Yeah. I, I would just argue that, you know, 5 years is a long time and, you know, reducing that amount of time and encouraging people to get back on their, on their feet, and not as reliant on taxpayer dollars is the ultimate goal of this bill, and that's just really what we're trying to do here.

FREDRICKSON: Thank you.

HARDIN: Other questions? Senator Hansen.

HANSEN: Thank you. I've heard rumblings, and I've kind of mentioned this to other testifiers who might be in a position to answer, such as yourself, about the federal government going after certain funds, trying to decrease the amount of federal spending that we incur. And I heard TANF might be one of them. Have you heard any of that at all?

CLAY RHODES: Yeah, that's not something that I can speak to this time. It's not something that I've been made aware of, so.

HANSEN: I want to find somebody yet who can answer my questions about that. We have some kind of inside scoop, so.

CLAY RHODES: Sure.

HANSEN: Thanks.

HARDIN: Other questions? Thanks for being here.

CLAY RHODES: Thank you very much. Appreciate your time.

HARDIN: Proponents, LB379. Opponents, LB379. Those in the neutral, LB379. Welcome.

ALICIA CHRISTENSEN: Good afternoon.

HARDIN: Oh, you're an opponent?

ALICIA CHRISTENSEN: Opponent? Yes.

HARDIN: OK.

_____: You didn't get up here fast enough.

HARDIN: OK. Push-ups and sit-ups are now required.

ALICIA CHRISTENSEN: OK.

HARDIN: No. This is Health and Human Services, so we have to make some kind of health--

ALICIA CHRISTENSEN: I thought I was going to be ready, but--

HARDIN: That's all right.

ALICIA CHRISTENSEN: I am [INAUDIBLE] about the--

HARDIN: Opponents.

ALICIA CHRISTENSEN: --5-second turn-around. OK.

HARDIN: Take it away.

ALICIA CHRISTENSEN: Yes. Good afternoon, Chair Hardin and members of the Health and Human Services Committee. I'm Alicia Christensen, C-h-r-i-s-t-e-n-s-e-n, you know, on team e-n-s-e-n, so. But I am here to oppose LB379 on behalf of Together, which is an organization that works to ensure everyone in our community has access to a safe, affordable home and healthy food by both addressing people's immediate needs and supporting their long-term stability. Our programming is paired with government benefits and community resources to ensure participants have the support they need to achieve and maintain food and housing security. Meaningful and practical government programs like Aid to Dependent Children are essential to this work and therefore, Together opposes the limitations that LB379 would impose. The purpose of ADC is, quote, to provide assistance to needy families so that children can be cared for in their own homes, and to reduce the dependency of needy parents by promoting job preparation, work, and marriage. For very low-income families across Nebraska, ADC means keeping up on rent and utilities, being able to buy weather-appropriate clothes that fit, and affording personal hygiene products, school supplies, or other essentials. By reducing the maximum time that families would receive cash assistance, especially so dramatically, LB379 runs counter to ADC's purpose and would negatively affect children's health and well-being, impose added economic and mental stress on families, and increase costs borne by

our communities and state. This is because only extremely low-income families are eligible for ADC benefits. To illustrate, consider a single parent who works full time at minimum wage for a school-age child. If that child goes to a relative's house for before and after-school care, the family is not eligible for ADC benefits. However, if the parent pays $300 out of pocket each week for childcare, the family would be eligible for ADC. It's also important to look at ADC's eligibility limits in context. As you can see on the second page of your handout, the earnings cap for ADC is significantly lower than the state's median monthly income and falls well below the federal poverty level. In fact, the standard of need is akin to 50% of the federal poverty, poverty level, which is considered extreme poverty and difficult to say. As you might imagine, such limits mean that very few families with children qualify for this assistance. State data reports show that only 2,849 families participated in ADC in January of this year. For these families in extreme poverty who are able to access the program, ADC benefits can be a critical lifeline during periods of acute need, ensuring families can make it through hardships instead of getting stuck in them. Together urges the committee not to advance LB379 because it would eliminate an important tool that families and service providers rely on to help people successfully transition from poverty to economic self-sufficiency. Thanks for your time and consideration.

HARDIN: Thank you. Questions? Senator Hansen.

HANSEN: Thank you. The numbers that you provided here and your testimony for somebody working full time with minimum wage is that with $15 an hour?

ALICIA CHRISTENSEN: That's at $13.50.

HANSEN: OK. All right. So do you expect as minimum wage goes up-- we actually were just talking about this in Business and Labor. And so, we're expecting minimum wage to go up like even within 10 years, it'll be like at $22 an hour. Would that then make most people ineligible for this?

ALICIA CHRISTENSEN: Well, so it would depend, I think, a lot on--

HANSEN: Whether they decided to work less.

ALICIA CHRISTENSEN: --how much they pay out of pocket for childcare. So, so the standard of need right now for a family of 2 is that $843. So a person without any childcare expenses is already, you know,

$1,000 above that. Childcare is expensive. That was just kind of a ballpark to make the numbers work. I don't know how realistic it is to pay-- depending on where you are in the state, maybe that's a realistic number, or maybe that's cheap or-- for childcare. So I think that kind of depends on what those opt-- out-of-pocket childcare expenses are. The set-aside-- the-- I'm sorry. The income disregard is 20%. So obviously that would be proportional to your income. But I do think there's always the option for that standard of need to be adjusted, I'm assuming, too. That-- I mean, it's tied to the CPI. So.

HANSEN: Gotcha. OK. And do, do we know-- I'm trying to look through some numbers. The fiscal note, I think, provides some of this, about how many people right now are currently eligible for it at 5 years. And so then, if we-- if it goes down to 3 years, which is what the amendment does, how many people are we talking about? Do we know?

ALICIA CHRISTENSEN: I mean, I, I, I don't know. But I do think that-- if you think about it, in one 5-year chunk is also-- it-- the-- it's like the lifetime maximum amount. So it doesn't necessarily have to be 5, 5 years altogether. Like some people could have hardship occur, you know, in a different time.

HANSEN: Just like a year or something like that.

ALICIA CHRISTENSEN: Right.

HANSEN: See? And that's what I'm curious about. Because if, if we're not seeing much change between 3 and 5 years, I mean, like if it's still about the same amount, that's not telling me many people are-- like, still, people aren't gonna-- if we go down to 3 years, it's still going to be the same amount of people not really-- I think that's Senator Fredrickson's point. He's saying, like, a lot of people are going to then, now-- they can't find a job within 5 years. And so we cut it down to 3 years, a whole bunch of people are going to lose benefits because they can't find jobs. But if there's not much of a change between 3 and 5 years, it won't matter.

ALICIA CHRISTENSEN: I don't know if I quite follow you, but I do think that things-- that might change, but also childcare might become less expensive, and so-- or you know, there might be-- I don't know. There's a lot of variables that I think it's really difficult to project. I think-- what I would say is that it, it's, it, it's hard to qualify for it, and it's meant as like a very important safety net for people who are facing really severe hardship. And so, to me, it doesn't make sense if that is really something that they need, that

that's something that they-- we should be able to provide for them because the unintended consequences of them not getting this benefit, you know, is getting evicted or becoming homeless living out of their car, having health problems that get worse, having their children not attend school regularly, where, you know, those things kind of snowball and I think end up costing them and the taxpayer more money in the end. So I think it's sort of a preventative measure to help those worst-case scenarios off the table.

HANSEN: OK. All right. Well, thanks.

ALICIA CHRISTENSEN: Thank you.

HANSEN: Appreciate it.

HARDIN: Questions? Senator Meyer.

MEYER: Thank you, Chair Hardin. And this is strictly for my education. What happens after 5 years, 60 months, and your economic status hasn't changed? You're off the program? What, what then?

ALICIA CHRISTENSEN: Well, I mean, I think that, that is something that-- well, for-- if they're a participant of an organization like Together, we'd have to work to find different avenues to help find that-- more economic sustainability. And at that point, I think it's worth considering maybe that someone that isn't-- that might be eligible for SSI or some sort of sustained-- maybe they're not capable of working within the parameters of what's available, or-- so I think it's just up to the community resources to work with that household and try and find out what's available. But I, I don't know that there's a really good-- I don't, I don't know. I don't-- I can't--

MEYER: It's OK not to know.

ALICIA CHRISTENSEN: --tell you, but I, I-- so I don't know. But I think it would--

MEYER: I don't know, so that's why I asked.

ALICIA CHRISTENSEN: People-- there would be people there to try and help figure that out, for sure.

MEYER: Would you say that the 60-month time frame is incentive for someone that is, that is utilizing the program to try to economically advance their position? Is, is-- does, does that, does that incentive occur in the 40th month or the 45th month, or the 48th month?

ALICIA CHRISTENSEN: Actually, the-- it's 27. No, just-- I don't know.

MEYER: Well, I, I, I guess--

ALICIA CHRISTENSEN: There's not an exact number.

MEYER: I guess what I'm getting at is if the incentive is that, that there's a time limit on this, and we need to find a way to economically advance where we're at without continuing on another, another welfare program, if you will. I would think going to 36 months would accelerate that incentive to improve your economic status. You know, there are-- I realize it's very difficult with, with maybe a young child or several at home. But as has been pointed out, there are educational programs to where you can advance yourself, and many of those are home study. And so, I, I guess I'm looking at it from an incentive standpoint. Wouldn't 36 months actually work to your benefit, instead of 60 months?

ALICIA CHRISTENSEN: Well--

MEYER: From an incentive standpoint, to improve your economic condition.

ALICIA CHRISTENSEN: I don't know. I mean, for me, this isn't-- receiving these benefits isn't maybe what I would characterize as an incentive myself, because it is providing what-- it's not-- you're not-- And somebody, I think, will probably cover how the benefits are calculated, but it, it is not a significant amount of money. And the requirements to say you're doing a, a, a study program that where you are able to do online learning and things like that, the documentation and the check-ins and-- are their own separate job, too. So it, it's a lot of work to keep eligibility as you work through these programs, because there's a lot of oversight to make sure that you're making that progress. And the-- it's not a lucrative benefit. It, it's a lot of work. And it's, it's not a ton. It's to help sustain you through these periods. And it's not necessarily all one 5-year period. So it, it could be, you know, depending on circumstances, there can be setbacks. So you might not use it all 5 years at one time, if that makes sense. So I don't know. I mean, there's so many unique situations and I don't-- I, I, I guess I, I wouldn't really-- I don't think there-- I think-- the incentives are already there. I don't think they need-- there's nor-- more need to incentivize people to progress, where they're not in a situation that they qualify for ADC.

MEYER: I don't question a need for the program. And that's, that's not my intent of the question.

ALICIA CHRISTENSEN: No, I'm sorry if I made it sound like that.

MEYER: And, and, and so-- and-- but what I think the, the focus is and what our focus should be is to give a hand up and help folks become more economically sustainable. And, and so my question was based on OK, if, if we haven't had progress after, after 60 months, then what? And it's been my experience that-- and from observation that when we're getting close to the end of, the end of the unemployment or the end of benefits of any type, there seems to be an incentive to go out and, and perhaps improve your economic situation on your own. And once again, we need to help folks as much as we possibly can, but to get them economically stable as soon as possible should be the goal. And so my question that I asked initially is after 60 months, then what? And so, if that's just move over to another program, then that's total counter --we're tot-- it's, it's totally counterproductive of what we're trying to accomplish by making folks self-sustainable economically. And so I don't want to see the, the, the benefit programs and the, the assistance from the state go on indefinitely. Because, because we want, we want folks to improve their, their economic status and have the satisfaction of, of providing for themselves, but not, not perpetual on a program to sustain themselves, so.

HARDIN: I might, I might interject that current statute does speak to exactly what you're talking about.

MEYER: OK.

HARDIN: So you might maybe check that out.

MEYER: Yeah.

HARDIN: Any other questions? Senator Quick.

QUICK: Thank you, Chairman. And maybe that statute can relate to my question. I know-- is there-- like, do they-- as, as people maybe make more, is-- does sometime, the benefit reduce by so much, or is it--

ALICIA CHRISTENSEN: Yes. If the--

QUICK: So there is a sliding scale, so as you make more--

ALICIA CHRISTENSEN: There's a whole calculation.

QUICK: OK. So that's one of the things I've always promoted, is that--

ALICIA CHRISTENSEN: I think someone is going to speak on that.

QUICK: --that incentive, where you're reducing the benefit as they make more. That actually helps them to the point where they're just not falling off the-- they don't have the cliff effect.

ALICIA CHRISTENSEN: Yeah, I mean, at some point there is, but yeah. It's-- it, it adjusts. It's, it's like there's a whole calculation about your, your monthly award-- grant award. So it, it would-- it does make an adjustment as you earn more, until you-- it-- you earn too much to qualify then.

QUICK: Yeah. Yeah. I feel that that's more beneficial and more of an incentive than just having a certain time frame to [INAUDIBLE]--

ALICIA CHRISTENSEN: To turn it off.

QUICK: To turn it off.

ALICIA CHRISTENSEN: Yeah.

QUICK: And sometimes I mean, I'm sure there's people that start making more and maybe are out of the program before the 60 months, too. Right?

ALICIA CHRISTENSEN: Oh, yes.

QUICK: Yeah. OK.

ALICIA CHRISTENSEN: Absolutely. I think that's probably more common than-- I, I shouldn't speculate. Sorry.

QUICK: No. All right. Thank you.

HARDIN: Other questions?

ALICIA CHRISTENSEN: Yeah. Of course.

HARDIN: Seeing none, thank you.

ALICIA CHRISTENSEN: Thank you.

HARDIN: Proponents, LB379. Who else is going to be testifying today on LB379? Can I see your hand? Can I encourage you to kind of move forward? That'd be grand. Welcome.

ANDREA EVANS: Thank you. Lady, gentlemen, thank you for your gracious gift of your time. Chairperson Hardin and members of the Health and Human Services Committee, my name is Andrea Evans, A-n-d-r-e-a E-v-a-n-s. I am a proud mother and grandmother living here in Lincoln, Nebraska. I'm also a former Aid to Dependent Children, ADC participant, and I'm here today to speak in opposition to LB379. At 17 years old, I had my first child. I was in high school and although I didn't want to sign up for ADC, I had to take care of my baby. That was before the big welfare reforms in the 1990s, so I participated in the program before and after all those changes. As much as the ADC program was there for me at times, it was never easy to navigate, not in the 1980s, 1990s, or 2000s. The program was hard and didn't meet me where I was at in life. In the end, I had to create my own path. That journey taught me that everyone has potential, and that's something I work to help others realize now, especially the youth and families I work with in the community. Participating in this program can really mess with the vision you have of yourself. People told me I shouldn't even walk across the stage at graduation because I was pregnant, as though my future was already decided for me. But I didn't let that stop me. I earned my GED, and I've worked hard to build a better life for myself and my family. I eventually earned my associate's degree in human services from Southeast Community College in 2011, and I earned my bachelor's degree in social work from Wesleyan University in 2018. I am founder and executive director of Our Dream Achievers Art and Science Program. People sometimes hear pieces of my life story and assume that I just want to stay on assistance forever, but that's not true. I want financial self-sufficiency. I want to contribute to a thriving community. I want my own house down by the lake, a future that's built on my own terms, not just the assistance I receive. But the reality is cutting the number of months a family can receive ADC from 60 to 24 before the program itself is properly fixed will only make things harder. It moves no one closer to that lake house, let alone helping them off the system. Let's hit pause on the bill. Instead of reducing the time limit of assistance, I ask you to take a closer look at ways to make the program more effective. It's not just about telling people to go back to work. It's about helping people get their feet on solid ground and locate a path that uses their natural strengths in a career to move their family completely off state assistance. It is about ending the cycle of poverty, moving people to low-paying jobs that don't fit their skills in life will just result in people falling back into poverty and signing right back up for the state assistance programs. The reality is that you need money to make money. I cannot talk about this program without highlighting that ADC

benefits levels are simply not enough to live on. ADC and-- ADC alone can't even cover rent. May I finish? Because I see the red light.

HARDIN: Sure.

ANDREA EVANS: Participants are weaving together a complicated web of supports just to keep their kids fed and housed. This exhausts-- this is exhausting and not aiding to the growth and vision that people need to find a path to true financial security. In conclusion, I respectfully urge you to not advance LB379 out of committee. Reducing the time limit for assistance before addressing the structural problems within the ADC program would only create more hardship for families already struggling to make ends meet. Thank you for your time and consideration.

HARDIN: Thank you.

ANDREA EVANS: Any questions?

HARDIN: Questions? Senator Quick.

QUICK: Thank you, Chairman. So could you talk about some of the hardships or the barriers that, that you were just referring to?

ANDREA EVANS: Yes, I can. I got pregnant with my first child out of a rape, but I chose to keep my baby. Every time I went to get a job, if I made $1 more, you know, than what they allowed, then I'd be getting kicked off the program. And I'm not even-- I wasn't even-- I wouldn't even be ready to set up insurance, medical insurance at my job location for my family. And sometimes, some positions didn't even pay, pay enough for me to survive. Again, you know, being on the ADC program wasn't enough. I had to be on housing. I had to be on food stamps. You know, it took all of those things for me to even survive. And when your school tells you that you're a bad influence because you're pregnant and they don't want you to walk across the stage with your peers, well, that can be heavy weight. I didn't fall into that. Soon as they let me go, I went straight and got my GED. And I graduated before my peers. I didn't let that stop me. We lived in a house with my grandparents. My mother was a single mother of 4 girls. I'm the eldest. And that's how they kept it together, because they had the family. They had, you know, the multi-generational family to help sustain. But by the time I had my children, my grandparents were gone. Then came crack into the community, the failed war on drugs. And it took my parents out. Not literally, but mentally. So we lost a home that I could be living in right now, today, had crack not hit the

scene. It, it, it really did what it really was supposed to do, which was low-income, poverty, and people of color, wipe them out.

QUICK: Thank you. Thank you for your story.

HARDIN: Other questions? Senator Hansen.

HANSEN: Thank you. I'm glad you brought up some of the more nonpublic funds or help that you got. And I'm kind of curious to know a little bit more about it. I always liked the idea of a private-public partnership. And so a lot of times here in HHS, we're always, we're always talking about what can the government do to help you? Right. But you also alluded to some of the things you got personally from help, whether it's from family, like-- or the church. I'm curious to know what other kind of help you got to get you out of the situation you were in.

ANDREA EVANS: Churches helped.

HANSEN: OK.

ANDREA EVANS: Other organizations where you can go get food. It used to be called Lincoln Action Program back in the day. They had a, a program where you could build-- come in with a, with a business, and they would help you get your business out there. I did catering for a while because I had-- I got 7 children. So they helped, you know, with that. But when they got older and went to college and did things, you know, to live their own lives, well, I had to shut that down and, and try to figure something else out. But Lincoln Action Program also gave seeds for you to be able to have a garden. Those were some of the other things, even the school system, their foundation, Lincoln Public Schools Foundation. If I had a flat tire and couldn't get to work, well, one of the social workers at the school would help me and they would get me a tire so I could make it to work-- gas money, keep my electricity on sometimes. I've utilized a lot of the programs in this community.

HANSEN: OK. Well, thank you. Like, I think if we're ever looking to supplement, like if this bill passes, what are some things we can do to help supplement the idea of helping individuals out of situations. And I like the idea of incentivizing programs such as that, where it's kind of a community effort, you know, where it's a-- like I said, that partnership we can have together with people. I think that's where you get-- ultimately get the best results, because you're the ones who are in your community, and the ones who are getting the funds are going to

spend it much more wisely than us on a panel here ever will, so. Thank you.

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

ANDREA EVANS: Thank you.

HARDIN: Proponents, LB379. Opponents, LB379.

KATIE NUNGESSER: Chairperson Hardin and members of the Health and Human Services Committee, my name is Katie Nungesser, spelled K-a-t-i-e N-u-n-g-e-s-s-e-r, and I'm representing Voices for Children in Nebraska in opposition of LB379. I have handed out written testimony today, but I really want to focus on my personal experience as a former ADC participant. I think it's first important to address the fact that I was only getting $200-300 a month, which would cover diapers, car insurance, gas to get to where I needed to go to do this stuff. It, it was those basics that you weren't getting through other programs that really helped me push through to meet my goals. I had extra pegs in the wall when I was going through this. When I was climbing out of poverty. So when I say that, I mean I was given an old car. I lived out in the Panhandle of Nebraska, and someone gifted me an old car to get to my appointments. For a short time, I was given a free room near the college that I attended for me and my infant, which helped me out, and I had a lot of other doors open for me and privileges that a lot of people on this program don't have. Even with all of that, 24 months or 36 months would not have allowed me to successfully transition off. Losing access to that program early would have most certainly derailed me at that point, and left me back at square one. The first conversation that my caseworker had with me in Bridgeport, Nebraska was when I was approved for the program, and she sat me down immediately and said, 60 months is a lifetime limit. She was very serious and said, it goes very fast. There was no redos and no exceptions, she said. I had to land on my feet for myself and my child and a lot was on the line. I had come to this program out of a domestic violence situation. So many others are also in dire situations when they begin ADC, leaving violent partners, unplanned pregnancies, loss of jobs, evictions, and other traumas and barriers. Some of us start the program exhausted, overwhelmed, and feeling unsafe. We keep moving. We don't stop. But I just want you to think of this as you are trying to shorten the time limit and expect people in that situation to hit the ground running even faster. 60 months feels a lot shorter when you're trying to heal, break generational cycles of poverty, and often carry the weight of the world while trying to build a bright future for your child. In this sense, 24 months to go from

crisis to financial security feels impossible. I also wanted to point out that you, you-- even if you hit the ground running, you've got to fill out your FAFSA to go to school, you've got to wait for that quarter to start. You've got to find childcare in areas that it's not available. There is a lot of barriers that you're wading through as those months are ticking off, and it would have left me with not enough time to finish even a associate's degree. And my last concern is just the myth that people are taking advantage or sitting at home. It's false. I had to carry a piece of paper to every single professor at every single class, and have them sign off that I was there. I had to turn it in every week. If I missed a single step, I was facing sanctions. I'm a rule follower. I still broke rules, apparently. It's a really hard program, and people are working in this program every day to build better lives. Those 60 months fly by, but they can help people like me bridge that gap and get off all state programs and not cycle back on. So I'm just asking that instead of reducing the time, we continue to make the program better, and we look at other ways that actually lift families out of poverty. I would also just like to say I did not need an incentive. I respect your question, Senator Meyer. But I would say living in extreme poverty with kids, you don't need an incentive. My income was below 50% of the federal poverty line. My kid needed a medicine or, you know, things that weren't given over a prescription. I had to ask people for Tylenol. I had to ask people for extra gas. If my tire blew, I had to beg. So I didn't need an incentive. Respectfully, the incentive was enough was I needed that future for my kid. So I'm available for any questions, but I ask you to oppose this bill. And I'm gonna cry.

HARDIN: Thanks for sharing your story. Thank you for sharing your story.

KATIE NUNGESSER: Yes.

HARDIN: Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here and for sharing your testimony. So I wanted to make sure I understood you correctly. When you were a beneficiary, you said you received around $200-300 a month, so that would be like $3,600 a year.

KATIE NUNGESSER: Yeah.

FREDRICKSON: OK. I just want to clarify, because I think an earlier testifier insinuated that there was-- it was like a $64,000 a year benefit, and there does seem to be a big discrepancy there. OK.

KATIE NUNGESSER: It was real low. And going through college, it's really hard not to have Internet at home.

FREDRICKSON: Yeah.

KATIE NUNGESSER: I used to-- the Highway Diner here in Lincoln, I used to put my daughter in the car and pull as-- when she was sleeping at night, and pull as close to the building as I could, so I could do homework in the car while she slept in the back, because we couldn't afford the Internet. And so this program, that little bit of money, would have allowed me to stay at home and do that homework. It would have allowed me to make sure I had gas in my car, because in-class learning for someone like me that went for social work, is important.

FREDRICKSON: OK.

KATIE NUNGESSER: So this program really made a difference in the quality I got. And it-- I stayed off of benefits and I, I really think it's because I was given that--

FREDRICKSON: OK.

KATIE NUNGESSER: --length of time.

FREDRICKSON: OK. I also looked up, it looks like the maximum monthly benefit for Nebraska for TANF is, if you have a family of 8, which is quite big, the maximum monthly amount allowed would be $808, so that would be around $9,969 a year for a family of 8. So, thank you.

HARDIN: Other questions? Senator Meyer.

MEYER: Thank you, Chairman Hardin. When I asked those questions, and I, and I, I didn't mean that in a mean-spirited way. It was educational for me. And so, I need to know and I ask some hard questions sometimes, because I need to educate me. And, and, and I knew poverty, too, as a child. And so, we didn't have running water in the house until I was 12 years old. So, please don't misunderstand my line of questioning in a, in a judgemental way. But for me to understand what we're doing here, what the legislation is, and, and the workings of the program, I, I have to ask questions. And, and I appreciate your perspective, and I, I think you should be very proud of your accomplishments. So--

KATIE NUNGESSER: Thank you.

MEYER: --thank you.

HARDIN: Senator Quick.

QUICK: Yeah. Thank you, Chairman. So if there were things that could be fixed with what, what we have right now, what things could you see that could be-- that we could make it better?

KATIE NUNGESSER: We are top-- one of the-- I think we're still top in the nation for denials for this program. So I think we have about 24,000 children, around there, in Nebraska living at this 50% or below of the federal poverty line, but only about 6,000 a year are able to access this program, due to the way it's set up. It's just real complicated. It's sanctions-based. And honestly, our benefit levels are really low. So I would say one thing, for me, is just even that little bit more benefit would have taken some of my energy that I spent. Even with that $200, I had to hustle. Like I said, like you don't think of those little things. Your kid needs a band aid. My kid got bit by a spider, and just trying to keep up with the Neosporin and making sure I had it wrapped. Somebody mentioned, like, clothing, you know, for the, for the weather. Those things get you when you literally have zero to work with. But I would say a big improvement was, you know, the education. When I look at what it takes to bridge that gap from being at this level of poverty to being at a livable wage, which is not minimum wage, you know, more like $18 an hour in reality, is-- in Lincoln, to survive, or higher, that gap, it, it-- you need that education. So I would say just continuing to support those education, those training programs. Being someone from the Panhandle, I would say taking a hard look at what jobs are needed out there. Because one thing that's hard, is you can have all the dreams you want living out in Oshkosh, Nebraska, Arthur, Nebraska, but if those jobs aren't out there, what are we putting people through that? So I would say more partnership, to say what's out there-- what are well-paying jobs out there? And as a caseworker, through the year-- or working with people in poverty through the years, one thing that really got me is let's not just move people off the program into minimum wage jobs, because they just cycle back and back and back. So let's really continue to focus on getting them careers, getting them careers that are actually available in their area, and then we need to increase that childcare and housing. Because you can have all the best plans in the world, right, but if I had nowhere to send my kid in my county-- in my town, there was 1,000 people and there was 9 daycare openings. So you could train me all you want, but we got to work on this all at the same time, so.

QUICK: Can I have one more question?

HARDIN: Sure.

QUICK: So do you know how much-- I know childcare is expensive, but do you-- would you know what the average childcare would be --cost, even if you just had 1 child or 2 children, 2 children?

KATIE NUNGESSER: I know my sister's infant care, in the last couple of years, was like $1,400 a month. I know her after school care has ran like $600, for like the after school, the after school stuff she's been able to find like before and after just a couple hours. That's here in Lincoln. I'm not sure in the rural areas. But like I said, those spots were hard to get. And honestly, I only even got one to start college because my mom knew the lady that opened the daycare. But otherwise I still would have just been sitting there waiting with a baby, hoping that I could find someone so that I could even move forward with my life. So it's a complicated thing to move people forward in different parts of our state. But this program is a tool and I just really don't want to see it lessened. I want to see us add to it, and I don't think the cost is crazy high. I think when you look at the rainy day fund, we know there's some money there.

QUICK: OK. Thank you.

KATIE NUNGESSER: Yeah.

HARDIN: Other questions? Thanks.

KATIE NUNGESSER: Thank you.

HARDIN: Opponents, LB379. Welcome.

TAYLOR GIVENS-DUNN: Hi. Thank you. Good afternoon. Is it afternoon? Yes. Good afternoon, Chairperson Hardin and members of the Health and Human Services Committee. My name is Taylor Givens-Dunn, T-a-y-l-o-r G-i-v-e-n-s-D-u-n-n. I'm the policy and power building manager at I Be Black Girl, an organization rooted in advocating for the liberation and economic justice of Black women, femmes and girls in Nebraska. And we are here today to oppose LB379. For families with limited resources, restricted access to a critical safety net such as the ADC program is a devastating blow. Reducing the number of months a family can receive aid would disproportionately affect those who face systemic barriers to economic mobility, such as discrimination, inadequate access to childcare, and healthcare instability. Black families, in particular, are more likely to experience these barriers, and are often the hardest hit by policies that reduce support for low-income families. In Nebraska, Black families are overrepresented

in populations most likely to rely on ADC. Policies like LB379 fail to account for the compounded challenges faced by black, indigenous, and other marginalized families in our state, including the long-term effects of historical inequities and present-day discrimination. While this bill may be intended as a means of reducing dependency on public assistance, it fails to consider the full range of factors that influence a family's ability to thrive, particularly for black and brown families. The decision to reduce the time limit for ADC participation disregards the complexity of the lived experience of low-income families and the broader social conditions they face. In turn, it increases the economic precarity of families already vulnerable due to the lack of accessible healthcare, education, and affordable housing. We know that for Black women and femmes whose access to reproductive healthcare and economic resources is already limited by the effects of systemic racism, LB379 exacerbates an environment where they are denied the opportunity to fully support and care for their families. By reducing access to ADC, this bill would push more families into unstable situations where the most basic needs, food, shelter and healthcare become even harder to meet. This policy creates a harmful barrier to financial and social security for those most in need in our state. I Be Black Girl strongly opposes LB379 because it fails to address the root causes of poverty and instead, punishes families who are already struggling to meet their basic needs. Reducing the time limit for ADC participation will not encourage self-sufficiency. Instead, it may increase the likelihood that families will remain in a cycle of economic instability. We urge this committee to reject this bill and instead focus on policies that expand access to economic resources and opportunities for all families, especially those who are most marginalized. Thank you so much. I'm happy to answer any questions.

HARDIN: Thank you. Questions? Seeing none, thank you. Opponents, LB379. Welcome.

DIANE AMDOR: That chair is heavy. Good afternoon, Chairperson Hardin and the members of the Health and Human Services Committee. My name is Diane Amdor, D-i-a-n-e A-m-d-o-r, and I'm a staff attorney at Nebraska Appleseed. Nebraska Appleseed opposes LB379 because reducing the ADC time limit would decrease its effectiveness as an anti-poverty program. If we could get to a point where the ADC program helps people transition from living in extreme poverty to being economically self-sufficient in 2 years or less, that would be fantastic and we would 100% support that. But currently, ADC is not as effective as an anti-pov-- as an anti-pov-- ooh, that's a hard sentence-- ADC is not as effective an anti-poverty program as it could be. Reducing the ADC

time limit would make the problems worse, not better. When I think about the people who I have met over the last few years who manage to do the hard work of transitioning from living in extreme poverty and participating in ADC to being economically self-sufficient, I cannot think of a single one of them who accomplished that feat in less than 5 years, let alone 2 or 3. One key characteristic stands out as a constant for many of the people I know who have actually succeeded in achieving economic self-sufficiency, and that is education. One strength of Nebraska's ADC program is the opportunity for ADC participants to satisfy their work requirements by participating in vocational training that leads to an associate's degree, diploma, or certificate. Currently, those hours can count towards satisfying the ADC work requirements for up to 36 months. The time limit proposed by LB379 would severely limit educational opportunities for ADC participants. If the end goal is to increase the effectiveness of ADC as a tool for ending child poverty while also being responsible stewards of taxpayer dollars, there are alternative proposals that the Legislature can and should consider, such as adjusting the ADC standard of need annually, increasing the ADC maximum benefit amount, and fully ending the child support penalty in the ADC program. I have a few other changes I would recommend, but those would be my top 3. We know that there are differences of opinion about the appropriate role of government in addressing problems like child poverty, and I hope that we can all agree that no child in this state should go hungry, or be homeless, or have inadequate clothing. If we can all agree on those points, then I think we can also agree that it is possible and necessary to make some major changes to Nebraska's ADC program. The changes proposed by LB379, however, would not bring us closer to ending child poverty in our state while also being good stewards of taxpayer dollars. We urge this committee not to advance LB379 to General File. I thank you for your time, and I would be happy to answer any questions to the best of my ability.

HARDIN: Thank you. Questions? Senator Quick.

QUICK: Thank you, Chair Hardin. Do you know, like if some-- is it a running clock? I mean, like, if you get on at a certain point, let's just say after, you know, maybe a year and a half, you get a job and you're making more money and you're off the program, but then all of a sudden, maybe you lose that job again, or something happens where maybe you get hurt and you, you know, and you can't go to work. So do you go back on, do you start from where you were at, I mean, as far as time?

DIANE AMDOR: Yep. So it-- thank you for that question. I think Ms. Evans kind of alluded to this in her story a little bit, but that time limit is a full-- it is a 60 month lifetime limit. So a lot of the-- a characteristic that I've seen in a lot of people who I've talked to, who have not been successful in getting from extreme poverty to self-sufficiency while trying to utilize the ADC program is exactly that dynamic, where they get on the program, they are doing work, they're doing all the things that they're supposed to do. They get to a point where-- even though the ADC benefits cliff is not as steep as programs like SNAP. It is a bit more of a gradual transition. But even with that, it-- there does come a point where you are making too much money to stay on the program, but not enough money to be fully financially self-sufficient. You get a little bit of time where things are going OK, and then one crisis comes that bumps you back 5 steps. You get back on the program, you get your feet under you again, things are going OK. You get off the program, you hit a bump, you're back on. And at some point, you do hit that time limit, and then that's not there anymore. And it just makes it that much harder for people to get ahead.

QUICK: All right. Thank you.

HARDIN: Other questions? Senator Hansen.

HANSEN: If we pass Senator Spivey's LB102 with this bill attached to it, would that be good?

DIANE AMDOR: Again, I, I cannot picture a scenario in which this time limit would be sufficient for the people who are really trying to go from, again, we're talking extreme poverty here. To go from that to really, truly, financially self-sufficient, they're not going to hit a bump in the road and go back to square one, in-- honestly, 5 years is ridic-- like, ridiculous. And a lot of people struggle with the current time limit, so even with an additional amount of money for a time period-- honestly, I would say pass LB102. Give it a few years and see if people are cycling through the program faster or not, and then take a look at whether something like this could be considered. I still am going to be hard-pressed to be convinced that someone can really go from like, the kind of turmoil that comes from leaving a situation where there's a domestic violence scenario going on in a, in a relationship, the kind of like, chaos and harm that is going on at that time, to completely pick up your life and figure it all out and be economically self-sufficient in 5 years or less, that's a big ask.

HANSEN: OK. All right.

DIANE AMDOR: Oh. You had a question earlier about the TANF federal [INAUDIBLE]-- about federal-- TANF federal cuts.

HANSEN: Yeah.

DIANE AMDOR: May I answer it?

HANSEN: Yes. If it's OK with Chairman Hardin.

HARDIN: Take it away.

DIANE AMDOR: So looking at-- no, I don't have a crystal ball. Nobody knows what's going to happen at the federal level with, with funding for anything. But the conversation that is happening at the federal level right now, really is about turning programs like Medicaid and SNAP into TANF, something like a block grant, something more limited, something with more hoops and hurdles and strings. Like, TANF is kind of the end goal. So there isn't as much of a conversation going on around cuts to TANF or big changes to TANF, because TANF is already there, and I would argue is the reason why we should not do things like that to programs like SNAP and Medicaid. But the-- kind of the biggest proposal that I've seen on the table is potentially a 10% cut in TANF funding across the board, so Nebraska's $56 million a year would go to whatever 56 minus 5.6 is. That's what we were using our TANF funds for for the past 5 years, until the last year or 2. We've been underspending our TANF grant by $10 million a year until very recently. So even if the worst case scenario happens at the federal level and there are major cuts, I think Nebraska will be able to figure it out.

HANSEN: OK. Well, thanks.

DIANE AMDOR: You're welcome.

HARDIN: Questions? Senator Ballard.

BALLARD: Thank you for being here. It's good to see you again. And sorry if I, if I missed a pre-- previous testimony. But is there a-- who oversees-- is there data points on if TANF is a good use of taxpayer dollars? Like, is there, like, is there a better program that-- is that the federal government that oversees that? Like, as soon-- kind of going back to Senator Meyer's question. As soon as the 5-year ends, like, who audits?

DIANE AMDOR: Yeah.

BALLARD: That's the-- kind of the, the word of the week is the audit. Like, who audits--

DIANE AMDOR: Yeah.

BALLARD: --making sure that these are effective uses?

DIANE AMDOR: That is a great question. Thank you. I think this is one of the-- people talk sometimes about a horseshoe effect, where like people on the left end of the political spectrum and the right end of the political spectrum at some point, it actually turns into a horseshoe, and we kind of agree on things. I would-- I'll also agree that the TANF program needs to-- basically, a complete overhaul. And one of the things that came out of at the federal level 2 years ago, the oh, the debt ceiling conversation, was there were some proposed changes to TANF at that time. And one of the things that did come out of that was a TANF pilot program to have several-- to have states, states were invited to apply and say, what if instead of using workforce participation rate as the accountability measure that the federal government uses to determine whether or not a TANF program is being effective, what if we scrap that and say, that's not our accountability measure. State, you tell us what would be an accountability measure that would actually, actually accurately reflect whether or not this program is successful in moving families to economic self-sufficiency. And we'll give you a certain period of time to be able to use that as your effectiveness measure, instead of the workforce participation rate. Nebraska DHHS did apply for that pilot program, and I believe their application was not accepted, but several other states did. And I think it's a really exciting, positive measure at the federal level to, to really have that conversation about how effective is this program and if it's not currently effective, what would get us there? So yes, it is audited or reviewed at the federal level, but there are questions at this time and some changes afoot in, in how that looks. Because everyone can agree, this program, as it is right now, isn't, isn't doing what it needs to be doing.

BALLARD: And that's a fed-- a lot of that's a federal issue?

DIANE AMDOR: That's all at the federal. Yep.

BALLARD: And that-- the feds are just-- the federal government said, hey, states, figure out how to spend this money.

DIANE AMDOR: Mm-hmm. Yeah.

BALLARD: Even though, if I'm understanding, it's the system may not be working to its best ability. It's-- I don't want to say broken--

DIANE AMDOR: Yeah.

BALLARD: --but it's-- OK.

DIANE AMDOR: I think every-- I think everyone can agree that there are problems within the way the TANF program works right now. And it is not currently helping people move from extreme poverty to economic self-sufficiency as effectively as it could be. I think that's something we can all agree on.

BALLARD: OK. Thank you.

HARDIN: Other questions? Thank you.

DIANE AMDOR: Thank you for your time.

HARDIN: Opposition, LB379. Anyone else? Those in the neutral, LB379. Senator Andersen, would you mind coming back? We have, online, 5 proponents, 80 opponents, 1 neutral. Welcome back.

FREDRICKSON: No, he's closing.

KYM DYKSTRA: I forgot, since you're next, as well.

ANDERSEN: Thank you, Chairman Hardin. I have some answers. Senator Riepe, you asked about when TANF started? December 1, 1996.

RIEPE: '96. Thank you.

ANDERSEN: Absolutely. I just want to make clear. In here, there's only 2 changes-- or 2 places. The changes are on page 1. Only changes the time, [INAUDIBLE]. Doesn't change any provision. It doesn't change any exceptions, doesn't change the framework or anything else about the program. Literally only changes in 1, 2, 3 places, 2 words-- well, 4 words each. Senator Hansen, you were talking about, you were talking about the people on the program now. I think it may be a good discussion-- it was a great point, may be a good discussion to have about grandfathering people. As we phase in the program, the intent is not to hurt-- harm people or kick people off or anything else. That's not the intent. The intent is to try and rightsize it. If that's a phase-in period grandfathering people already in the program, hoping to come to that conversation. Senator Meyer, you had questions about, about the duration. What happens when they hit 60 months? What happens

then, right? If you look-- the bill, if you look on page 2, line-- starting at line 12, it says, when no longer eligible to receive cash assistance-- that's the 61-- assistance shall be available to reimburse work-related childcare expenses even if the family has not received [SIC] economic sufficiency. And the handout I just sent you-- this is for Senator Fredrickson. When we talked about the entitlement, the cash allowance, I think you corrected it and said it's $800 a month, $9,000 a year. If you look at the bill on line 16, it says, shall provide assistance up to 200% of the federal poverty level. And the handout I gave you is the federal poverty schedule for 2024. It's certainly increased, 2025. If you look down the right-- left-hand side where it has a family of 4 and you look at 200%, which is the first indent-- in column indented, it tells you it's actually $62.4 thousand a year [INAUDIBLE]. When they're-- back to Senator Meyer's , when they do exceed that 60-month period, hopefully 36 to be, it says that they can get childcare and they have to contribute 20% of the childcare cost. It also says that they're entitled to transitional health credits on line 21. That will be made available. And it says on-- starting on 25, self-sufficient contract, which is really the contract between the individual and the government. The cash assistance extended when there is no job available for adult person, person. So if the person gets training but there's no job available, then you say well, what does that, what does that mean? We, we are the-- one of the lowest unemployment states, you know, in the nation. So what does that mean, no jobs available? A little further down, if you look on line 28, it says available job shall mean a job which results in an income of at least equal to the assistance minus the, the earned income. So, so the person does the 60 months of training, they go off, they get free childcare, they get extra money. If they say they can't get a job that is equal to 64.-- or $62.4 thousand a year, then they're qualified for additional money, which, that's outlined down here, as well. Again, my bill, 6 words, and the whole thing over a course of 4 lines, but I'm just answering the questions that you guys asked during the hearing. Does that, does that answer them? [INAUDIBLE] questions for that.

HARDIN: Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator Andersen. I actually really appreciate you answering all those questions.

ANDERSEN: Sure.

FREDRICKSON: That's actually super helpful, so very solid close there. So, so the 200-- so that's actually helpful for me, because I, I must

have misheard an earlier testifier, because my hearing of it was that the benefit was $62,000. 200% of the federal, 200% FPL for a family of 4 is $62,400. So that would be the income of the family, not the benefit they're receiving, but the income level they would have to be at. Is that-- am I understanding that correctly now? I'm seeing people nodding in the audience. OK. I think that's correct. OK.

ANDERSEN: OK.

FREDRICKSON: OK. Great. All right. Thank you.

HARDIN: Other questions? Seeing none.

ANDERSEN: So, do you want me to close?

HARDIN: Yeah. Take it away.

ANDERSEN: OK. Chair Hardin, thank you. Members of the HHS Committee, thank you very much for your time introducing LB379, to right-size the duration a family qualifies for a cash allowance under the TANF program. We need to recognize there's digit-- dignity in work and assist those in need with expediting training and finding a job. This bill simply realigns the TANF eligibility duration from 60 months originally to 24 months, but with the amendment, assuming that you approve it, would be 36 months. As I stated earlier, across our state, a cursory survey revealed there are over 300 programs that can be completed in 24-36 months which yield a diploma, a certificate, or a degree. I urge the committee to support LB379, with the amendment, AM378, by passing it out of committee for the rest of the body to consider. I thank you for your time and happy to answer any final questions.

HARDIN: Are there? Seeing none. Can we get you to stand up, turn around, sit back down?

ANDERSEN: I'll, I'll, I'll stand up and I'll pull this off.

HARDIN: OK. Nice.

FREDRICKSON: Do the Hokey Pokey.

HARDIN: We are going on to LB656.

ANDERSEN: Thank you. I should have like a, a wardrobe change or something. I'll spare you. I don't want to be busy, so I brought more handouts. Thank you.

HARDIN: We are ready when you are ready.

ANDERSEN: Well, it's 5, so I guess I could change it to evening. Good evening, Chairman Hardin and members of the Health and Human Services Committee. I'm Senator Bob Andersen, B-o-b A-n-d-e-r-s-e-n. I represent District 49, which includes northwest Sarpy County and Omaha. I'm introducing LB656 to remove the exemption waiving the federal work requirement to qualify for Supplemental Nutrition Assistance Program, SNAP. There are 23,200 able-bodied Nebraskans exempt from the work requirements. Generous taxpayers are paying $1.3 million a year on unemployment and training, known as E&T program, that only reaches about 400 people, less than 2% of those who could benefit. Let's step back a second. E&T is a, is a federal SNAP program required by law to help able-bodied adults get skills, find jobs, and move off benefits. It's not optional for states to offer. It's built in to boost self-sufficiency. Here's a catch: States can waive it for areas with high unemployment or lean on voluntary participation, a loophole, not a feature. It lets some evade the work requirement. In Nebraska, that's 23,200 people sitting out. With record low unemployment in Nebraska, we need all the workers that we can find. Workforce development leads to economic development, which fuels Nebraska's economy. There's a direct corollary between an expanding workforce and the future of Nebraska. Additionally, there's dignity, dignity in work. When a person learns a skill and gets a job, it has a powerful influence on their well-being and those around them. Research backs this, bac\k this. Work boosts physical and mental health, while dependency drags it down. Studies tie unemployment to higher mortality, worse diets, and addiction. Work offers purpose and structure. LB656 removes the exemption for the work requirement. LB656 is about being more inclusive. It's about investing in our people with a program that's already required and make it-- making it work for Nebraska. The SNAP, SNAP work requirement exemptions listed in LB656 match the federal regulations with one exception: those who are physically or mentally unfit for employment. Since federal law trumps state statute, DHS would continue to apply these exemptions as well. The amendment in front of you, AM428, would simply incorporate the exemptions by reference to the federal regulation to simplify the language and prevent any confusion. It also changes the federal statutory reference for exemptions, which previously pointed to the specific fiscal year. LB656 is more than just a piece of legislation. It's a commitment to the people of Nebraska. It's about transforming our society-- transforming our, our safety net into a launchpad for opportunity. By closing the waiver loophole in current statute, we're not merely cutting costs, we're investing in the potential of every

able-bodied Nebraskan. This bill stands as a testament to the belief that work dignifies, empowers, and heals, rather than subsidizing dependency. LB656 paves the way for self-sufficiency, healthier lives, a more robust economy. I look forward to working with the committee to advance this bill for consideration to the full legislation, and I'm happy to take any questions at this time.

HARDIN: Any questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator Andersen, for sticking around with us tonight. You handed out this worksheet, so I just want to make sure I'm, I'm reading this correctly. So there's a number of states who have implemented policies like this. It looks like Iowa, Kansas, South Dakota, Texas, Florida, Idaho, Tennessee, and Arkansas. This-- so help me understand this a bit more. So states who have implemented this law, what happens to families who don't meet that work requirement like that one, for example. Do the-- is it similar-- I know last bill, we talked about sanctions, and level of sanctions and how there's different-- there-- is it a similar thing here? Or can you walk me through what happens if somebody--

ANDERSEN: Actually, actually, I haven't started with the other-- how the other states handle it, to be frank with you.

FREDRICKSON: OK.

ANDERSEN: I can find out and get back to you.

FREDRICKSON: OK. How do you envision that? Do you have a vision for what it would be like in Nebraska?

ANDERSEN: As far as?

FREDRICKSON: If a family didn't meet the requirement for one month? For example, if someone lost a job or if there was a work-- someone didn't meet the work requirement, would they lose the benefit for like a month? Would it be permanent? Would it be--

ANDERSEN: I think we're a very forgiving and patient society and people in Nebraska. So I think, yeah, there, there needs to be some kind of transition. You know, of course, it depends on why you're out, right? If you're out because you played football with your kids and you broke your leg and you can't go to work, OK. That's one situation. You know, if you were out doing something you wouldn't-- shouldn't be doing, you know, I don't know, racing cars, and you got in a car wreck when you should have been doing it. You're breaking the law. OK. Now

you're out. Well, I would treat that-- I think you would treat that differently. I think there has to be responsibility. If you, if you are-- you expect-- to the taxpayers to take their money-- I read this as a last bill-- you know, your mom and dad, your brother, sister, their money and give it to you, there has to be responsibility on how you are going to act. And if you choose to act badly, then I think you're not respecting the system.

FREDRICKSON: OK. And then I have one more question. I was just reading on, on the fiscal note. I don't know if you had a chance to read over that yet or not. But it looks like the state says that last year, it-- state used 3-- 359 people-- I'm reading this quickly. 359 people received sort of these discretionary exempt-- exemptions. Last quarter, I should say, not last year, it says. Under the DHHS portion, it says it looks like they said that folks used these waivers quote, it says, due to job scarcity and lack of transportation. And it says it looks like without any discrepen-- discretionary exemptions, serving the highly rural areas of Nebraska will be challenging. So that was, I guess, my other question. We've talked a lot this year in this committee about healthcare deserts in, in sort of the rural parts--

ANDERSEN: Sure.

FREDRICKSON: --of the state. It looks like the department really highlights the kind of rural parts of Nebraska. And I know you and I are both kind of more urban senators, but it sounds like the rural parts of the state will be kind of hit the hardest with this. I'm just kind of curious, what are your-- without these exemptions, kind of, do you have suggestions on how to navigate that?

ANDERSEN: Well, I think the-- I'd have to go with D-- DHHS. It's, it's their program to manage, not mine. I think they need to more proactively manage it and make sure-- I think that's part of the challenge with the funds, is that funds are being used for other things presently, when they should be used for, for the program.

FREDRICKSON: So in the, in the SNAP funds, as, as I'm sure you know, there-- these are all federal dollars. So these aren't any state appropriations.

ANDERSEN: True. But there are multiple, multiple uses for them. So if they're not being used in one place, they can be used somewhere else, because everything's got an opportunity cost, right?

FREDRICKSON: Sure. OK. Thank you.

HARDIN: Other questions? Senator Hansen.

HANSEN: Thank you, Chair. Just to clarify, we're talking about, basically, those who are able-bodied and able to work individuals--

ANDERSEN: Yes, sir.

HANSEN: --those who do not have children, childless adults between ages 50-59, and parents of school-age children. Those are, those are exclusively the group of people we're talking about. Correct?

ANDERSEN: Yes.

HANSEN: OK. All right. Thanks.

HARDIN: Other questions? Will you be with us to conclude?

ANDERSEN: Yes, sir.

HARDIN: Great.

ANDERSEN: Thank you.

HARDIN: Proponents, LB656. Welcome back.

CLAY RHODES: Mr. Chairman, committee members, appreciate you. My name is Clay Rhodes, C-l-a-y R-h-o-d-e-s. I'm here to support LB656, which promotes self-sufficiency and ensures welfare benefits go to those who truly need them. Work is more than a paycheck. It provides dignity, purpose, and a sense of community. If you think back to your first job, the lessons, discipline, and pride it instilled, yet thousands of able-bodied adults in Nebraska receive food stamps without any work requirement, and most aren't working. LB656 offers 3 key reforms to help enrollees regain self-sufficiency. Section (5)(a) of the bill closes the loophole that allows for the use of geographic waivers to exempt able-bodied adults without dependents, ages 18-55, from work requirements. To its credit, Nebraska's Department of Health and Human Services has not used these waivers over the past decade. This bill simply codifies that good practice into law, just as states like Arkansas, Kansas, Missouri, and Idaho--ho have done. Concerns have been raised about how prohibit-- prohibiting the use of these waivers would impact rural Nebraskans. However, this work requirement can be met in multiple ways, including volunteering in one's local community. Additionally, state and federal funds are available to cover

transportation costs to comply with this requirement. And the department can grant exemptions for those facing legitimate barriers beyond their control, such as a lack of transportation. Section (5)(b) further strengthens a-bod work requirements by prohibiting the use of no good cause exemptions, which allow states to exempt up to 8% of a-bods from work requirement for any reason at all. Over time, these exemption-- exemptions accumulate, and Nebraska has stockpiled nearly 85,000 of them, enough to exempt every a-bod in the state for months, even without the use of geographic waivers. Arkansas, Kansas, Idaho, and North Carolina have closed this loophole. Nebraska, Nebraska should do the same. Section (6) expands work requirements to 14,000 able-bodied adults without young children. It does so by making participation in the employment and training program mandatory for this group of able-bodied adults, if they aren't already working or qualify for an exemption. Right now, participation in E&T is entirely voluntary. It's only 400 of these 14,000 able-bodied adults who participate. That's less than 3%. Without mandatory E&T, Nebraska fails to provide 14,000 able-bodied adults with the benefits of work requirements. Some argue that making E&T would be costly and challenging to implement, but let's look at the success of other states. Idaho recently codified mandatory E&T. This year, they expect about 20,000 work registrants to participate. This is expected to cost about $1.58 million total, about $80 per participant, compared to Nebraska's $3,250 per participant under the current voluntary E&T system. Utah found success through innovation by offering virtual E&T and keeping costs low while ensuring participation across the state, including their rural counties. Most participants found jobs within 2 quarters of complete-- completing the program, and 97% remained employed a year later. Texas assigns 275,000 work registrants to mandatory E&T. However, only 50,000 par-- participate, as most prefer returning to work rather than participating in E&T. This shows how realities may be less than projections, as many simply return to work before complying with mandatory E&T. I know I kind of hit my time here, but that's, that's the gist of what I've got, so I'll stay for questions.

HARDIN: OK. Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Mr. Rhodes, for testifying again. So I, I, I know you spoke a little bit about Texas. I don't know how familiar you are with Nebraska and our unemployment rates here in our state, but-- so we have historically have had very low unemployment rates. In fact, I think we have one of the lowest unemployment rates in the entire country. And we have one of the highest percentage of Nebraskans who are working full time and still

living in poverty. So I guess I'm trying to thread the needle between this idea of these work requirements, these benefits, et cetera, et cetera. Nebraskans are very hard workers. I think a lot of us on the committee are probably really proud of Nebraskans' work ethics. Again, I think our-- and the data reflects that. Our, our unemployment rates are, are very, very low. But Nebraskans who are working full time still are living in poverty and are still living at a level of poverty that-- which require support to, to feed their families. And so, I guess I'm-- can you help me understand a bit more where you're coming from here?

CLAY RHODES: Absolutely. I appreciate the question. You know, I would point out to that effect that, you know, this bill isn't about coming down on, on, on poor individuals. It's about the $1.3 million a year that only reaches 400 people, which is less than 3% participants. So it's-- you know, we talked a lot on the last bill about efficiency of a system, and I think that this bill just creates more efficiency for the system.

FREDRICKSON: That number, the 1.3 to 4-- to how many people, I'm sorry-- you said, was it? What's the [INAUDIBLE]?

CLAY RHODES: $1.3 million a year that only reaches 400 people, and that's less than 2%.

FREDRICKSON: And that's SNAP money?

CLAY RHODES: That's correct.

FREDRICKSON: And that's Nebraska specifically?

CLAY RHODES: Yes. That's correct.

FREDRICKSON: And it reaches 3% of who?

CLAY RHODES: 3% of participants, less than 3% of participants. 400 people, of the 14,000.

FREDRICKSON: Help me understand that more. I don't think under-- I follow you.

CLAY RHODES: I mean, the-- what, what they're spending on E&T programs a year, they're spending 1.3 with it being nonvoluntary, and that's only reaching about 3% of people.

FREDRICKSON: Is that from DHHS Nebraska?

CLAY RHODES: I believe-- I have, I have the exact citation for that, but I can get you that after the committee.

FREDRICKSON: OK. If you could, that would be helpful because if that's, if that's in fact true, that's concerning. So that, that would be helpful to have that--

CLAY RHODES: Absolutely.

FREDRICKSON: --citation and that information.

CLAY RHODES: Sure.

HARDIN: Other questions? Seeing none, thank you.

CLAY RHODES: Thank you very much.

HARDIN: Proponents, LB656. Any more proponents? Opponents, LB656. Welcome.

TIFFANY FRIESEN MILONE: Hi. Good afternoon, Chairman Hardin, members of the Health and Human Services Committee. Tiffany FrIesen Milone, T-i-f-f-a-n-y F-r-i-e-s-e-n M-i-l-o-n-e. I'm deputy director at OpenSky Policy Institute. We oppose LB656 because it will hurt our ability to respond to economic downturns and put unnecessary burdens on food-insecure families. First, SNAP is a powerful economic development tool. During economic downturns such as the Great Recession and the COVID-19 pandemic, for every $5 of SNAP benefits sent-- spent, $9 were returned in economic activity. So this bill would require education and training program for participants who don't meet general work requirements, erecting an unnecessary administrative barrier. Evidence indicates that work requirements and mandatory education training generally do not achieve the intended result of SNAP participants becoming economically self-sufficient, and thus no longer eligible for SNAP. Evidence instead shows work requirements reduce SNAP participation and benefits and do not increase employment prospects or earnings. These changes would make it harder to stay on SNAP and keep SNAP from being an effective economic development tool, as we know it is. Additionally, 49% of Nebraska's SNAP participants are currently working and more than 80% have worked within the last 12 months, all this while our employment rate is just 2.8%. This bill also would prevent the state from using waivers and exemptions to work retire-- requirements or mandatory training. These waivers are valuable tools to manage an economic slowdown, and can target geographic areas or populations that are particularly economically vulnerable. As it is, we already use them sparingly in a

targeted manner, focusing on a specific region of the state. In fiscal year '20, Nebraska used 1,591 of 66,000 available discretionary waivers. And in fiscal year '23, we used 477 of 800-- 81,000. We generally rely on the federal government to make broad changes to the use of waivers in times of economic crisis. If we lose the ability to change how we approach waivers, however, we'll tie our hands should the federal government not act. Finally, we question the feasibility of scaling the existing education training program statewide. DHHS indicated in the agency's fiscal year '25 state plan that it is not ready to implement a mandatory education and training program statewide. Currently, as said, there are 400 people set to participate in this program and this bill would require it scaling it significantly and across geo-- diverse geography, ensuring even those in remote areas could access the program. Finally, the fiscal note says $5.2 million. That's significant during a budget shortfall, particularly when our research success-- suggests the actual cost of scaling statewide might be higher than anticipated and federal funds lower due to proposed cuts. We could possibly draw down more federal dollars by pledging that all able-bodied adults without dependents are ensured a place in the program, but we haven't yet done so. Without appropriate funding, a mandatory education and training program is likely to fail, and people would lose access for food. It's for these reasons we oppose LB656. Thank you, and I will be happy to try to answer any questions.

HARDIN: Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here and for your testimony. Do we currently have any existing work requirements statewide for SNAP?

TIFFANY FRIESEN MILONE: I don't believe we have work requirements statewide, like not state-specific work requirements. The federal program has kind of work requirements built in. There are certain things that you have to do.

FREDRICKSON: OK.

TIFFANY FRIESEN MILONE: There are others who probably know more of the specifics on that.

FREDRICKSON: Perfect. Sounds good. Thank you.

TIFFANY FRIESEN MILONE: Yeah.

HARDIN: Further questions? Senator Ballard.

BALLARD: Thank you, thank you. Chair. Thank you for being here. Can you unpack the $5 in SNAP for $9 economic activity? So economic activity, does that mean-- what does that, what does that mean?

TIFFANY FRIESEN MILONE: Yeah. So basically, it's how the spending travels through our local economy. So based on how SNAP dollars can be spent, most of the time they are spent within local economies. So say a recipient gets $1 and they spend that dollar at their local grocery store, that dollar then is into the local economy. It allows that grocery store to then, you know, pay its bills, expand the food offerings available, and so that's how it kind of trickles through. So as you increase the consumer spending power of this group of people, then it expands through their economies.

BALLARD: OK. I see. And they say you have a study on that in Nebraska?

TIFFANY FRIESEN MILONE: Yeah. There-- there's actually a pretty robust set of evidence. The studies go back to 2009. I think they started track-- I think the first study I read was from Moody's, coming out of the Great Recession. And so a lot of these multiplier effects are based on economic downturns. And so the effect would be lessened when you're not in an economic downturn, but it's still there.

BALLARD: OK. Thank you.

TIFFANY FRIESEN MILONE: Yep.

HARDIN: Other questions? Seeing none, thank you.

TIFFANY FRIESEN MILONE: Thank you.

HARDIN: Opposition, LB656. Welcome back.

ANDREA EVANS: Thank you. Chairperson Hardin and members of the Health and Human Services Committee, my name is Andrea Evans, A-n-d-r-e-a E-v-a-n-s. I'm a long-time Lincoln resident, a mother, grandmother, and working professional. I'm here today to testify in opposition to LB656 on behalf of my fellow Nebraskans, but especially on behalf of my daughter. My 19-year-old daughter, Emma, my grandson, and I are part of a joint SNAP household. My daughter lives with me and will for the foreseeable future due to her epilepsy diagnosis. My daughter had a couple of seizures within 2 weeks. She can't drive, she can't look at screens without special dimmers, she needs support, and holding down a job is extremely difficult for her in this context. Aside from SNAP, my daughter also receives ADC. Despite a doctor's letter saying that my daughter's disability would prevent her from working, she was

denied a waiver for the work requirements currently in place for ADC. If LB656 passes, the state would not have the option to grant her or people in similar situations a work requirement exemption, which I know, from personal experience, would create a lot of harm. Work requirements are supposed to help people access jobs so they don't rely on benefits. My daughter has struggled to access reliable employment because her epilepsy is something that requires a lot of attention and accommodations. We're still in the process of trying to get her on a medication regimen that is stable. Right now, we're being asked to consider a medication that is known to cause aggression, and I cannot imagine how that plays out safely in a job context. In the meantime, though, she needs food. While I know she ultimately would want to work, her health condition is not stabilized. We're not out of the woods. My daughter cannot remember her seizures. She can only tell based on side effects, like noticing if she's bitten her tongue. When working with Equus to fulfill her ADC work requirement, she's constantly running into problems. Her seizure disorder has a significant impact on her memory. Because of this, she can't keep up with the dates and times they're scheduling for her. I've offered to be of assistance helping her manage her calendar, but things still slip through the cracks, and I'm not always communicated with. When this happens, she gets penalized for noncompliance, even though these issues are actively being caused by her medical condition. I want to "empathize." Stress is one of the triggers that her seizures-- that triggers for her seizures, and the threat of losing her benefits is incredibly stressful. At the end of the day, LB656 would create unnecessary and harmful barriers to food access for Nebraskans like my daughter. It is a bill that costs money to the state and has a real life cost to families like mine. I urge this committee to vote no on LB656.

HARDIN: Thank you. Questions? Seeing none, thank you. Opposition, LB656. Welcome.

EUGENE DE CORA SR: Good evening. Thank you, Chairman Hardin, esteemed members of the committee, for letting me speak today. [SPEAKING HO-CHUNK]. I'd like to thank the committee for the opportunity to speak today. My name is Eugene De Cora Sr., E-u-g-e-n-e D-e C-o-r-a S-r. I'm a member of the Eagle Clan and currently serve as an elected member of the Winnebago Tribal Council. I'm here to testify in opposition against LB656. Thanks to our last great war chief, Chief Little Priest, the Winnebago people made what is now Nebraska our home in 1865, 2 years before Nebraska became a state. Since my election in 2023, I have enthusiastically joined in the tribe's efforts to create economic development that benefits the tribe, our neighbors in

Thurston County and the entire state of Nebraska. The tribe promotes construction projects, provides educational opportunities, enacted self-governance over our local hospital, owns a chain of convenience stores, promotes farming and additional economic growth on and near the Winnebago Reservation, providing much needed jobs. While the Winnebago tribal government has made great strides in reducing poverty and generating economic development in Thurston County and the surrounding areas. These efforts have not been enough to combat, combat generations of poverty, and Thurston County remains a low economic activity area, with not enough jobs or transportation and very few childcare options. Our corner of Nebraska has some of the highest rates of rural unemployment in Nebraska, and SNAP assistance provides $1.50 in local and economic activity for every dollar spent. People in the Winnebago area want to work, but the opportunities are not there yet. Taking away the option to provide waivers when there is not sufficient local jobs, training opportunities, transportation, and childcare alternatives for our rural community will only further depress our economic-- economy, preventing even more of our citizens who want to work from having the opportunity to do so. This bill would remove the flexibility to provide exemptions for individuals in low economic activity areas like Thurston County, and take away necessary temporary food support paid for by the federal government and for our communities. This food assistance provides economic benefit to more than just the recipients. Limiting the assistance would undermine the tribe's ongoing efforts to economically develop the area through the local economy and provide jobs for the most vulnerable and disadvantaged of us all. LB656 will also have a negative impact on low-- other low economic activity areas. Enacting this bill will hurt the economy and employment opportunities in rural areas across the state, not only for Winnebago, but for all people in Nebraska. Pinagigi. Thank you.

HARDIN: Thank you. Questions? Seeing none, thank you.

EUGENE DE CORA SR: Have a good evening.

HARDIN: Opposition, LB656. Welcome back.

ALICIA CHRISTENSEN: Thank you. This light right here, it feels very spotlighty. So good afternoon, again, Chair Hardin and members of the Health and Human Services Committee. My name is Alicia Christensen, A-l-i-c-i-a C-h-r-i-s-t-e-n-s-e-n, and I'm testifying in opposition to LB656 on behalf of Together. We all want to live in a state where every family has enough food to eat, and SNAP is a key component in making this a reality. However, LB656 would impose mandatory

employment and training requirements that are fundamentally incompatible with increasing food security. LB656 would create administrative hurdles and-- that disproportionately screen out adults experiencing homelessness and put up red tape that reduce program participation among eligible households. Such outcomes are unacceptable, especially as food insecurity in Nebraska has increased over the past 5 years and is higher than the national average, as well as nearly all surrounding states. LB656's one-size-fits-all requirements also run counter to an increasing body of research, indicating that removing conditions for assistance is the most effective way to address poverty and food insecurity. We should draw on this evidence to reject additional restrictions in favor of responsive and flexible policies that have demonstrated success. We should also reject harmful stereotypes about people who use SNAP benefits. This bill is grounded in the false assumption that employment-related requirements are necessary because people experiencing poverty don't want to work. In fact, over 85% of Nebraska families that receive SNAP benefits include at least one worker, which is almost the same share among all Nebraska families. Furthermore, SNAP provides critical assistance for individuals who are unable to work. Approximately 1 in 3 SNAP households in Nebraska include one or more people over the age of 60, and over half of SNAP households include at least one person with a disability. The goal of Nebraska's E&T program is, quote, to assist motivated individuals in improving their skills and helping them achieve the ultimate goal of self-sufficient employment based on each individual's needs. This program is an amazing resource for motivated SNAP benefic-- beneficiaries who want to expand their opportunities to these trainings. It-- and if it fits their circumstances. However, a person's ability to afford enough food to feed their family should not be conditioned on enrollment in a program that doesn't fit their needs or their goals. Therefore, I urge the committee to oppose LB656 because its proposed policies undermine the efficiency and effectiveness of our SNAP program, taking us further from achieving food security for all Nebraskans. Thank you.

HARDIN: Thank you. Questions? Seeing none, thank you.

ALICIA CHRISTENSEN: Thank you.

HARDIN: Opposition, LB656. Welcome back.

KATIE NUNGESSER: Thank you. Thank you, Chairperson Hardin and members of the Health and Human Services Committee. Again, I'm Katie Nungesser, spelled K-a-t-i-e N-u-n-g-e-s-s-e-r, and I'm representing

Voices for Children in Nebraska in opposition of LB656. Our state economic policy should support families in trying to build a better future and ensuring children's basic needs are met. We're opposing this bill as it is a costly, ineffective, and harmful approach to addressing SNAP benefits and work requirements. Our concern is amplified by the fact that over 68% of households receiving SNAP include children. The proposed legislation, legislation does not address the root causes of unemployment, but does create unnecessary barriers to food access. This bill would require mandatory participation in E&T programs, despite clear evidence that the programs are ineffective and burdensome. Nebraska is not equipped to implement this mandate successfully. The cost of administering this and enforcing this would be substantial, diverting resources away from direct support for families who need it. Two-thirds of the other states that have attempted similar mandates have since reversed course, due to inefficiency and cost. Of the 9 states that remain, none of them actually require parents to participate in the mandatory E&T, whereas this bill would require parents with children as young as 6 to participate. The provision places an undue burden on parents who are already managing the responsibilities of caregiving while struggling to make ends meet. The second and more troubling aspect of the bill is its removal of waivers. This is specifically the discretionary waivers for work requirements. The waivers are rarely used by DHHS, only a few hundred per year in Nebraska, but for the households that are receiving them, they are a lifeline. The elimination of these waivers would mean that families face-- that are already facing dire circumstances would no longer have access to these necessary exemptions. Overall, the top 21 food insecure counties in Nebraska are rural. Thurston County is the highest, and the pop-- with 18.8% of the population being food insecure, which is 72.5% higher than the national average. This bill is particularly concerning for children and youth living in Thurston County, home to the Winnebago and Omaha reservations. Current law allows DHS to use the disc-- those discretionary exemptions for residents in these areas where, like we heard before, lack sufficient jobs to meet these requirements and makes it impractical. Those that would be impacted by the loss of those exemptions and loss of access to food would primarily impact Native Americans living in rural areas and on these reservations. If LB656 were to pass, DHS will lose that ability-- sorry, lost my place. But it's unnecessary and harmful. We're asking you not to pass it and continue to look at policies that move families out of these situations. Available for questions.

HARDIN: Questions? Senator Riepe.

RIEPE: Thank you, Chairman. Educate me a little bit, because when you talk about the Native American reservation, if you will. Thurston County--

KATIE NUNGESSER: Yes.

RIEPE: --has 18.8%. Is that a federal or a state obligation? I don't know. So.

KATIE NUNGESSER: Yeah, I mean, the state should be looking out for our residents, period. I understand that these--

RIEPE: I'm talking about legally. Who is legally required to pick up the check?

KATIE NUNGESSER: I mean, they're sovereign nations. But I think that our nation definitely have some agreements and, and owes it to people.

RIEPE: I don't think their agreement's with the state, though. I think their agreements are with the federal government.

KATIE NUNGESSER: Yes. And I-- I'm--

RIEPE: I'm not going to be argumentative. I'm just trying to--

KATIE NUNGESSER: No. You're not, you're not. And maybe I'm not the right person.

RIEPE: Because if we don't have to spend money where we can get the feds, then we have more money to spend--

KATIE NUNGESSER: Yeah.

RIEPE: --on, on the balance of Nebraska.

KATIE NUNGESSER: There was a powerful testifier the last time this bill was brought, and she also talked about what food was available. And I encourage you to go back and read some of that, too, about the quality of food that-- through the commodities programs and things. And is this what we want to provide to these kids? And taking a hard look at, you know, what are we doing by allowing the SNAP that allows parents to get that nutritional food that fits those family's needs, as opposed to-- the federal government does have some resources, but I just encourage you to go check those out yourself. And I'm not the expert. So.

RIEPE: OK.

KATIE NUNGESSER: But, I appreciate your question.

RIEPE: Thank you, Chairman. Thank you.

HARDIN: Thanks. Senator Meyer.

MEYER: Thank you, Chairman Hardin. I was remiss earlier, when we were discussing this, to mention that Thurston County, which is my home county, that has those economic challenges, and they're substantial. The, the tribes receive federal assistance. I don't know if they're also included in, in a SNAP program. It would appear from our previous testifier from the Winnebago tribe that they are, which would, which would be part of the, the federal funding. Even though they're a sovereign nation, they are still residents of the state of Nebraska, and they are recognized as so-- as such. And so I, I would have to have an expectation that they are eligible in utilizing some of the state programs, rather than strictly federal programs, and, and so they certainly can benefit from whatever assistance we can give them. To their credit, the tribes are trying very hard to raise their economic conditions. Both tribes, Winnebago and Omaha in the-- Thurston County should be commended for their efforts. But they've got a long ways to go. And, and so from the status of whether they're utilizing other state programs, I'm not-- I, I, I don't know specifically, but I certainly could reach out to my constituents and get that information for you.

RIEPE: I'm just concerned because they are, I believe, a sovereign nation. And I don't know how you can be a sovereign nation, and-- unless they have a dual citizenship of their own and then Nebraska, you know. How do you stand and sit both at the same time?

MEYER: You can, you can have both status. You can have dual citizenship, quite frankly, Senator Riepe, and, and as-- the identification of a sovereign nation does not disqualify them from being residents of the state of Nebraska. So--

RIEPE: Really?

MEYER: So, I don't know if I can answer that any more specifically than that. I don't, I don't believe I'm qualified to answer it more specifically than that. But, but for purposes of, of voting in state elections, county elections, local elections, they certainly are qualified and, and, and certainly participate in those. So.

RIEPE: It's an area I need to learn more about. Well, thank you.

MEYER: And I probably need to be more specific about it. I've dealt extensively with the, with the tribes, being on the county board. We have tribal members on the county board. But for these issues specifically, I can't answer to them, actually. So.

RIEPE: OK. Well, thank you.

MEYER: Yeah.

HARDIN: Any other questions? Thanks.

KATIE NUNGESSER: Thank you.

HARDIN: Opposition, LB656.

TAYLOR GIVENS-DUNN: Hello, again.

HARDIN: Hi, again.

TAYLOR GIVENS-DUNN: Once again, good afternoon, members of the HHS Committee. My name is Taylor Givens-Dunn, T-a-y-l-o-r G-i-v-e-n-s-D-u-n-n, and I'm the policy and power building manager at I Be Black Girl, and I'm here today to express our opposition to LB656. At IBBG, we believe in dismantling the systems that perpetuate harms against Black people in marginalized communities, and we're concerned that this bill would further entrench those very systems. While we understand that the sentiment behind this bill may be to encourage work, the reality is that, is that it will create unnecessary barriers to food access for Nebraskans who are already struggling with systemic barriers to economic stability, particularly families with children. We want to be clear that the majority of SNAP recipients are already working. In fact, over 60% of families with children are employed while receiving SNAP, and nearly 90% of recipients work in the year before or after they participate in the program. Many of the families receiving SNAP benefits are already doing everything in their power--not again-- everything in their power to support themselves and their families. Forcing them into even more restrictive work requirements will do little to address the root causes of unemployment, such as a lack of access to living wage jobs, affordable childcare and stable housing. Instead, it will strip vulnerable, vulnerable Nebraskans, particularly black and other communities of color, color, of essential food assistance. We also know that food insecurity is linked to a range of health and developmental challenges-- thank you-- especially for children. We're concerned with the way this bill may worsen health disparities, but also perpetuate a cycle of poverty and hardship. As an organization

that centers the needs of Black women, femmes, and girls, we're particularly concerned about how LB, LB656 will disproportionately affect Black, Black Nebraskans. Black families are already more likely to face systemic barriers to employment and fair wages. With more restrictive work requirements, Black families will face even greater barriers to receiving the support they need to maintain their health, well-being, and stability. Rather than focusing on measures that remove food support from families who are already working, we should be looking for solutions that address the root causes of food insecurity, like expanding access to affordable housing, supporting workforce development programs, and improving pay for low-wage workers. These are the kinds of policies that create long-term sustainable change for Nebraskans. LB656 does not address the underlying causes of unemployment or food insecurity. Rather, it exacerbates these issues by creating unnecessary hurdles for those already struggling. We urge this committee to reject LB656 and work towards policies that will lift up all Nebraskans, ensuring that everyone has access to the resources they need. Thank you for bearing with me. I'm happy to answer any questions.

HARDIN: Thanks. Questions? Seeing none, thank you.

TAYLOR GIVENS-DUNN: Thank you.

HARDIN: Opposition, LB656. Welcome.

KEN SMITH: Good evening, Chairperson Hardin, members of the committee. I know we've been here a long time, so I'll try to keep this brief. My name is Ken Smith, that's K-e-n S-m-i-t-h. I am the director of the economic justice program at Nebraska Appleseed, and we oppose this bill. I wanted to just quickly address, obviously, the first thing this bill does is eliminates our state's ability to use discretionary waivers that we've used very sparingly over time, to help communities suffering economic duress. These waivers were described as a loophole. They are not a loophole. These waivers are intentionally designed as part of the SNAP program to allow states to respond using their agency's discretion to economic downturns that makes it very hard, if not impossible, for people to work. We have used these waivers, I think judiciously would be saying it nicely. As you've seen, they are very, very limited, and-- but they have been critical for the communities that they're utilized within. So again, this is not closing a loophole. It is exercising our agency's discretion to provide critical nutrition support when there is an economic downturn. Secondly, as we know, this bill would implement mandatory SNAP E&T. That would be a very complicated and costly process. As the fiscal

note shows, the agency is projecting they'd have to hire 35 people just to accommodate another 800 participants. Frankly, I'm not sure where the 800 number comes from. I think that number could be much higher, in which case the fiscal note would be much larger. And in general, I think the fiscal note you should treat as a floor, not a ceiling. It, it itself alludes to other administrative costs that I don't think are specifically accounted for in the final numbers, mostly related to training up potential third-party partners, which is how if this were to go forward, how we would have to do it. The state doesn't have the capacity to pro-- to provide employment and training programs itself. We'd have to train up third-party partners. I've been actually a part of that process because I helped-- and Nebraska Appleseed worked with DHHS to implement the, the voluntary DHHS program that we have now-- or the-- I'm sorry-- yeah, the voluntary E&T program that we have now, so I can speak to sort of the, the rigors of building a program like that and why this would be so administrative, complicated, and costly, partic-- in, in a mandatory context. And even if it weren't, even if it were feasible, it's still a bad policy idea, which is why states are move-- have moved away from mandatory E&T. And I don't know where the list we heard from proponents came from of states that have it. My last check from the federal government's own sources showed that only 9 states use it out of 50. I think there are at least 18 that have moved away from it. And it's because when you put states in a position of building these mandatory, complex, costly programs, the things that they do to abide with the requirements of the program, or just push people to very simple things like job search in a computer lab, rather than giving people meaningful licensing, credentialing, the things that people are seeking on a volunteer basis right now, that went-- very quickly, I see my light is on. I'll stop there and see if the committee has any questions. But we, we oppose the bill and would ask you not to advance it.

HARDIN: Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here and for your testimony. What-- the ending part of that kind of was curious to me. So we, we did receive a handout earlier. I, I don't-- I kind of lost it in my pile here. But of the states that do have this currently--.

KEN SMITH: Sure.

FREDRICKSON: --am I to understand you corr-- have, have there been states who have implemented this previously and they stopped doing it?

KEN SMITH: Yeah. And my numbers show that there are-- I think there are 18 of those states. Currently, the ones-- the, the states that have a voluntary at-- my last-- the most recent USDA state options report, so that there are 44 states that have a voluntary-only employment and training program.

FREDRICKSON: OK.

KEN SMITH: There are 6 that have a voluntary and mandatory program, and 3 that are purely mandatory, including Florida, Kansas and Utah. I know that, you know, building these programs obviously takes time. But as a snapshot in time, the, the last best sort of citation that I have is, is that 44 states are voluntary.

FREDRICKSON: So the states that did have this mandatory previously and then stopped making it mandatory, why did they do that?

KEN SMITH: In general, they found that the mandatory programs just absorbed a ton of state resources, which again, we see a preview of that in our fiscal note, and simply did not deliver outcomes. And I know, again, I can't, I can't remember the exact numbers from proponent testimony, but it, it sounds like they are claiming that there are some successful models of mandatory SNAP E&T. I can tell you, having worked with employment and training programs, I mean, since 2017, that the weight of the evidence in, in SNAP E&T shows that voluntary programs can be very successful if ran correctly and mandatory programs cause states to spend a lot of money on programs that actually, in some cases, reduce overall earnings and employment prospects, and like I mentioned, end up prioritizing these low-cost options like just job search, rather than training somebody in, you know, a, a, a meaningful kind of on-the-job atmosphere. So there are states that have awesome third party partnership models with community colleges that do really intensive job training, and that's great. In mandatory states, because of-- they're-- all of those-- the state employees are focused on, you know, imposing and, and enforcing these compliance measures, that's what they're worried about. Are people complying with the rules? Are, you know, are, are they remaining eligible? Now I need to kick these folks off, and then they reapply. And on the other end of that, they're a burden on the state's eligibility processing staff. And so, that's how staff are spending their time. They're not spending their time within this program. The resources aren't going to actually designing and making available or form-- forming partnerships with folks that can make available meaningful job training opportunities.

FREDRICKSON: It's making me think a little bit about the previous bill. There, there seemed to be-- I know Senator Hansen was talking about this a little bit, like, how do we-- the question that's going through my mind, I guess, is it sounds like where there might be some agreement from the proponents and the opponents, is that there there's maybe some space for reform in the sense of how do we develop programs that are actually benefit-- genuinely benefiting folks getting into the workforce, you know, getting careers or jobs that are making them self-sufficient in that way. And it seems like it's kind of-- we're missing the mark there, it sounds like. Is that something you would agree with or--

KEN SMITH: I would say that we are moving in the right direction, in terms of committing to and, and providing resources for a voluntary E&T program. I absolutely agree with the motivation of we want folks to be able to have opportunities to get better jobs and move ahead. I mean, I think, you know, proponent, introdu-- like, I think we can-- we are, we are all on the same page there. It's about how you do that. And I think that looks more like ensuring we have robust-- you know, a SNAP program that allows folks to put food on the table as they're trying to get ahead, while at the same time having a voluntary E&T program that provides meaningful, meaningful, you know, job training opportunities.

FREDRICKSON: Great. Thank you.

HARDIN: Senator Ballard.

BALLARD: Thank you, Chair. Thank you, Mr. Smith, for being here. I always appreciate you coming with good information. So when other states implement E&T programs, do you see individuals fall off SNAP? I only ask because we're not adjusting eligibility, so this-- I'm struggling to understand like, whether individuals are going to lose SNAP benefits if--

KEN SMITH: Well, I think-- I mean, they would lose SNAP benefits if, for example, they were, you know, mandated to participate in the E&T and for whatever reason, couldn't complete their-- you know, that, that, you know, that opp-- you know, couldn't, couldn't complete that requirement. I think it would be-- they would be, you know, sanctioned, I think, and, and, and lose SNAP benefits. So I think that's, that's the, the concern, in terms of folks falling off of SNAP.

BALLARD: OK. And that-- that's showing in other states where they're not able to meet the threshold and so they're falling off?

KEN SMITH: Well, I guess-- and what do you mean by the threshold?

BALLARD: And I understand the [INAUDIBLE] I get the administrative burden. I understand that. But it's just-- I'm struggling with the idea that individuals are going to fall off SNAP benefits.

KEN SMITH: So, so I think-- I mean, by, by virtue of a mandatory program, that means noncompliance means it's, it's, you know, sanctionable and, and, and sanctions mean you, you no longer have SNAP benefits. So I think that's--

BALLARD: OK.

KEN SMITH: But I don't have-- I mean, in terms of, you know, how-- what is SNAP sort of participation in states that have-- I don't have the, the information with me that shows like, what is sort of the, the caseload in states that have mandatory E&T programs. More of my information is focused on the, the-- the thesis statement is you spend a lot of money and you get poor outcomes, in terms of moving people into higher paying jobs.

BALLARD: OK. I, I-- like I said, I, I appreciate your testimony. I always do, so thank you for being here.

KEN SMITH: I appreciate the question.

HARDIN: Other questions? Senator Riepe.

RIEPE: Chairman, thank you. Based on the management principle, that past performance predicts future performance, I would propose that we privatize this and hire 2 people to run it. Probably pull it off, but-- and save a lot of money. Given the fact that the state has not proven that they're very good at running a lot of things.

KEN SMITH: Is that a question?

RIEPE: I think it was a statement of frustration.

KEN SMITH: OK. And--

RIEPE: You know? And let me finish on that, because I've said this to the governor. Every time something comes through DHHS, they want to add at least-- it can maybe move a piece of paper from the left to the

right side of the desk, and they want 2 new employees. I, I-- you know, I never had that luxury when I was in the hospital business, but thank you very much for giving me therapy. Thank you, Chair.

HARDIN: Welcome. Other questions? Thanks for being here.

KEN SMITH: Thank you.

HARDIN: Opposition, LB656. Those in the neutral, LB656. Senator Andersen.

ANDERSEN: Thank you, Mr. Chairman. And a couple of questions I hopefully resolve. Senator, Senator Fredrickson, you talked about the work require-- requirement in Nebraska. If you look in the bill, page 5, line 17-- I think that's where it was held. Yeah. I'm wrong. All right.

HARDIN: I think-- so, let's wait. Do your closing, please.

ANDERSEN: Sure. Thank you, Chairman Hardin, members of the Health and Human Services Committee. I'm introducing LB656 to remove the exemption waiving the federal worker requirement to qualify for SNAP. There are 23,200 able-bodied Nebraskans exempt from the work requirement. With record low unemployment in Nebraska, we need all the workers we can find. Workforce development leads to economic development, which fuels the Nebraska economy. There's a direct corollary between an expanding workforce and a great future of Nebraska. Additionally, there's dignity in work. When a person learns a skill gets a job, it's a powerful influence on their well-being and those around them. LB656 is a commitment to the charitable and to-- to the charitable and generous people of Nebraska. It is-- it's about transforming a safety net into a launchpad for opportunity. By closing the waiver loophole in current statute, we're not merely cutting costs. We're investing in the potential of every able-bodied Nebraskan. The bill stands as a testament to the belief that work dignifies, empowers and heals. Rather than subsidizing dependency, LB656 paves the way for self-sufficiency, healthier lives, and a greater Nebraska. I look forward to working with you to advance this bill out of committee for consideration by the full legislation. I thank you for your time and attention, and happy to answer any questions.

HARDIN: Thank you. Questions? Seeing none, we had online, 7 proponents, 123 opponents, 2 in the neutral. This concludes our

hearing for LB656. We will be going into exec, so we do ask all of you to please vacate the room as soon as you're able. Thank you.