

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HARDIN:** OK, everyone, if we can get you to stop being so friendly. Here in Nebraska-- as I tell people, the N on the helmet stands for nice, and it's the way knowledge should be spelled. So, we're going to get rolling. Welcome to the Health and Human Services Committee. I'm Senator Brian Hardin, District 48, and I serve as chair of the committee. The committee will take up bills in the order posted. This public hearing today is your opportunity to be a part of the legislative process and to express your position on the proposed legislation before us. If you're planning to testify today, please fill out one of the green testifier sheets that are on the table in either of the rooms off to the side. Be sure to print clearly and fill it out completely. Please move towards the front row to, to testify. When it's your turn to come forward, give the testifier sheet to the page. If you do not wish to testify but would like to indicate your position on a bill, there are also yellow sign-in sheets back on the table for each bill. These sheets will be included as an exhibit in the official hearing record. When you come up to testify, please speak clearly into the mic. Tell us your name. Spell your first and last name to ensure we get an accurate record. We'll begin each bill hearing today with the introducer's opening statement, followed by proponents, then opponents, and then anyone in the neutral capacity. We'll finish with a closing statement by the introducer if they wish to give one. We'll be using a 3-minute light system for all testifiers. When you begin your testimony, the ladder on the table will be green. When the yellow light comes on, you have one minute remaining, and the red light means you're about to get thrown out through the top of the roof. No, no, but we'll probably say, hey, the red light's on. And so, also, committee members may come and go during the hearing. It's because this same thing is going on around the Capitol. And it's kind of like watching a cooking show. You know, the cooks are kind of on the, on the committee, and then they're all-- that's how this works. And so we're getting up and we're doing this same thing in other places, so that's what's happening. OK. A few final items to facilitate today's hearing. If you have handouts or copies of your testimony, please bring up at least a dozen copies and give them to the page. Please note that thumb drives, CDs, DVDs, oversize documents, books, lists, kites, kittens, all of that cannot be accepted as exhibits for the record. Props, charts, and other visual aids cannot be used, simply because they cannot be transcribed. Please silence or turn off your cell phones. Verbal outbursts or applause are not permitted in the hearing room. Such behavior may be cause for you to meet one of our handsome state patrolmen in the back

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

of the room. So finally, all committee procedures state for the record that written position comments on a bill to be included in the record must be received by 8 a.m. the day of the hearing. The only acceptable method of submission is via the Legislature's website at [legislature.nebraska.gov](http://legislature.nebraska.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. You may submit a position comment for the record or testify in person, not both. I will now have the committee members with us today introduce themselves-- introduce themselves, starting with Senator Riepe.

**RIEPE:** Thank you, Chairman. I'm Merv Riepe. I represent District 12, which is Omaha, Millard, and the fine little town of Ralston.

**HANSEN:** Senator Ben Hansen, District 16, which is Washington, Burt, Cuming, and parts of Stanton Counties.

**FREDRICKSON:** Good afternoon, I'm John Fredrickson, I represent District 20, which is in central west Omaha.

**QUICK:** Good afternoon. I'm Dan Quick, District 35, Grand Island.

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

**HARDIN:** Demet, Sydney, ladies, would you stand up and just introduce yourselves?

**SYDNEY COCHRAN:** Hi. My name is Sydney, and I'm a sophomore at UNL, studying history.

**DEMET GEDIK:** Hi. My name is Demet, and I'm a student at UNL, and I'm studying poli sci.

**HARDIN:** Today's agenda is posted outside the hearing room. And with that, we will begin today's hearing with LB891, Senator Hansen. We are ready when you are ready.

**HANSEN:** OK. Chairman Hardin, members of the Health and Human Services Committee, my name is Senator Ben Hansen, that's B-e-n H-a-n-s-e-n, and I represent District 16. I'm here today to introduce LB891, a bill designed to reduce administrative burdens on childcare providers and remove regulatory barriers that restrict access to care. In Nebraska, 3 out of 4 children under the age of 6 have available parents in the workforce, ranking our state among the highest in the nation. Because

of this, we recognize that childcare is an important aspect for many communities around the state. Unfortunately, each year, childcare options are becoming fewer. Since 2019, we have seen a 13% drop in the number of programs across the state. While many factors are at play, one area impacting the availability of care is the administrative and regulatory environment. To identify these barriers, First Five Nebraska conducted a series of listening sessions over the interim with providers. And the feedback was clear: background check delays are driving workforce attrition and regulatory barriers that do not improve safety are hindering viability. LB891 focuses on 3 core areas: staffing, flexibility, and transparency. The first area addresses the staffing bottleneck. Processing times on background checks are approaching the same critical levels we have, we have seen before. In 2022, median processing times peaked at 4 weeks. Now, childcare providers are reporting similar issues. LB891 alleviates that pressure by aligning Nebraska with the flexibilities provided under federal regulations and implementing 2 changes: provisional hire. Staff may begin work under supervision once the federal or state fingerprint-based background check clears. Provisional hire is released after all other checks are completed. And portability. Staff already deemed eligible would not need to resubmit a duplicative background application when changing jobs, which can take longer than the standard 2-week notice to previous employers. It does not change the requirement to resubmit a fingerprint every 5 years, nor does it change the requirement for a new fingerprint if there's a break in employment longer than 180 days. Both provisional hire and portability changes, changes will help previously authorized staff in their ability to continue providing care for children across the state. The next topic LB891 addresses is written to support flexibility as providers adapt their business models. The bill prevents local regulations from requiring primary residency for family care homes. This change expands options for shared spaces and allows alternative models for care. Furthermore, LB891 removes a regulatory barrier that allows qualified volunteers to count in staff-to-child ratios. This help, this help-- this will help rural providers fill critical gaps where the workforce is most thin. The third area implements fair transparency in the public record system. Currently, providers who proactively self-report are treated the same as a discovered violation of public records. Providers value accountability, but need a system that rewards good actors. LB891 ensures that families have more accurate information that reflects that fact. In closing, LB891 is about streamlining the licensing system to move Nebraska toward a more stable, commonsense framework that supports both child safety and

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

childcare availability. Joining me today are providers who know these challenges well and can speak to their experience with some of the issues I've discussed. First Five is also here to provide more data and technical details on the bill. Thank you for your time and attention, and I'm happy to answer any questions you might have. And furthermore, I know we are working currently with the League and NACO on possible amendments to address some of their concerns, as well. So we're in communication with them, and they may come testify as well.

**HARDIN:** Senator Fredrickson.

**FREDRICKSON:** Thank you, Chair Hardin. Thank you, Senator Hansen, for being here and for the bill. I am just kind of reading this and you mentioned this briefly in your opening. You, you said the primary residency requirement for caregiver homes. Can, can you, can you say a bit more about that?

**HANSEN:** I think it has to do with-- and again, probably First Five can maybe talk about this further, but the avail-- the availability of people being able to have daycare out of their home.

**FREDRICKSON:** OK.

**HANSEN:** And then some of the regulatory burdens that have to do that, that might be put on them by, perhaps, the city or the county or somebody else.

**FREDRICKSON:** Am I correct to sort of interpret that as-- and, and I can ask First Five as well, but is that-- does that mean like you don't have to live in the home that you have an in-home daycare?

**HANSEN:** I believe so. Yes.

**FREDRICKSON:** OK. OK.

**HANSEN:** That gives them the option for that. So again, First Five will probably expand on that more.

**FREDRICKSON:** OK. Sure. Thank you.

**HARDIN:** Other questions? Senator Riepe.

**RIEPE:** Thank you, Chairman. I had a similar question, because I know, in the city of Omaha, there were-- which is a big part of the market, has a real concern about not having it be, as, as you noted, the

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

primary residence of those that are running the homes to be living in the homes. I'm not sure. I assume in the planning, putting this bill together, that was addressed with them?

**HANSEN:** Are you talking about the League? Are you talking about the-- Omaha in general?

**RIEPE:** I'm just curious. In building the bill, did you get input at that time or did they come forward?

**HANSEN:** I'm sure the League and First Five will expand on that, as well.

**RIEPE:** Yeah.

**HANSEN:** Yeah. You can ask them.

**RIEPE:** OK. OK. Just a concern.

**HANSEN:** I've been in communication with them, but it's more, like, maybe-- more-- just some of their concerns, I guess. So.

**RIEPE:** OK, thank you. Thank you for being here.

**HANSEN:** Yep.

**HARDIN:** Other questions? Will you stick around?

**HANSEN:** Just for you, Chairman, I will.

**HARDIN:** Thank you. Awesome. We're looking for proponents for LB891. Who is in favor of this idea? This is where you come and you educate us, because, well, we need help being educated, either for proponents or opponents. Well, I bet you are here to be a proponent.

**HUNTER TRAYNOR:** I am here to be a proponent.

**HARDIN:** Welcome.

**HUNTER TRAYNOR:** And I'm not sure how much I can offer by way of education, but I will certainly try my best.

**HARDIN:** Thank you.

**HUNTER TRAYNOR:** Chairman Hardin, members of the Health and Human Services Committee-- a committee I don't appear before very often, but

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

I'm happy to today-- my name is Hunter Traynor. That is spelled H-u-n-t-e-r T-r-a-y-n-o-r. I'm here today on behalf of the Nebraska Chamber of Commerce and Industry, as well as the Nebraska Economic Developers Association, both of which are statewide associations. I think this committee, the broader legislature, and the folks sitting behind me are well aware that access to affordable and reliable childcare is a critical factor to our state's economic health that informs workforce participation, talent attraction, and certainly, talent retention as well. And it's going to take a lot of different approaches to get this childcare issue under control. It's going to take not only public-private partnerships, many of which are happening in communities of all sizes around the state. It's going to take workforce supports for childcare workers who typically are facing labor market pressure to move on to higher-wage jobs in other sectors. It is also going to take regulatory relief. When we talk to Nebraska businesses across the state, across industries, regulatory burdens is a frequent concern, and childcare providers are no different. They are businesses as well, operating with many of the same balance sheet regulatory and administrative concerns that manufacturing industries and health care establishments also operate under. And when regulatory friction adds costs, adds delay, adds administrative burden, oftentimes, those costs get passed on to families and exacerbate this broader childcare issue. And on that point, I thought I'd set the table for proponents behind me on some of the broader economic concerns that this childcare access and affordability issue is causing. Our foundation worked with First Five, and just to reiterate some statistics that you all have likely heard, this annual impact in Nebraska is in the billions. About 1.6-- \$1.7, rather, billion in lost business output, \$1.6 billion in loss of labor income, well over \$60 million in lost income tax revenues for the state, and just about 7,000 jobs. And so I urge this committee to think creatively about all the various strategies that we can deploy to improve the childcare landscape in Nebraska, and the regulatory fixes in LB891 should certainly be part and parcel of that strategy. So I thank Senator Hansen, Senator at First Five, and all the providers afterwards who can answer questions on the more technical aspects of this bill. Thank you.

**HARDIN:** Great. Questions? You got off easy.

**HUNTER TRAYNOR:** Perfect.

**HARDIN:** OK.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HUNTER TRAYNOR:** Thank you.

**HARDIN:** Next proponent, LB891. Welcome.

**TASHA McNEIL:** Hi. Hello.

**HARDIN:** It runs away.

**TASHA McNEIL:** It does. OK. Good afternoon, Chairman Hardin and the members of the committee. My name is Tasha T-a-s-h-a, McNeil, M-c-N-e-i-l, and I'm the owner and director of Brilliant Brains Learning Center in Omaha. Thank you for this opportunity to testify in support of LB891. Excuse me. Brilliant Brains is a licensed childcare center with a capacity of 96 children. Today, we only serve about 35-45 children, not because families aren't seeking care, but because regulatory barriers, particularly background check delays, limit our abilities to operate at full capacity. Excuse me. Before opening my childcare center, I operated a Home II childcare. This model gave me the responsibility and entry point into the field, caring for up to 10 children while developing my skills as a business person and an early educator. LB891 supports these neighborhood-based models by removing restrictions that require family childcares to operate out of their primary residence. Today, as a center director, my largest challenge is staffing. Background check delays may have caused me to lose qualified employees who cannot afford to wait months or weeks to start work. Classrooms remain closed and working families stay on wait lists, even when we are licensed and ready to serve. This prevents parents from going to work and reduces my ability to attract and maintain qualified staff. LB891 addresses this in 3 critical changes. First, it allows my staff to begin work under supervision once their background check clears. This is already available under federal law, but Nebraska providers cannot utilize it. Second, it reduces system redundancy. Experienced staff who have cleared checks-- not to restart the entire process when changing jobs. Portable background checks will significantly reduce delays and cultivate an experienced workforce. Third, it would allow vetted volunteers to help meet staffing ratios with appropriate safeguards. This is essential during severe workforce cris-- shortages. LB891 improves licensing transparencies. The current system does not distinguish between self-reported incidents and violations discovered through inspections, what can-- which can result in reputation and harm for providers for doing the right thing. LB891 creates fair regulatory processes that encourages transparency and trust. In closing, LB891 will allow me to hire and maintain a quality workforce, keep my focus on the children in my care. I am licensed for

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

96 children, but serving-- but right now, I'm only serving less than half, not because of my lack of commitment, but because of the system barriers that prevent me from serving working families who need safe, quality childcare. LB891 addresses some of these barriers and responsibility. I respectfully urge you to support LB891 and Nebraska childcare providers and working families. Thank you. I'm happy to answer any questions.

**HARDIN:** Thank you. Questions? Senator Fredrickson,

**FREDRICKSON:** Thank you, Chair Hardin. Thank you for being here and taking, taking the time to testify.

**TASHA McNEIL:** You're welcome.

**FREDRICKSON:** You mentioned in your remarks kind of background check delays having a pretty significant impact on your ability to serve at full capacity. What's the typical timeframe that you're-- you find waiting for a background check?

**TASHA McNEIL:** 4-6 weeks.

**FREDRICKSON:** 4-6 weeks. OK. And am I understanding correctly that the way the current law works is that if an individual is a childcare provider, let's say, at another center. They had a background check, let's say, 2 months ago, right, so very recently. They get a job at your center. They have to undergo a whole other background check process again?

**TASHA McNEIL:** Yes.

**FREDRICKSON:** OK.

**TASHA McNEIL:** They will have to go through a-- and then we have to submit paperwork to get the fingerprints back. So that's the thing. So we have wait for the fingerprint background check--

**FREDRICKSON:** OK.

**TASHA McNEIL:** --to come back to us. Yes.

**FREDRICKSON:** OK. Thank you.

**TASHA McNEIL:** You're welcome.

**HARDIN:** Senator Ballard.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**BALLARD:** Thank you, Chair. Thank you for being here. It's good to see you. Can you, I appreciate the staffing challenges. Can you talk a little bit about how you're attracting work forces to your, to your business? Is it difficult? Is it-- what kind of methods do you use to, to get employees into your center?

**TASHA McNEIL:** OK. So right now, I'm trying to use word of mouth. I also have like a website, working with Step Up to Quality, First Five, Early Childhood, NECC, working with people so that way, I'm able to better promote myself and the quality that we're having in our childcare center. Right now, we kind of use like, Indeed. People apply and different things. But half the time, they don't show up for work or they're saying they're going to come to work, and then you hire someone and then you're still waiting for background checks. I've probably lost out on maybe about a good, like 10 quality staff, just probably within, I want to say since September. So right now, my staffing-- for me to be here today, I had to have somebody come in that normally wouldn't, just to allow me to be here today to testify.

**BALLARD:** Thank you for being here.

**TASHA McNEIL:** You're welcome.

**HARDIN:** Let's paint a picture together, for the sake of the record.

**TASHA McNEIL:** OK.

**HARDIN:** Roughly, how much would I make if I went to work at your center?

**TASHA McNEIL:** OK. Right--

**HARDIN:** Per hour.

**TASHA McNEIL:** Right now, you would probably be anywhere-- depending on experience, it would probably be \$15-19 an hour.

**HARDIN:** An hour. And so-- just so others can kind of get an idea of this. Because many people in this room know that I own a childcare center in another state.

**TASHA McNEIL:** OK, .

**HARDIN:** So I'm kind of familiar with some of this.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**TASHA McNEIL:** OK.

**HARDIN:** Here's the thing. Could I go out and find another job in 6 weeks? Could I go find another job in 6 minutes?

**TASHA McNEIL:** You could.

**HARDIN:** When it's an hourly. It's a challenge, in other words. You not only have a challenge of saying, OK, we can pay this amount, but you're competing for people's T-I-M-E.

**TASHA McNEIL:** Yes.

**HARDIN:** Right? And so, you're competing against the reality that the sand is running out of the hourglass for that potential employee. They don't have unlimited funds, and so they, themselves, are under tremendous pressure. So the fact that 4-6 weeks probably limits-- I'd be curious to know, have you done an analysis of how many people simply can't stick around for a month and a half to find out if they got a J-O-B?

**TASHA McNEIL:** I've had several, I can't even tell you how many, but I can tell you since September I've had 10 that I've lost.

**HARDIN:** 10 that you've lost.

**TASHA McNEIL:** Yes.

**HARDIN:** OK.

**TASHA McNEIL:** Waiting on background checks.

**HARDIN:** How many do you need to fill that center? How many workers do you need?

**TASHA McNEIL:** OK. So if I wanted to be completely at capacity, 96 children, I, I would need 16 staff--, that would be lead teachers as well as support staff. And then, I would love a dream admin team: a director, assistant director, and a office manager-- somebody to help with the paperwork.

**HARDIN:** How many hours a day are you open, from when to when?

**TASHA McNEIL:** Basic-- I am open-- I'm licensed from 5 a.m. to 8 p.m.

**HARDIN:** OK.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**TASHA McNEIL:** But currently, I had to shut down the timeframes from 7 to 6.

**HARDIN:** So's what-- that's what, a 15-hour day?

**TASHA McNEIL:** Yes.

**HARDIN:** OK. Other than you, because you probably do that many days--

**TASHA McNEIL:** Yes.

**HARDIN:** You therefore need to have other part-time people, too, don't you?

**TASHA McNEIL:** Yes.

**HARDIN:** Yeah. And so, it's more than just that basic skeleton crew. Because most people are really crazy. They like to have food, clothing, and shelter, but they don't enjoy working a 15, 16-hour day on a regular basis. In order to do that, you would need to be a Nebraska Senator, working for far lower wages.

**RIEPE:** And less qualified.

**HARDIN:** And less qualified. For sure. And so I just wanted to kind of tease that out, because that's really what we're looking at, isn't it, when it comes to the staffing piece. So, Senator Riepe.

**RIEPE:** Thank you, Chairman Hardin. I, I just want to ask a few questions, assuming you're pretty a-- or you know, pretty typical of a, of a provider. Are you able to provide health insurance, or is that something-- you do or don't?

**TASHA McNEIL:** I'm not able to.

**RIEPE:** OK.

**TASHA McNEIL:** I am typically a subsidy center, so we only get paid based upon attendance, not enrollment. So I don't really make a lot of extra surplus income.

**RIEPE:** And then, do you have to contract for lunches and that? Do you have to con-- or do all this yourself?

**TASHA McNEIL:** We use the food program.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**RIEPE:** OK.

**TASHA McNEIL:** Yes.

**RIEPE:** And same way with like, cleaning?

**TASHA McNEIL:** Well, the cleaning we try to do ourselves because--

**RIEPE:** OK.

**TASHA McNEIL:** Yes.

**RIEPE:** I'm not proud of it, but when I was at Children's, I had accountability over 8 centers. It was the hardest assignment I ever had, administratively.

**TASHA McNEIL:** Mm-hmm.

**RIEPE:** And I could never figure out how to get to a bottom line. And I was very embarrassed. At Children's Hospital, we didn't provide our workers with health insurance. We just-- the, the margins were so terrible. So I'm interested, but I'm also-- on the other hand, and you can help me out, how do we, how do we get there without turning this into a major state program that's much more like Medicaid or, you know, or some other program? There's-- it's such a great need. How do we-- what-- is there a, a, a good way to get there? Because I'd like to hear it.

**TASHA McNEIL:** I think right-- I mean, right now, I try to offer something, but I don't, I don't offer full health insurance, but--

**RIEPE:** Yeah.

**TASHA McNEIL:** --as far as like working with Aflac with supplemental, so people can at least have life insurance, accidental, different things for, for their, for their families. But I do believe that having childcare-based insurance would be amazing. Because it's backbreaking work every day, picking up children, watching children, their mental health. I mean, just dealing with-- providers-- you know, staff, staff coming in with their own issues, and then trying to take care of the little babies with their issues, and it is a lot, so we need to be able to have some mental health care. I think if there was something that is designated just for childcares, insurance or something for them, I mean, that would be awesome. But it, it's just,

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

it's just not cost-effective for me, as a subsidy center, to be able to offer that. And I really wish that I could. So.

**RIEPE:** From my observation, it's like the Nebraska slogan, it's not for everyone.

**TASHA McNEIL:** Yep. That's true.

**RIEPE:** Well, God bless you for doing that. Thank you, Chairman.

**HARDIN:** Other questions? Thank you for being here.

**TASHA McNEIL:** Yeah, you're welcome.

**HARDIN:** Appreciate it. Other proponents, LB891.

**WENDY GWENNAP:** Good afternoon, Chairman Hansen and the committee. I really appreciate you having me today. I am Wendy Gwennap, W-e-n-d-y G-w-e-n-n-a-p. I am an early childhood community coordinator, serving south central Nebraska. I have the privilege to work with the most amazing and most passionate childcare experts in Clay, Webster, Nuckols, and Adams County. I'm here today to testify in support of LB891, specifically, the provisions that streamline background checks and make them portable between childcare providers. Despite recent improvements, our background check system still faces significant delays. While federal law requires processing within 45 days, our current system frequently takes up to 60 days. This isn't only an inconvenience, but these delays are actively preventing qualified workers from entering our childcare workforce at a time when we need them the most. The result causes great harm in our ability to provide quality care to the children in our rural communities. Let me give you a little background into what we're facing. When a qualified candidate applies for a childcare position, they cannot start work until that background check clears. For these critical workers, they often cannot wait out those weeks to begin work or to receive that paycheck, so they walk away and they take jobs at retailers, restaurants, and warehouses, where they can start earning immediately. We've been tracking this data locally in our 4-county area, and in the last quarter, the exact scenario has played out 18 times. Those 18 employees, who could not wait for that needless, drawn-out background check, resulting in a staff shortage. And all the while, these families are stalled on waitlists and un-- unable to return to work. We are so grateful to Governor Pillen for his attention to this, adding funding to fingerprinting staff in 2023, but we need LB891's

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

portability to reduce that processing backlog. Every qualified worker that we lose to administrative delays is a family that does not access quality, safe care, a parent who can't return to work, and a negative impact on Nebraska's economy. LB891's background check provisions offer a commonsense solution that maintains safety while eliminating the layers of approval. The bill allows the background checks to be portable between employees for up to 5 years, with a 180-day grace period for workers transitioning between childcare jobs. This isn't an experimental policy. It's actually been allowed by federal law since 2016. LB891 simply brings Nebraska law into clear alignment with those federal requirements. States, including Utah, Virginia, and Colorado, have already successfully implemented these portable background check systems. And here's how it really helps. Childcare workers can transition between jobs without waiting weeks for that redundant check to come. Those directors and owners can fill those vacancies faster, reducing those waitlists. Families have shorter waitlists and they have faster access to childcare. And for our state, it allows DHHS to reduce paperwork and allow staff to focus on more timely responses to those new applications. Let me be clear. LB891 does not compromise the safety in any way. The same disqualifying offenses still apply. Background checks are still required every 5 years. We simply stop requiring that redundant check when they move from employers and allow work-- workers in the field faster.

**HARDIN:** I've got you in the red. Miss Wendy?

**WENDY GWENNAP:** Yes.

**HARDIN:** May I call you that?

**WENDY GWENNAP:** Yes, you sure can.

**HARDIN:** Do the kids call you Miss Wendy?

**WENDY GWENNAP:** They sure do. Yes, they do.

**HARDIN:** OK, I was just guessing.

**WENDY GWENNAP:** Yeah.

**HARDIN:** How quick could you potentially bring someone on with LB891 passing versus the 4-6 weeks?

**WENDY GWENNAP:** Depending on what pieces of it we can look at. When we can look at the pieces in 2 separate ways-- if we're talking about

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

being able to have that background check in hand and I go apply for a new job, I can start that new job immediately. That's a huge win in itself. And when we're talking about the possibility of being able to work in a-- even get training done while you're waiting for that federal background check done, that is huge for our community. We could get people in so much faster.

**HARDIN:** OK. Very good. Other questions? Very good. What else do we need to know?

**WENDY GWENNAP:** Can I go off script a little bit and add a little piece? You asked the question.

**HARDIN:** We have no idea what script is.

**WENDY GWENNAP:** OK, great. Fantastic. We're going to go off script a little bit then, right? I think one of the things that you asked the question about, the childcare in-home providers. I'm not sure who asked the question, but kind of referring back to that. One of things that we see in our rural community is we have some fantastic childcare owners. And one of models that works very well for us is when that childcare owner owns one center-- I mean, one in-home or two in-homes, and so you're reducing your overhead, as in the training that a director needs to have and, and a leader needs to have, and by opening multiple sites under the same in-home provider.

**HARDIN:** How much time does a director need to be in each of those in, in a given week, for example?

**WENDY GWENNAP:** Oh, well, you have staff that's hired, so you have 2 people in each building at, at all times. So.

**HARDIN:** But, but does that person, which is a, a certified director--

**WENDY GWENNAP:** Yeah.

**HARDIN:** --if you will.

**WENDY GWENNAP:** Yes.

**HARDIN:** They need to be in each location a certain number of hours a week. Is that correct?

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**WENDY GWENNAP:** I don't think that there's a lot of regulations. If there are, maybe First Five can help you with that. I'm not sure about that piece.

**HARDIN:** All right. Very good. Senator Fredrickson.

**FREDRICKSON:** Yeah. Thank you, Chair Hardin. So that, that was me who initially kind--

**WENDY GWENNAP:** Yeah. [INAUDIBLE].

**FREDRICKSON:** --of asked about that. So in, in-- so [INAUDIBLE] this is an individual who might own 2 residences--

**WENDY GWENNAP:** Correct.

**FREDRICKSON:** So like a physical home.

**WENDY GWENNAP:** Correct.

**FREDRICKSON:** Maybe one is where they actually live, but the other one, they don't live there but it's used strictly as a-- so I, I guess it, it, it essentially becomes almost like a commercial space, since like, no one lives there?

**WENDY GWENNAP:** Yeah, essentially. But the way that the licensing reads, it allows them to have Family Child Care Home IIs, which is 2 staff members, versus if it's a center, then every room has to have the-- a qualified staff people, which is a lot more staffing.

**FREDRICKSON:** Got it.

**ANGELA JOHNSON:** In our rural community, that's the model that has been working really well, as we're seeing a lot more family childcare homes come up. But also, as we face shortages of homes, we see a lot of young providers that would love to do childcare, but they live in a small apartment, or they don't have access to outdoor space, or things like that. There's barriers. So when they can have a secondary space that's just designated to childcare, that is very, very helpful. And so, some communities that is allowed, currently. In ours, it is. In others, it is not allowed, currently.

**FREDRICKSON:** Got it. Thank you.

**HARDIN:** Senator Quick.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**QUICK:** Yeah. Thank you, Chairman. So being in rural Nebraska, and of course I see like 4, 4 different counties.

**WENDY GWENNAP:** Yes.

**QUICK:** Are there any larger facilities in any one of those counties?

**WENDY GWENNAP:** Yes. Actually, every county now has large centers in them. And so, that has been some of the amazing work that we've gotten to be part of, is these centers that have popped up with community buy-in, using Communities for Kids, and other resources like that. And so, yes, absolutely. Every cent-- there is a center in almost every town.

**QUICK:** OK, OK. And I know when we were-- when our kids were small-- but at that time, it was mostly in-home care. So our kids went to a in-home babysitter, or I should call her a babysitter-- a caregiver. So you still-- I'm going to guess you still have a lot of those, too.

**WENDY GWENNAP:** Yes. For sure. We have seen a, a great access to these centers, but I think they all face the same situation-- living in really rural areas without enough staffing. They are most often-- most of them are not at capacity. If-- they could be, if it had additional staffing.

**QUICK:** OK. All right. Thank you.

**HARDIN:** Senator Riepe.

**RIEPE:** Thank you, Chairman. I guess my question would be is, do you get any support-- and I'm not just talking about emotional pats on the back, but financial, from local businesses who, quite frankly, are the primary beneficiaries of devel-- creating a workforce and making them available?

**WENDY GWENNAP:** Yeah. Absolutely.

**RIEPE:** Sometimes I think, with my opinion, those businesses look at it and say, well, it's a state government responsibility. I argue it's really a cost of doing business.

**WENDY GWENNAP:** Absolutely. We actually have seen some fantastic partnerships in our rural communities. Especially-- we have an example of a hospital and a childcare coming together, supporting the workers, through that kind of thing. And what we find a lot, is the, the idea

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

is a fantastic idea, but pretty quickly, they realize that childcares don't make a lot of money, and so--

**RIEPE:** Or any.

**WENDY GWENNAP:** Or any. Or even a break-even point. And so, I think then, they start to question like, is this really beneficial if we're losing so much money? We do have some fantastic partners though, that really do look at, hey, this is really important to our community. I want our people to be able to come to work. And so, I'm gonna invest in this. And so, we've seen some really great business partnerships that do definitely help.

**RIEPE:** I've always contended employers need to buy vouchers that they would guarantee. Another question that I have, in your centers or what you're familiar with, if the child is not there for the day, do you still get paid? Because it's-- cash flow-wise, if you don't, it's an impossible operation. If the family pulls the child to go picnicking or something and-- but you say you do, generally speaking-- you think in the industry, you do?

**WENDY GWENNAP:** So if you're a private pay and families are paying for the service themselves, they pay a basic weekly rate. And so, if they bring the child 5 hours or if they take-- bring them all 40, their, their the rate is the same. The only time there is an exception to that is on children who receive subsidy. Some of our rule providers though have come up with some real creative ways to deal with these issues, too. And you know, they have the full-time staff that come in, and then they have the sub lists, where they call in other families that are like, hey, we have openings Tuesday, Thursday afternoon, and they fill that way, too. So, yeah, just trying to be really creative about how we use our time and our space to serve our communities, to get more kids into care, and affordable for families, as well.

**RIEPE:** Do you have any payers that are not steady payers, as I would call them?

**WENDY GWENNAP:** Oh, yes. Most definitely. And we really work a lot with our childcare owners to remind them what a great business they are and how important that is to hold that accountable for families, so that if a family gets behind a week, we also offer scholarships to help a family if they have a hardship. But a, a provider that says, hey, this is our business, and we're going to, we're going to hold you to paying for that, is really valuable, and it's also educating our community

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

about how important early childhood is. And we-- really, we fully know that an infant space in our area is exactly the same as the tuition to UNL. And so--

**RIEPE:** May I ask, may I ask one? Do your local schools-- I know, in my district, the schools provide what they call pre-K, which, call it what you will, it's childcare. Now the schools are doing that, and then the taxpayers are paying for it through school funding. Do you have any schools out there that provide early childhood, as they call it, or, or in the childcare business?

**WENDY GWENNAP:** Yeah. Sure. We have definitely different-- have districts that support that work. There are some definite regulations that prevent them from maybe doing as much as they want to do, but there is definitely great ways that-- partnerships that are happening with school districts. There's some places that have modulars on their-- for childcare providers on their school site. Some of them help with reducing a cost for food, things like that. So I definitely think our, our education system is doing a fantastic job of addressing the need for early childhood in our community and really wanting to support that work.

**RIEPE:** It would seem to me the school system would have more financial stability than someone trying to run a private business.

**WENDY GWENNAP:** [INAUDIBLE] so.

**RIEPE:** OK, it doesn't hardly sound fair, but OK. Thank you, Chairman.

**HARDIN:** Seeing no other questions, thank you.

**WENDY GWENNAP:** You're very welcome.

**HARDIN:** Proponents, LB891. Welcome.

**ELISABETH HURST:** Thank you. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Elisabeth Hurst, E-l-i-s-a-b-e-t-h H-u-r-s-t. As Hunter said, not my typical committee. I'm here today in support of LB891 on behalf of Nebraska Farm Bureau and the Agriculture Leaders Working Group, specifically, elected leaders-- here's a deep breath-- from: Nebraska Corn Growers Association, Nebraska Farm Bureau, Nebraska Pork Producers Association, Nebraska Sorghum, Soybean, State Dairy, Wheat, and Renewable Fuels Nebraska. As I advocate for childcare policy, I'm often asked why, as someone who primarily focuses on rural issues,

that I choose to testify on legislation like LB891. The Agriculture Leaders Working Group is acutely aware that childcare in Nebraska, both rural and urban, is a challenge that impedes upon workforce development in the state. Childcare is a barrier to growing and sustaining the workforce. Our members are experiencing these challenges not only as employees, but as employers, as well. Access to high-quality, affordable childcare is often difficult to obtain. As our groups know, Nebraska's policymakers must be willing to come together to address childcare challenges affecting our workforce. Staff shortages are at the core of our current childcare crisis, as qualified educators are difficult to find and retain. It's common for people to leave the childcare workforce for better paying jobs or jobs with benefit packages, as was discussed earlier, finding new employment at businesses they may find less fulfilling but that are more sustainable to support their families. LB891 provides support for our current workforce, while also encouraging people who may be interested in the early childhood field to examine the opportunities it provides. It's imperative that delays in administrative processes are not resulting in loss of employees or difficulty in hiring. LB891 assists in building and sustaining Nebraska's workforce. When Nebraska families are thriving, so are our communities, businesses, and industries. We understand there are concerns with certain elements of the bill and are monitoring efforts to address them. We thank Senator Hansen for bringing this proposal. We encourage the committee to advance to General File, and I'm happy to answer any questions you may have.

**HARDIN:** So let's talk about those concerns about the bill. Toss it out. What are you hearing?

**ELISABETH HURST:** So my understanding is that there are some current concerns from the League of Municipalities, when it has to do with those mini sites, which is something that another testifier addressed, just a bit earlier. And I think that's the one that I'm most mindful of. The administrative barriers that I discussed, or we talked about other testifiers have discussed. How those will be addressed at the department level is something else I think that may be brought up in later testimony.

**HARDIN:** OK. Very good. Other questions? Senator Riepe.

**RIEPE:** Thank you, Chairman. I know everyone speaks about the need of childcare center. Everyone talks about the cost of childcare, childcare in general My question is this. You have 8 very influential

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

organizations listed here. And my question is are they committed to funds outside of state funds, taxpayer funds, property tax funds, to help financially support these-- have they done anything, individually or collectively as a group, to try to meet the needs of their employees within these organiz-- 8 organizations?

**ELISABETH HURST:** Thank you, Senator Riepe. That's a great question. A large portion, and I won't speak for all associations on this because I'm not as familiar with the way that their employers operate within their associations, but from a Nebraska Farm Bureau perspective, many of our employers are farmers and ranchers who maybe have 2 or 3 individuals on the payroll. I think one of the concessions you're going to see, from their perspective, is trying to allow as much time as these families need when they have a day that they don't have childcare available, so flexibility when it comes to offering a day off here, a day off there. Those are the anecdotal stories that I'm hearing. Now as far as offering up-- which I think the gist that you're getting at is the dollars that go towards property tax relief. I think that that's what you're alluding to. There's support for state programming, and we want to make sure that that's something that we're behind.

**RIEPE:** My only piece is, again, you can't constantly pound on the idea of property tax relief. And on the other hand, you want the state to spend more money in a significant way on establishing childcare centers or unpaid leave or all of the other entitlements that you will, you know. It's-- you can't have your cake and eat it, too, is maybe--

**ELISABETH HURST:** Sure.

**RIEPE:** --a simple way of saying that.

**ELISABETH HURST:** Yeah.

**RIEPE:** And my sense is they've got some big-time, big-time employers in here that, quite frankly, as part of their labor costs, should be prepared to pay for childcare center. That's my personal opinion. That's how we did at the hospital business, but thank you. Thank you, Chairman.

**ELISABETH HURST:** Yeah.

**HARDIN:** Other questions? Seeing none, thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**ELISABETH HURST:** Thank you.

**HARDIN:** Proponents, LB891. Welcome.

**ANAHI SALAZAR:** Hello. Good afternoon, Chairperson Hardin, members of the Health and Human Services Committee. My name is Anahi Salazar, A-n-a-h-i S-a-l-a-z-a-r, and I'm here on behalf of Voices for Children in Nebraska in support of LB891. Voices for Children is a nonpartisan, independent organization that advocates, advocates for policies that support child welfare, youth justice, health, and economic stability, and we use data and research to guide our policies as well as community engagement to make informed policies and decisions. Childcare is a cornerstone of stability for working parents because it makes participation in the workforce possible. When parents have access to reliable, high-quality care, they can focus on their jobs without constantly worrying about their children's safety or well-being. That peace of mind translates into better productivity, fewer missed days-- work days, and greater economic security for families. With 8.6% of Nebraska parents changing their job or not taking a job because of childcare issues, supporting access to childcare remains a significant issue for Nebraska to tackle. Voices for Children supports LB891 as one step toward this because reducing administrative barriers where we can for providers will ultimately result in more access to reliable childcare options for families who need it. It's important to listen to the voices of the individuals navigating the system to understand what the barriers are and work to change practices to allow for smooth pathways to opening and operating childcare locations. Reducing administrative burdens for childcare providers frees them up to focus on what actually matters: nurturing children and strengthening families. When providers spend less time wrestling with duplicative paperwork, they can redirect that energy toward improving classrooms-- classroom quality--excuse me-- supporting staff, and engaging with parents. LB891 aligns Nebraska statute with current federal background check requirements hoping to stabilize administrative delays and reduce disruptions. Background checks are necessary and important to ensure children are in safe, caring environments. However requiring staff to undergo the same background check multiple times in the same period for different agencies is not creating additional safety. It is taking time and resources. By making this bureaucratic process more efficient, LB891 can create an environment where providers thrive, children benefit from a more attentive care, and families gain access to more reliable, high-quality options. Childcare, childcare providers play an essential role in nurturing young minds, supporting families, and sustaining the

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

broader state workforce. We want to thank Senator Hansen for his work in helping provide-- providers feel heard, and the committee for considering this critical step toward increasing childcare access across Nebraska. Thank you.

**HARDIN:** Thank you. Questions? Seeing none--

**ANAHI SALAZAR:** Thanks.

**HARDIN:** Thank you. Proponents, LB891.

**MITCHELL CLARK:** Good afternoon.

**HARDIN:** Good afternoon.

**MITCHELL CLARK:** Thank you for the opportunity to testify. My name is Mitchell Clark, M-i-t-c-h-e-l-l C-l-a-r-k, and I am a policy advisor at First Five Nebraska. We're a statewide public policy organization focused on early care and education of Nebraska's youngest children. So you're receiving a copy of my testimony, so I won't read through that verbatim. Senator Hansen and the testifiers before me did a very good job of explaining what the bill does. I just wanted to take this opportunity to respond to a couple of questions that came up from some of the committee members. The first was a comment from Senator Riepe, I believe, who had asked if language or work in the drafting of this bill has been shared with the League. And yes, I've been in communication, I know Senator Hansen has as well, with the League, to work on an amendment that could address their concerns, and so that has been shared with them. I also wanted to clarify, as well, that on the background check process, when you heard from folks about a current staff member who's been working in the industry who has to resubmit an application, that does not necessarily mean that they have to get a new fingerprint if they have been working within 180 days in childcare. Previously, if they've been made eligible, then the department requires them to reapply so that they can pull that previous criminal history report shared from the State Patrol. They check that, and then they resend the eligibility letter, so just a clarification on that process. Also, there was a question from Senator Hardin about directors needing to be onsite for childcare centers. The answer is yes. Childcare centers have to be directly onsite. And the intent behind Section 5, the provision which deals with local residency requirements, is intended to address that, to allow more options for alternative models of care. So if there are areas in a commercial or industrial zone that have, as you heard from Wendy,

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

modular homes or pre-existing homes would allow a, a Family Home II or I provider to kind of use some shared space to operate a, a family home license. And that also, I wanted to note-- so first up, just a note of appreciation to the League, for working with me and with Senator Hansen's office, to work on some language. I also understand that the department, it appears, has some different interpretations of the language. The intent of the bill can be found in the blue box on the back of the policy brief, so there were some of those notes from the department. That was not intended, so certainly open to working with the department to see if maybe we can get an alignment on what was intended, and some of those interpretations. So we're-- we'll continue to work with the department on that, as well. With that, I will close and I am happy to answer any questions you may have.

**HARDIN:** 4 full-time employees. Help me understand why we need 4 full-time employees.

**MITCHELL CLARK:** So when I was drafting this, what I was intending essentially with provisional hire is a second eligibility letter format would need to be designed in the licensing information system and then that gets sent to providers. But that's currently-- operation already being conducted by the department to check background checks. So I'm not sure how there could be 4 new employees required for that, or for the portability provision in the bill as well. I think a lot of that just comes from a different interpretation, maybe, of this language, as saying from their view that we're requiring new background checks. We're certainly not intending to require new background checks with this bill, so I think it stems from just a different reading of the language.

**HARDIN:** OK. Senator Riepe.

**RIEPE:** Thank you, Chairman. Good to see you again, Mitch.

**MITCHELL CLARK:** Yeah.

**RIEPE:** I think you were-- you said here that you were-- if not the primary drafter of this particular legislation. Can you help me out with my constituents that-- to relieve the city of Omaha's requirements for primary? And I don't know how easily-- I haven't talked to them about it, how easily they would say in the interest of expansion, we will waive the primary residency thing? Is there a chance? Could, could you do that? Or have you done that? Maybe you have.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**MITCHELL CLARK:** I would maybe leave that to them on, on their thoughts on what would alleviate their concerns with the bill. I think they might be able to answer what would.

**RIEPE:** OK. The only challenge there is we have a short period of time between hearing, execing, General, [INAUDIBLE], you know. It gets to be a-- so, we'll, we'll see how that goes. Thank you, Chairman.

**MITCHELL CLARK:** Sure. Thank you.

**HARDIN:** We're trying to wrestle with this notion of how do we make the whole thing more expeditious? We want to keep kids safe, beginning, middle, end, period. I get that. Sometimes in the childcare space-- sometimes, not very often, we get a bummer of an employee. We just do. They're defective. How do we protect kids if we expedite it, if you will? What if they show up at the center down the street? I get it. We should always be diligent in calling and checking references and all of that sort of thing. And the burden falls to the new hiring director. But as we've already heard, they're desperate to find people, particularly anyone who might come in and be able to go to work under a new system. What if that is kind of a negligent employee? What happens then? I mean, how, how do we protect our kids in the light of the changes we're-- truly, improvements that we're trying to bring to it? Just wrestle with that with me.

**MITCHELL CLARK:** Sure. So legally, if there will be anything that would be disqualifying, that's going to need to come from the fingerprint-based check. So there needs to be a conviction, essentially, other than some of the in-house checks that Department of Health and Human Services conducts. So this bill maintains that status quo in that sense. That's-- it's those convictions which legally, would be disqualifying to work in childcare.

**HARDIN:** OK. Very well. Other questions that you all can think of? Thank you.

**MITCHELL CLARK:** Thank you for your time.

**HARDIN:** Proponents, LB691. Proponents. Opponents, LB891. Welcome.

**CHRISTY ABRAHAM:** Thank you, Senator Hardin, members of the Health Committee. My name is Christy Abraham, C-h-r-i-s-t-y A-b-r-a-h-a-m, here representing the League of Nebraska Municipalities. The League is only here to express concern about Section 5 of the bill, that prohibits municipalities from instituting residency requirements for

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

any family childcare home. I don't think it's going to be a surprise to any of you, the League is always going to advocate for local decision-making. We understand, and again, I want to stress, First Five is so collaborative with us. We really appreciate they sent us a draft of this last fall to review and look at it. And we're just always so grateful that they include us. It's our understanding there are 3 municipalities in the state that we are aware of that have these requirements, that if you have a childcare, you have to live in, in, in the home. Lincoln, Grand Island, and Omaha. There may be others that we're not aware of, but those are the 3 that we have identified that have these residency requirements. Two years ago, this committee heard a bill that had this exact same provision in it. And at that point, an amendment was offered that had the following language. It said, this section shall not be construed to prohibit a political subdivision from regulating business use relating to outside appearance, nuisances, or public health and safety. We think this additional language takes care of many of the concerns that we hear from our municipalities. Concerns about safety codes, you know, making sure that this residence is safe if no one is living there. There's also concerns about being able to control for nuisances or ensuring that the residential character of that neighborhood remains residential. We are very happy to work with fist-- First Five, this committee, and Senator Hansen, to come up with some language that makes everyone happy about this. We stand ready to do that. So I'm happy to answer any questions you might have.

**HARDIN:** Thank you.

**CHRISTY ABRAHAM:** You're welcome.

**HARDIN:** Senator Fredrickson.

**FREDRICKSON:** Thank you, Chair Hardin. Thank you for being here. So, so this-- yeah. And so, it sounds like you're part of, kind of concern about the bill seems like something I-- that I was asked a little bit earlier about, like this idea of primary residence, et cetera. With the amendment that was previously offered that you mentioned, that would-- if I'm hearing you correctly, would that remove the League's opposition from the bill?

**CHRISTY ABRAHAM:** Senator Fredrickson, thank you for that question. I think there may still be one municipality that is expressing some additional concerns. I think, for the most part, it takes care of it.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

But we may want to do just a little bit further negotiation, just to make sure that everybody is on board.

**FREDRICKSON:** Sure. Thank you.

**CHRISTY ABRAHAM:** You're welcome.

**HARDIN:** Senator Riepe.

**RIEPE:** Thank you, Chairman Hardin. Was the League's request for the amendment, say, 2 years ago, whenever it was, was that the reason that it didn't get across the finish line? Or was it some other issue or, or a combination?

**CHRISTY ABRAHAM:** Right. No, I so appreciate that. My recollection is the bill, 2 years ago, was LB874. Senator Bostar carried that bill. We did express concern about this exact same provision that's in the bill before you, and that was sort of the compromise language that the League and Senator Bostar came up with 2 years ago. And that's why I just wanted to offer it again. Because as I said, it, it seemed to address most of our concerns. I'm learning this year, there, there might be just a couple of other tweaks that we'd like to make.

**RIEPE:** OK. Would you be willing to provide that suggested amendment, amendment language, and then we will share that obviously, with Senator Hansen-- it's his bill-- and see if he assumes that that's friendly enough to be accepted and--

**CHRISTY ABRAHAM:** Yes, and Senator Hansen--

**RIEPE:** --maybe we'll have a win-win here.

**CHRISTY ABRAHAM:** Yeah-- is way, way ahead of me. It's my understanding he's already had that amendment drafted.

**RIEPE:** Oh, OK.

**CHRISTY ABRAHAM:** Two steps ahead of me.

**RIEPE:** He's from Blair, so.

**CHRISTY ABRAHAM:** So yes, he, he is aware of the amendment and has it. So yes, we-- we're on the path to figuring something out, Senator Riepe.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**RIEPE:** OK, so we just need to lean on Senator Hansen, if you will, to--

**CHRISTY ABRAHAM:** He and his excellent staff-- I-- are going to do--

**RIEPE:** --to make, to make my Omaha constituents happy. Thank you.

**CHRISTY ABRAHAM:** You're very welcome.

**HARDIN:** Have you heard anything about insurance costs? I probably should have picked on Mr. Clark, and we'll pick on him later off the mic. But, you know, are we looking at any insurance concerns about these changes? Liability insurances.

**CHRISTY ABRAHAM:** That is not a concern that the cities raised to me, Senator. That wasn't anything that they addressed as concerned for them, no.

**HARDIN:** OK. All right. Any other questions? Seeing none, thank you.

**CHRISTY ABRAHAM:** Thank you so much.

**HARDIN:** Opposition, LB891. Welcome to Nebraska.

**KENT ROBERT:** Thank you, Senator Hardin, members of the Health and Human Services Committee. My name is Kent Rogert, K-e-n-t R-o-g-e-r-t, and I am the other sub-- political subdivision. I'm representing the city of Grand Island here today, in sole opposition to LB891. Just a couple of issues, and we've, we've talked about them a, a little bit already, but in rural Nebraska or greater Nebraska, I guess they like to say, there's-- as well as in the urban areas, we, we have a housing shortage. And we-- that the city of Grand Island believes that we shouldn't be probably putting people-- or putting businesses in houses when we should be putting people in houses, for the most part. The city of Grand Island does not allow for almost all businesses to be done in residential areas, with the exception of childcare with people that live in the house and piano lessons, for, for example, but most other things would be not allowed. And part of that is because of what Ms. Abraham said before me. There's-- there are safety codes that are different levels for commercial versus single-family residential, so we, we would-- the city would like to be able to make sure that the codes fit the use of the property. And also, you know, looking around at a lot of these medium-sized, first-class cities, there is a lot of commercial space available. Might need some sprucing up, but there seems to be a lot of commercial space available outside of the

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

residential areas. But that's where our opposition lies, and I'd be happy to answer any questions. And I, I understand that we're working on a potential amendment that may make us all super happy.

**HARDIN:** How does the city recommend that we make childcare easier in Nebraska?

**KENT ROBERT:** Well, they didn't send me with that, but I--

**HARDIN:** I see. That's why I thought I'd put you on the hot seat and just ask.

**KENT ROBERT:** But I, but I-- it, it is a-- I think, I think the other portions of the bill, that does make it easier. I think, you know, coming from a small town, where there are maybe only, you know-- of a 2/3-- 2,000-person town that I'm from, and there's maybe only really three or four childcare providers, and if they decide to retire, everybody goes, oh now, no-- oh, what we do now? So it's just getting-- I think it's getting people that are willing to do it, because it's not always very profitable.

**HARDIN:** You've been around here a while.

**KENT ROBERT:** I have.

**HARDIN:** It's just one of those fun things that we might even get into a home rule versus powers granted sort of thing, where there might be an exception for a large city, a large-- in-- within the context of Nebraska, like Grand Island.

**KENT ROBERT:** Yeah.

**HARDIN:** I know that we have that, I think, in 2 of the counties of Nebraska. We're sitting in one of them now.

**KENT ROBERT:** Yep.

**HARDIN:** And so, I'm just tossing that out as a thought.

**KENT ROBERT:** I think it's a possibility. Yeah.

**HARDIN:** All right. Any other questions? Thank you.

**KENT ROBERT:** Thank you, Senator.

**HARDIN:** Those in opposition, LB891. Welcome.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**ELAINE MENZEL:** Good afternoon. Chair Hardin and members of the Health and Human Services Committee. I had to pause a second. For the record, my name is Elaine Menzel. That's E-l-a-i-n-e M-e-n-z-e-l, here today on behalf of the Nebraska Association of County Officials in opposition to LB891, currently. We have talked to Senator Hansen and just want to express our appreciation for agreeing to work with us. And as Ms. Abraham previously testified, we are-- we had been involved 2 years ago in discussion, and we were close to helping-- or be in agreement with that. And so hopefully, with those provisions that are being looked at, we could move forward with the legislation. I do also want to note that Mr. Clark had been in contact with our office, as well, so we've been working with them to hopefully get to that agreement. Childcare is important from the county's perspective, as well, but it's just with respect to local decision-making and authority that we will stand behind that sword, for lack of a better description. So if there's any questions, I'd be glad to attempt to answer them.

**HARDIN:** Are there any questions? Seeing none--

**ELAINE MENZEL:** Thank you.

**HARDIN:** Thank you. Those in opposition, LB891. Those in the neutral, LB891. Senator Hansen. Do we have any letters?

**HANSEN:** Thanks, everyone.

**HARDIN:** Let's see. This says we have 17 proponents, 2 opponents, 1 in the neutral.

**HANSEN:** All right.

**HARDIN:** 17, 2, and 1.

**HANSEN:** All right. Well, thank you for listening. I appreciate everyone hanging in there and asking good questions. And like you've heard from those in-- who came in opposition, we are in the works of having a "kumbaya" moment for this bill. And I think that can happen to move it forward, because, as you know, this is obviously an issue that we need to address in the state of Nebraska. And one of the great things about this bill is instead of throwing more money at a problem, we're actually looking at decreasing a lot of the overburdensome rules and regulations that have been imposed that I think can make childcare more affordable and more accessible for people in Nebraska, which is a bill that I always like. So I think it's definitely a very good bill,

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

and hopefully it's something we can count on getting on the floor this year. So, thank you.

**HARDIN:** Questions? I guess I would just say, you know, a lot of this really has been driven-- the big factor that has changed in that space is-- well, you have to pay people. Payroll is the biggest thing that's changed. It's not really been the cost of the mortgage or the rent on the building. It's been the payroll piece has really driven that market, and so that's really made it difficult for owners everywhere. I see a lot of heads behind you doing this, Senator Hansen.

**HANSEN:** And I think one of the ways you can actually help these individuals pay their employees better is by making it easier for them to start these facilities-- less, you know, cost prohibitive, you know, by-- you know. And I think this is some of the ways we can kind of help move that forward. Background checks are a good example of that.

**HARDIN:** You know, we brought up a word early, early on. Maybe it was my imagination, sorry, but we kind of came up with the phrase public-private partnership, but I didn't hear a lot of discussion about that today, I don't feel. I mean, we're dealing with--

**HANSEN:** The Chamber mentioned that.

**HARDIN:** --we're dealing with the regulatory part of it. But I am just kind of curious about that notion, and at various levels of government, that it doesn't necessarily have to be at the state level, that the public part steps up.

**HANSEN:** Yep. And I think-- well, I actually had conversations with the Chamber. They were the ones who mentioned that when they first came in, the ability for, you know, that partnership with businesses, collaborative, you know, partnership they can have, and also, what role the city can play if they're looking to kind of incorporate more, you know, childcare facilities. And LB840 [SIC], I think, would be a good way for them to do that. That's, that's a local funding source they can get from sales tax that they can use to actually help, you know, you know, improve infrastructure in a building or help people-- someone start up a, a facility-- help pay for that, as long as they hire so many employees. I think that's one of the kind of more underutilized avenues childcare facilities can use to improve their facility or start a new one.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HARDIN:** Great. Very good. Thank you.

**HANSEN:** Yep. Thank you. Appreciate it.

**HARDIN:** This concludes LB891. We're going to move on. Are we-- do we have Senator Ibach? Senator Ibach will be next. There she is. She was hiding behind the corner. We'll wait until folks have kind of shifted out, and then we'll get rolling. I think most of the shifting is done, Senator Ibach.

**IBACH:** Thank you. Great. Well, thank you very much. I'm here to introduce LB808. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Teresa Ibach, T-e-r-e-s-a I-b-a-c-h, and I represent Legislative District 44, which is comprised of Dawson, Gosper, Frontier, Hayes, Chase, Hitchcock, Dundy, and a portion of Perkins Counties. Today, I'm here to introduce to you LB808. As I was running for office, one of the most common issues that was brought up for discussion was accessibility, or lack thereof, for childcare services, especially in our rural communities. Last summer, I attended a conference and learned that Kansas enacted House Bill 2045 into law. HB 2045 was a comprehensive bill that created the Kansas Office of Early Childhood. And essentially, it consolidated everything related to childcare into one single office rather than have different programs in different agencies. Eventually, I would love to have Nebraska to adopt a similar streamlined legislative process, but LB808 is based off of a small portion of that law. LB808 would allow the Director of Public Health, who oversees childcare licensing in our state, to enter into pilot projects with childcare licensees to increase the availability or the capacity of daycare facilities in our state. Under this bill, a current or prospective licensee could make application to the director for a pilot project by seeking to waive certain state regulations that are not related to the safety of the child. It would then be a com-- incumbent upon the applicant to explain why the regulation the childcare provider is seeking to waive prove-- proves to be a burden to their business or to ask them for alternative terms. The director would then be able to provide alternative terms, conditions, or requirements, if the application is deemed valid. If it's determined the proposal would endanger the health, the safety, or the welfare of a child, LB808 requires the director to reject that application. Should a pilot project be created, the agreement would be valid for 5 years. This would allow greater data to be collected to see if the pilot program is successful or not, which would then allow the director additional information as to whether or not the statewide

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

regulation should be amended or if statutes should be amended. While LB808 would allow for pilot, pilot projects, LB808 does not mandate pilot projects be established. It is simply permissive language. I want to be clear, in that LB808 is not about deregulating the childcare industry in our state. It is simply to allow for greater flexibility and innovation for providers across the state. Nebraska is a broad and diverse state and what works in Omaha or Lincoln doesn't necessarily work in Kimball or Imperial. LB808 is attempting to address that issue. There are some additional work or, or processes that need to be addressed and 808-- in LB808 that I've identified just recently with some response from some constituents. For instance, the addition of reporting requirements should any waiver be granted. Additionally, removal of the term "child development facility," as this is not a defined term under Nebraska law. And finally, perhaps a term of 5 years is too long. I'm more than happy to work with the department or stakeholders on language they would recommend in order to make the intent of this bill stronger. With that, I thank you for your time, and I am open to any questions. Thank you.

**HARDIN:** Thank you. Questions? Senator Riepe.

**RIEPE:** Thank you, Chairman. Thank you for being here, Senator. One of the questions I have is it relates to, as I read here, the director of public health, would-- and it looks like it says the-- allows them to waiver. It sounds like pretty-- one person making a decision as to waiver-- whether they waiver or not waiver. Is that the intent, to have a person?

**IBACH:** Yeah. I think there needs to be a person in charge, which would be the director, but I also think that it could come from a collaborative or cooperative group of folks, too, mostly from that childcare perspective.

**RIEPE:** OK.

**IBACH:** And I'm, I'm really-- I, I think that it can be very broad, too.

**RIEPE:** If I may do a followup? It seems that in the language here, it seems like it's focused strictly on childcare, not on child education or child health care or child-- which gets to be very broad and becomes a whole other new division, if you will. Is that correct?

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**IBACH:** It does, and I can cite examples from Cozad. I have a childcare there that wasn't able to accept another preschool candidate, just because her facility wasn't within the guidelines. I also have a childcare down in Diller, who would like to take on more kids, but because of so many restrictions, she's not able to do that. And so I think in rural communities, we want to be able to address the barriers and provide a little bit more flexibility, like I said, without harming children.

**RIEPE:** And we can't do that without establishing this new deal?

**IBACH:** No, because I think the childcare licensing guidelines across our state are set. You either fit within them or you don't.

**RIEPE:** Do we have a person currently in DHHS over childcare centers?

**IBACH:** We do.

**HARDIN:** Alyssa-- Dr. Alyssa Bish.

**IBACH:** Yeah.

**HARDIN:** I believe it would fall under child--

**RIEPE:** But we have then someone in charge [INAUDIBLE]?

**HARDIN:** It would be-- I'm sorry?

**BRYSON BARTELS:** Public Health.

**HARDIN:** Oh, that would be Public Health.

**RIEPE:** So is this an enhancement of that person's role--

**IBACH:** Yes, it would be.

**RIEPE:** --or a replacement of that person?

**IBACH:** No, it would be enhancement.

**HARDIN:** Yeah, so it would be under Ashley Newmyer.

**RIEPE:** Oh. New Ashley?

**HARDIN:** New Ashley. Well, Ashley's not that new, because she's been doing the job a while, but yeah.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**RIEPE:** But she just got commissioned, so.

**HARDIN:** She did just get commissioned.

**RIEPE:** OK. Well, thank you. Thank you. It, it will take focus. I do believe that.

**IBACH:** Yeah.

**RIEPE:** Thank you, Chairman.

**HARDIN:** Other questions? Will you stick around?

**IBACH:** Sure.

**HARDIN:** Awesome.

**IBACH:** This gets me away from property taxes in Revenue.

**HARDIN:** Woo-hoo. LB808 proponents. Proponents for LB808. Opponents, LB808. Those in the neutral, LB808. I saw you leaning forward. I wasn't sure which it was going to be.

**MITCHELL CLARK:** I was trying to psych you out.

**HARDIN:** Welcome back.

**MITCHELL CLARK:** Thank you, Chairman Hardin and members of the Health and Human Services Committee, for the opportunity to testify today. My name is Mitchell Clark, M-i-t-c-h-e-l-l C-l-a-r-k, and I am a policy advisor at First Five Nebraska. We're a statewide public policy organization focused on the early care and education of Nebraska's youngest children. I'm here to testify in the neutral capacity on LB808. I want to first off thank Senator Ibach for her leadership and advocacy for early childhood issues, and for initiating this conversation around childcare availability and capacity. Since 2019, licensed childcare programs in Nebraska have declined by 13%, resulting in fewer options for families. This trend is mostly acute for family childcare homes, which have seen an 18% decrease in the number of programs. Notably, centers and preschools have also declined by 3% across the state. To address these challenges, the state should explore opportunities to modernize our current licensing framework in ways that reduce unnecessary administrative burden while maintaining health, safety, and quality standards. However, while we appreciate the intent behind LB808, First Five Nebraska does not believe that the

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

waiver process allowing programs to forgo certain licensing requirements fully addresses the underlying challenges facing the childcare sector. Instead, we believe that the focus should be on supporting childcare providers through thoughtful regulatory and permanent regulatory updates to modernize the childcare licensing system, technical assistance, and investments in those public-private partnerships that help programs remain open, staffed, and sustainable, without compromising safety or quality for children and families. First Five Nebraska appreciates Senator Ibach for her leadership in early childhood issues, and we thank her for this opportunity to come and testify. I also thank you, Chairman Hardin, and members of the Health and Human Services Committee, for your time. I am happy to take any questions you may have.

**HARDIN:** Questions? I'm seeing none. Thank you.

**MITCHELL CLARK:** You went easy on me this time.

**HARDIN:** You betcha.

**MITCHELL CLARK:** Thank you.

**HARDIN:** Senator Ibach-- oh, do-- oh, you are also in the neutral?

**ANAHI SALAZAR:** I am also in the neutral.

**HARDIN:** Wow. It's not often we get multiple neutrals. No one in the pro, no one in the con. It's neutral day, Senator Ibach.

**ANAHI SALAZAR:** Hello again, Chairperson Hardin, members of the Health and Human Services Committee. My name is Anahi Salazar, A-n-a-h-i S-a-l-a-z-a-r, here on behalf of Voices for Children in Nebraska, in the neutral capacity for LB808. Every child deserves a strong start in life. Increasing access to childcare across the state has been a focus for state leaders for years. With 8.6% of Nebraska parents changing their job or not taking a job because of childcare issues, childcare remains an issue to work on. We want to thank Senator Ibach for bringing legislation that could have a positive impact on updating childcare regulations through a pilot program. Voices for Children Nebraska is currently neutral on LB808, which would create a childcare licensing pilot program under the Childcare Licensing Act. The pilot program would allow the Director of Public Health to waive the requirements for licensure. The waiver also extends to staff within the program. While we strongly support the goal of expanding access to childcare for Nebraska families, we are currently neutral because of

our concern about the need to have some additional guardrails to ensure child safety. The bill as drafted could be read to allow for overly broad authority with one individual to waive, to waive regulations for particular childcare programs, without a set of parameters about what regulations may be waived or to what extent. Waiving a regulation around the number of sinks for 12 children versus 11 is different than waiving a regulation around safe food and breast milk storage and handling, physical, physical interactions with children, or critical staff-child ratios. We should also know what we are discerning with the pilot program. As an organization that believes in quality data and using information to inform policy decisions, Voices for Children believes that a pilot program is a great way to test out new methods of achieving results, but we should be clearly identifying what the goal of the program is and evaluating its effectiveness in meeting that goal. Identifying and evaluation part of the pilot would also provide an additional level of oversight, whether that be from an agency, university, or other neutral entity monitoring program's success and child safety and well-being. LB808 does state that the Director of Public Health has the right to waive certain regulations on a case-by-case basis and to enact changes to ensure the safety of children. We think having required reporting and a designated external evaluator of access to assess pilot program effectiveness could further establish guardrails in what success looks like. I did have the opportunity to connect with Senator Ibach's, Ibach's office regarding these ideas, and sincerely appreciate her willingness to work on amendments that could address them. I want to thank Senator Ibach for her work in making childcare more accessible, and the committee for considering this bill.

**HARDIN:** Thanks.

**ANAHI SALAZAR:** Thank you.

**HARDIN:** Senator Fredrickson.

**FREDRICKSON:** Thank you, Chair Hardin. Thank you for being here, and for your testimony. So it sounds like your neutral testimony-- it sounds like First Five's kind of a similar flavor to it, like the idea of being-- I just want to make sure I'm understanding correctly. The possible flag you're flagging is the, is the regulatory piece. And it sounds there might be some things we can tweak from a regulation perspective, but others that are like, yeah, we're not going to touch those things. Because-- am I understanding that correctly?

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**ANAHI SALAZAR:** Yeah, waiving just regulations as a whole is really concerning. Having one person just be in charge of what that looks like was brought-- was also a concern of ours, especially when it comes to child safety. We understand the intent of wanting to explore what fixes maybe we could have in licensure down the line, but kind of waiving the right to what those regulations are, was-- is yeah, where our concern lies.

**FREDRICKSON:** OK. Thank you.

**HARDIN:** Senator Quick.

**QUICK:** Thank you, Chairman. So right now, currently, without this, how does that work for-- on the regulations? Does Public Health still kind of oversee that or does-- is it somebody el-- D-- DHHS or who?

**ANAHI SALAZAR:** Yeah. DHHS has the-- is, is-- the oversight of, of what those regulations are. So this would change it so that the Director of Public Health has the right to waive any of those regulations.

**QUICK:** OK. All right. Thank you.

**HARDIN:** Other questions? Thank you.

**ANAHI SALAZAR:** Yeah. Thank you.

**HARDIN:** Neutral testifiers, LB808. Senator, Ibach. While she's returning, we had 2 proponents, 2 opponents, 1 in the neutral, online.

**IBACH:** I will take neutral, at this point.

**HARDIN:** Neutral, OK.

**IBACH:** Because I think that it means that organizations and agencies actually recognize the need for some flexibility for especially our rural care-- childcare centers. So I think I've taken some good notes. We will go back and, and readdress some of the concerns, but more than anything, I just appreciate the committee listening, and I appreciate those who came and testified because I think it strengthens our, our messaging that this is something that's serious and we need to, to continue to carry the flag for.

**HARDIN:** Great.

**IBACH:** Thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HARDIN:** Questions? Thank you.

**IBACH:** Thank you. Go back to property tax.

**HARDIN:** All right. That does sound gripping. This concludes LB808. And we're going to turn to Senator Storer's LB903. They are shifting. They are still shifting. We'll consider that enough shifting.

**STORER:** OK

**HARDIN:** Take it away.

**STORER:** Good afternoon. Good afternoon, Chair Hardin and members of the HHS Committee. My name is Senator Tanya Storer, T-a-n-y-a S-t-o-r-e-r. I represent District 43, and today, I'm bringing LB903, a bill that creates a referral pathway to allow a child welfare case manager to refer at-risk families with children under the age of 2 to home visiting services. The-- and also, enabling home visiting agencies to bill for these services through the Families First Prevention Services Act, FFPSA. The referral mechanism is permissive, increasing case manager awareness of an available home visit support-- of available home visiting supports while allowing professional discretion in determining when those referrals are appropriate. LB903 addresses the current barrier where home visiting agencies cannot access those FFPSA reimbursement funds without formal case manager referrals to identify at-risk families. I know that this committee has considered home visiting as a service for a couple of years, and now as a new senator, I hadn't had any experience with home visiting until we considered Senator Dungan's LB22 on the floor last year. Since then, I've learned that home visiting is an evidence-based service that supports the health and well-being of families with young children. It is voluntary, free for families, and cost-effective. Home visiting programs pair young families with trained professionals who tailor services to meet the family's specific needs. And in my district, home visiting has seen tremendous growth because of the support of the Legislature. home visiting providers in Nebraska are able to offer this critical service use-- utilizing a variety of funding streams and supports. The base amount of funding for many home visiting programs comes from the Maternal Infant and Early Childhood Home Visiting federal funding sources. While this provides support to reach some eligible families, many home visiting providers, Panhandle Public Health included, have become very savvy in figuring out how to draw down additional funds to reach more families with this important service. In fact, Panhandle Public Health in my area was the first

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

public health district to pilot and iron out the wrinkles in billing the FFPSA for home visitation. So this bill is important, primarily to allow for that billing process. Billing can be challenging because in order to draw down the funds, 2 requirements must first be met: first, case manager must find that the child or family is, is at risk of court involvement; and second, the case manager must refer that family to home visiting. Both of these prerequisites must be met before home visiting agency can draw down those federal funds. Many case managers are incredibly busy juggling large caseloads and multifaceted needs of their clients, so this has led to a lack of referrals in home visiting, a service that we know can keep young families out of the child welfare system, which I think we would all like to see. LB903 seeks to increase case manager awareness of home visiting services for at-risk families while maintaining professional discretion. It is not a shall, it is a may. The language is permissive. So it simply states that when appropriate, a case manager may re-- may refer families with a child 2 years of age or younger for evidence-based home visitation services, as provided in the Family Home Visitation Act. The age of 2 is important because home visiting is designed for families with young children exclusively. Prior to the hearing, we were informed by the Early Development Networks or EDN, that they wanted to make sure there was no overlap between the families referred to home visiting services in the statute and those sent to EDN. So as we've discussed, evidence-based home visiting services are healthy for families and at-risk-- families that are at risk of involvement with child welfare system, whereas EDN services are for children with developmental disabilities or health concerns. So in order to offer clarity, I have, have with me, a committee amendment, AM1819, to include a line about referrals to the Early Development Network that should clarify that-- and if the pages could pass that out for me. And with that, I am happy to answer any questions.

**HARDIN:** Thank you. Questions? Senator Riepe.

**RIEPE:** Thank you, Chairman. Thank you for being with us. Thank you for bringing this forward. I have 2 questions. One is, is this the first time that it would allow child welfare case managers to intervene?

**STORER:** I believe, for this particular age group, in, in, in this, in this age group and instance. So it just-- it came to everyone's attention that they weren't-- if they couldn't refer then they also couldn't draw down the funds, and obviously, then, there was less willingness of those agencies to do those home visits.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**RIEPE:** OK. My second question was, why the, why the age under 2 years? Was that for reimbursement or was that for-- just simply an age break-off?

**STORER:** Yeah. I think there's going to be some folks behind me that can answer that better.

**RIEPE:** OK.

**STORER:** But I understand that's simply where the age break-off was that it was not covered, up to this point.

**RIEPE:** OK. OK. Thank you, sir.

**HARDIN:** Any other questions? Senator Fredrickson.

**FREDRICKSON:** Thank you, Chair Hardin. Thank you for being here and for bringing this bill. I'm sorry I was-- this may have been what Senator Riepe just asked, so I apologize if I was-- I was rereading the bill again. It's really short. This is similar to Senator Dungan's bill. You just basically increased the age up to 2 years old.

**HARDIN:** Mm-hmm. Yes.

**FREDRICKSON:** Got it. OK. Other questions from the committee? Seeing none, will you stick around?

**STORER:** I will. I'm going to stick around.

**FREDRICKSON:** All right.

**STORER:** Thank you.

**FREDRICKSON:** Any proponents for LB903? Welcome.

**DEZARAE BRANDT:** Ready? OK. Hello, Senator Hardin. It's always nice to see you, and thank you for the opportunity. I know he has left the room, but-- and to all the other fellow members of the Health and Human Services Committee today, in support of LB-- LB903. My name is Dezarae Brandt, spelled D-e-z-a-r-a-e B-r-a-n-d-t, and I'm the maternal and child health program manager at Panhandle Public Health District, where I oversee our evidence-based home visiting program, utilizing the Healthy Families America model. I would also like to extend a special thank you to Senator Storer for introducing this bill. This-- the amendment to include EDN is exciting, and we're happy

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

to share the stage with EDN services, which are focused on children with health issues and developmental disabilities. Home visiting has grown significantly since its acknowledgement by the Nebraska Legislature in 2007, and I have seen firsthand the positive impact it has had across our communities. Today, I'm here for 2 reasons, to advocate for families with higher needs and to draw attention to the important-- the importance of consistent, reliable referrals to evidence-based home visiting programs. Parenting is the most demanding responsibility, even for those of us that appear to have it together. My empathy is with parents who are taking on that responsibility while also navigating intergenerational trauma, mental health challenges, substance use, and the invol-- and the involvement of the child welfare system. These are families who stand to benefit most when prevention-focused support is offered early and consistent. As Senator Storer "mentured"-- mentioned, Panhandle Public Health District began piloting this partnership with our local DHH in 2019 to draw down those FFPSA dollars for home visiting services. During the first 2 years, we operated under a subaward contract that provided a set amount of funding annually. Through that period, referrals ebbed and flowed and all partners were learning together, both whether this model would be financially viable and whether families would respond to services. At the conclusion of the pilot, it was clear that this approach can work, and more importantly, that families respond positively. In 2021, DHH transitioned to a case rate method, meaning funding is only received when families are referred to home visiting services. This shift made referrals not just important, but essential to program sustainability. Referrals must come directly from a DHH caseworker and are made at their discretion. As a result, this shift carried a level of uncertainty, as funding is directly tied to the consistency of referrals. While this process reflects thoughtful system change, it's complex and re-- and requires a great deal of ongoing communication, education, relationship-building. I cannot overstate the effort that has gone into maintaining strong partnerships with DHH to ensure referrals continue. Case worker turnover is frequent. With each transition, the learning process often begins again. This work is challenging and at times exhausting, but the stakes are real for both families we serve and for the sustainability of programs designed to support them. LB903 helps enhance and encourage referrals directly from DHH caseworkers, which is, which is how we can draw down those dollars to ensure home visiting agencies receive funding to serve families involved in the child welfare system. These referrals do happen, but at a roller coaster rate, and many families are slipping through the cracks who

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

could benefit greatly from services. There's research that's in my letter that you could read about that, but thank you. I'm happy to answer any, any questions.

**FREDRICKSON:** Perfect. Thank you for your testimony. Any questions from the committee? Seeing none, thank you for being here. Thank you for your work. Next proponent. Welcome.

**LOGAN HOUSER:** Hello. Chairman Hardin, and members of the Health and Human Services Committee, thank you for allowing me to testify today. This is my first time doing something like this. My name is Logan Houser, spelled L-o-g-a-n H-o-u-s-e-r, and I'm testifying today in regards to LB903. I'm a family support specialist-home visitor for the Healthy Families of America program out of the Public Health Solutions District Health Department. I've been a support specialist for 5 years and work out of our Geneva satellite office, covering primarily Fillmore and Thayer counties. I've received many trainings over the years, including mental health training, infant massage, car seat technician training, lactation services, circle of security, child/adult CPR, safe sleep, and more, as we have continuous trainings throughout the years. These are trainings-- are services and education I'm able to provide directly in the home. I mentioned the counties I cover mainly because they are very rural areas with little to no access to some of these services. Our Thayer County families especially have difficulties being able to access certain services due to being so far away from Lincoln/Omaha area. We're able to go into the homes weekly and provide these services so that they may not have to drive over an hour away, as some are not in a position to do so. Some cannot drive or own a vehicle at all. We partner with many agencies, a few including the Early Development Network, EDN, and DHHS caseworkers. We refer families to EDN when needing help with developmental delays and extra familial support in the home. It's important to partner with these agencies because we want to help these families grow and thrive in all areas of life while helping the parents create a bond with their children, and to support them in making parenting just a little bit easier. Our partnerships with caseworkers have helped families go from having their children removed from the home to reunification in a few months' time, because we focus on the weaknesses and turn them into strengths. They may be struggling with addiction, mental health, disciplining their children, and we're able to use our evidence-based curriculum, Growing Great Kids, to make a goal with a family and caseworker that is attainable to achieve within a specific timeframe. This keeps families safe, it keeps the attachment growing, and it keeps caseworkers up to date on progress

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

with the family weekly. We're then able to have a monthly meeting. Our partnership with Early Development Network helps catch fam-- children's delays before they get into school and fall further behind. We're able to help get the families' help for children's speech delays using speech therapy, help for children with low muscle tone, as they're able get occupational/physical therapy, and all in the comfort of their own home and on their schedule. In the 5 years I've worked as a family support specialist, I've seen many different types of families. I've worked with families facing abuse, domestic violence, financial instability, and other serious challenges. Through our program and in partnership with community organizations, we're able to provide education, evidence-based curriculum, reassurance, and guidance toward a safer and more hopeful future. Too often, I encounter families already deeply involved in the child welfare system. I frequently wish I had the opportunity to support these families during their first pregnancy, when early education and support could help build a stronger and more stable foundation. I also want to mention that I had a family that wanted to be here to testify in person, but they were unfortunately unable to make it. They did submit a comment online and I have included a copy of their online testimony, as they wanted to ensure you received it. However, Starla and Michael and their 2 boys are a good example of how they both put in the work and effort into our program and they successfully reunified with their children and both remained sober for close to a year. Please support LB903 so Nebraska families have a greater chance at prevention, rather than remaining in a cycle of crisis and intervention. I'd be happy to answer any questions.

**FREDRICKSON:** Thank you for your testimony. Any questions from the committee? Seeing none, your first time testifying, not bad. Hopefully, you'll come back.

**LOGAN HOUSER:** Yes, hopefully.

**FREDRICKSON:** Thank you.

**LOGAN HOUSER:** Thank you.

**FREDRICKSON:** Next proponent. Welcome.

**ANGELA JOHNSON:** Thank you. Thanks for having me. Members of the Health and Human Services Committee, thank you for allowing me to testify today. My name is Angela Johnson, spelled A-n-g-e-l-a J-o-h-n-s-o-n, and I am the Children and Family Wellness Manager at Public Health

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

Solutions District Health Department. The counties we serve are Gage, Jefferson, Saline, Fillmore, and Thayer counties. Part of my role is overseeing our Healthy Families Home Visitation program, and I'm thrilled to testify today in support of LB903. Since 2022, our program has had access to FFPSA funds while serving families involved in the child welfare system. We work hard to be strong partners with children and family caseworkers within the department, and we have regularly provided education to caseworkers about what home visiting is, how it works, and how we can support families on their caseloads. We have been fortunate to work with a handful of caseworkers, as I often refer to as home visitation champions, who understand the value of the service and regularly refer families. However, this level of awareness and engagement is not consistent across the system. We have met with supervisors, team leads, and DHHS liaisons. But with the high turnover in staff, this information can easily fall through the cracks, resulting in missed opportunities to connect families to meaningful support, like Logan had mentioned in her previous testimony. Being able to draw down these funds is critical, because families involved in child welfare typically require more intensive services from our home visitors. This often includes helping families secure basic needs, frequent text and phone support, participation in team meetings, communication with caseworkers and when necessary, meeting with the families more than once a week. However, in order for us to bill for these services, the way our state plan is written, the referral must come directly from the caseworker. For example, if a hospital or a community partner refers a family and we later do learn that there is involvement in child welfare, the service will still be provided, of course, because we want to work with the family. However, we will not be able to bill for the service based on the origination of the referral. And that-- its limitations that prevent us to bill for FFPSA funds. I also want to share a few numbers to help illustrate both the need and the gap. According to the Nebraska Child Abuse and Neglect 2024 Report, across our 5 counties, there were 755 child abuse and neglect calls, and 338 of those reports were assessed. I recognize that not all of these reports would fall within our program's age range or be appropriate for home visitation. However, despite this level of child welfare involvement, our district has never served more than 20 child welfare involved families at one time through home visitations. Through conversations amongst other home visiting agencies, we learned that we also are enrolling on the higher end compared to other sites. This is suggesting that even our strongest efforts are only reaching a small fraction of those families who can benefit. I believe in home visitation so much that one day, I hope to

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

see universal home visiting in our state. But at the very least, families involved in child welfare cases should be more seamlessly and consistently connected to home visiting as an added layer of support, not home visitations services that simply monitor parent-child interaction, but true hands-on parenting support that help families build skills to thrive. Our program works hard-- our program works because it is free and voluntary. We're not forcing anyone to participate. Even with a referral, families will always have the right to say no. In, in our experience, that autonomy is why it works. I know I have the red light, so I'll stop, but there's the rest of my testimony. And I'm happy to answer questions.

**FREDRICKSON:** Thank you for your testimony. Are there any questions from the committee? Senator Hansen.

**HANSEN:** You answered my question with that last sentence. So a family does have a right to say no.

**ANGELA JOHNSON:** Of course.

**HANSEN:** Now if they say no, does that, does that ever affect like a-- their court cases, or their ability to keep their children, or how a court would view?

**ANGELA JOHNSON:** I mean, no. I would be lying to say, does this help them from-- keep the kids remaining in the home? Of course, because they're learning that skill. But if they choose to not be in our program, it shouldn't affect anything. I do think it helps them, of course, but it shouldn't, shouldn't negatively affect anything.

**HANSEN:** Then a court wouldn't negatively look on [INAUDIBLE]?

**ANGELA JOHNSON:** No, you can't even court-order us to be in the home.

**HANSEN:** Yes. OK.

**ANGELA JOHNSON:** Does that help?

**HANSEN:** Yes.

**ANGELA JOHNSON:** It's true, it's true autonomy. It's true voluntary.

**HANSEN:** I'm just trying to look at any unintended consequences that sometimes--

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**ANGELA JOHNSON:** Sure. So--

**HANSEN:** You know, and, and, and [INAUDIBLE]-- we're trying to help people, right. But then sometimes--

**ANGELA JOHNSON:** Yeah.

**HANSEN:** --a family legitimately doesn't want to have in-home, might [INAUDIBLE].

**ANGELA JOHNSON:** Even to answer your question, I don't like to cold call families. I want consent that they want to be referred even, you know. So we don't just like to just cold call them and say, hey, WIC dropped your name, a caseworker dropped their name. Typically, the way that it's happening currently, is a caseworker will have a conversation with them, and say, we think this program would help you. However, there's a caveat to that. Sometimes I don't know that it's explained in the best way. Because we're the experts of the program, and so sometimes, I do wish we had that contact with the family to explain how the program works ourselves. It's absolutely voluntary, though. And so much that we want them to want us in the home. It works. It's effective because they choose for us to be there. So sometimes, we'll even say, if we come once or twice and you don't like it, we're done. I mean, that's it. We-- we're not pushing them.

**HANSEN:** OK. Thanks.

**ANGELA JOHNSON:** Yeah. Of course.

**FREDRICKSON:** Other questions from the committee? I see towards the end of your testimony, I know you didn't have quite time, but it says it takes-- the referrals take less than 15 minutes to complete.

**ANGELA JOHNSON:** Yeah.

**FREDRICKSON:** So that's-- I mean, that's-- to me, I think speaks to the efficiency, right? I mean, like--

**ANGELA JOHNSON:** Yeah.

**FREDRICKSON:** --that's not a huge ask of-- you know.

**WENDY GWENNAP:** No. Because we've had a lot of barriers of, like, why, why are we not getting these referrals? Ple-- like, honestly, begging to please send the referrals. We'll get families on second, third,

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

fourth babies and we're like, we would have loved to work with you 3 years ago. So sometimes, you know, but to understand, I asked-- I've asked caseworkers. And the ones that often send me referrals they're like, it's really not hard-- couple buttons, we fill it in, shouldn't be too burdensome.

**FREDRICKSON:** OK. Awesome.

**ANGELA JOHNSON:** Of course.

**FREDRICKSON:** All right.

**ANGELA JOHNSON:** OK.

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

**ANGELA JOHNSON:** Thank you for allowing me to be here.

**FREDRICKSON:** Next proponent for LB903.

**KATIE NUNGESSER:** Good afternoon, Vice Chair Fredrickson and the members of the Health and Human Service Committee. I'm Katie Nungesser, spelled K-a-t-i-e N-u-n-g-e-s-s-e-r, and I'm here representing Voices for Children in Nebraska in support of LB903. We believe that every child deserves a safe and supported start. Voices For Children is in strong support of LB903 because we believe families should be connected to resources in their community that strengthen their abilities to care for their children through a robust network of evidence-based services that meet families where they're, where they're at. We are a nonprofit, nonpartisan organization dedicated to improving the well-being of children--Nebraska's children through research, policy analysis, and advo-- advocacy grounded in data and most importantly, lived experience. Much of the work is focused on the child welfare system in Nebraska. The system works best when it intervenes early, strengthens families, and prevents unnecessary system involvement. LB903 takes an important step in that direction by creating a clear and flexible referral pathway that allows child welfare case managers to connect at-risk families with children to voluntary home visiting. These programs are proven, evidence-based supports that families build strong foundations during some of the most critical years of their child's development. They improve child safety, support healthy development, and they also reduce the likelihood that families and children will experience deeper involvement within the child welfare system. Despite their effectiveness, current policy creates a barrier by limiting, limiting

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

their ability to access the Families First Prevention Services Act funding without formal referrals, referrals, even when families might benefit from it. So this bill would remove those unnecessary barriers and preserve professional discretion. By making these referrals permissive rather than mandatory, it's respecting case managers' expertise and judgment and also in allowing the families to make a choice, while still increasing awareness of available prevention supports. At the same time, it allows them to bill for reimbursement appropriately, ensuring that prevention dollars are used as intended before more crises occur. For infants and toddlers, the early intervention matters. Connecting families to voluntary supportive services at the earliest sign of risk prevents trauma, can promote stability, and keep families safely together. This bill aligns with Nebraska's commitment to prevention, family preservation, and the well-being of our youngest children. We're urging the committee to advance LB903 and invest in a child welfare system that prioritizes prevention, partnership, and better outcomes for kids. Thank you, Senator Storer, for your work to make Nebraska better for all kids, and we appreciate the committee's time and consideration. I'm available for any questions.

**FREDRICKSON:** Thank you for your testimony. Questions from the committee? Seeing none, thank you for being here. Next proponent for LB903.

**KAREN VONTZ:** Good afternoon, Chairperson Hardin and members of the Health and Human Services Committee. My name is Karen Vontz, K-a-r-e-n V-o-n-t-z, and I am the Director of Student Services at Educational Service Unit 2. And today, I'm representing all the ESUs. Nebraska's Educational Service Units provide support to school districts, including early childhood and family-centered services. I would like to thank Senator Stor-- Storer and her office for working with us on the amended language in LB903. We are supportive of the bill with this amendment. I want to briefly clarify how the EDN, or Early Development Network, fits into this conversation and how it's different from the home visiting described in LB903. EDN provides early intervention services for infants and toddlers who have identified developmental delays, disabilities, or established risk concerns. In many cases, these services are done through home visits. These services are required under federal law through IDEA Part C and the Child Abuse Prevention and Treatment Act, known as CAPTA. When very young children are involved in the child welfare system, CAPTA requires a referral to the EDN so those children can be identified and connected to early intervention services. EDN provides early intervention services for

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

infants and toddlers with identified developmental disabilities and delays, as required under these guidelines. The home visiting services described in LB903 serve as-- a different purpose. They are voluntary, home support services used within the child welfare system, including alternative response cases. While both EDN and LB903 services may be delivered in the home and are voluntary, they serve different populations and are not interchangeable. In some cases, families may be eligible for both. In those situations, it is important that EDN continues to be included so Nebraska remains in compliance with CAPTA's required referral to early intervention. This clarifying language helps ensure alignment with existing federal requirements and provides clear guidance on how these services are intended to work together. With that clarification, we appreciate the amended language and are supportive of this bill. Thank you for the opportunity to testify, and I'm happy to answer any questions.

**FREDRICKSON:** Thank you for your testimony.

**KAREN VONTZ:** Of course.

**FREDRICKSON:** Any questions from the committee? Senator Hansen.

**HANSEN:** Thank you. Thanks for coming.

**KAREN VONTZ:** Of course.

**HANSEN:** So ESUs are in charge of Early Development Network?

**KAREN VONTZ:** Yeah. So a lot of times, they are. Not always. So I'll speak for my ESU directly. So it's a contracted service in collaboration with the Department of Health and Human Services and the Department of-- NDE, so the education system. So we actually hold that contract for the service coordination services that support the families, and we do all of the services that have to do with special education services for that. And that runs through all of our department. Some of those contracts are actually housed in a DHHS location. But more often than not-- and I don't know the percentage, but I could find out if you're interested-- actually are housed within an ESU.

**HANSEN:** OK.

**KAREN VONTZ:** Ask again, I'll try.

**HANSEN:** So--

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**KAREN VONTZ:** All the referrals come directly to our office for any-- so in my area, we have 16 school districts. And if any kid below the age of 3 gets a referral for EDM services, it comes to our office, and then we filter that out to whoever those people are within a school district. For us, in our ESUs, it's mostly our ESU staff and all of the service coordinators, which are the support people that are there to support the families and their rights, they work directly for us.

**HANSEN:** So you're providing early childhood education-type-- like, what are you providing?

**KAREN VONTZ:** Yeah. So kids that qualify for EDN services are those kids that have an identified developmental disability. So it can be a variety of things. Referrals come in from doctor's offices all the time, so maybe it's a kid that was born with Down Syndrome. That kiddo would qualify and have special education services really early on. We also get what is called CAPTA. So kids that qualify for CAPTA are those kids that come in with a suspected or it's been substantial abuse of neglect. They come directly to us. And those kids, we walk through the process with their family because it's likely kids that need that support early on are going to have problems in the future because of the mental health incapacity that is happening in their family. So a lot of times, we work in conjunction with those home visiting things to get the right supports in place to make sure the kids are getting the support that they need to develop and grow, and then that families are also getting the support that they need to develop and grow.

**HANSEN:** And if, if the families are referred, they're required to do this under federal law?

**KAREN VONTZ:** It is not required. That's what's tricky. It does say. So the requirements for us is if they qualify for services. So just like if a kiddo was in school and they were going to go through the process to get special education, you still have to go do it through an evaluation process to see if the kids meet that. If they meet that, then we have to follow those federal requirements for special education. But they are not required to work with us, just like the home visitor earlier stated. They can say, no thanks, not interested. Even these CAPTA referrals that come in, they can say, no thanks, not interested.

**HANSEN:** OK. All right. Thanks.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**KAREN VONTZ:** Yeah.

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

**KAREN VONTZ:** Of course.

**FREDRICKSON:** Next proponent for LB903.

**SARA HOWARD:** OK. I'm the last one. You can ask me the hard ones.

**FREDRICKSON:** Welcome.

**SARA HOWARD:** OK, Barb, you ready? All right. OK. 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 the first-- promoting early quality and learning opportunities for Nebraska's youngest children. My position at First Five is focused on the area of maternal and infant health policy, because we know that healthy moms and babies are critical to ensuring the long-term success of children in our state. I'm here to testify in support of LB903. And before I begin, I want to thank Senator Storer for her interest and, and support of home visiting in the state of Nebraska. I'll stop there. OK, so-- OK. I'm gonna start with the origins of this bill. Like, why are we talking about home visiting and child welfare at the same time? So home visiting has sort of a braided funding system in the state of Nebraska. You've heard me talk about the Maternal and Infant Early Childhood Home Visiting program, or MIECHV, you've heard we talk about how they get TANF dollars, some cities and counties support home visiting on their own, and then there's this entire other funding stream through the Families First Prevention Services Act, or FFPSA. Now I'll just jog memories on what FFPSA is, right? Our child welfare system is funded by the IV-E, IV-E dollars. That, that is the original FFPSA. IV-E is money that follows the child. So IV-E used to require that you removed a child from their home in order to draw down those IV-E dollars. Our entire child welfare system is held up by IV-E. Under the first Trump administration, they passed the Families First Prevention Services Act, and that modified IV-E. Now we still have the original IV-E, where you remove a child in order to draw down the IV-E dollars. But with FFPSA, for certain programs, and home visiting is one of them, if you get a referral and you are labeled at risk, a service provider for a specific service can draw down those funds. And so, LB903 is seeking to address the issue of the referrals, because home visitors can't draw down those funds unless they get a

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

referral. You got to have 2 things, the referral from the case manager and the identification of risk. And so if they don't get the referrals, they can't draw down these funds. These funds are exclusively following the child. So when Dez was talking about how when we piloted it, we got a chunk of money and we tried to figure out the, the problems, once the-- that chunk of the money was gone, we were following the children. I'm so sorry that I'm out of time. But I hope that's making sense, because it, it, it functions more like Medicaid, where it's following a person, not necessarily you're getting a chunk of money to provide a service to as many people as you can. So it's just a little bit different. I will tell you, you should ask me about the fiscal note. Why is this fiscal note zero? Because we've already accounted for FFPSA dollars going to home visiting. It's same as LB792, where we'd already accounted for the Medicaid dollars, and so that's why we got those zero fiscal notes. I will clarify for EDN. Why has this committee never heard about EDN before? Yeah? You, you want to ask me that?

**HANSEN:** Sure, I'll ask you that.

**SARA HOWARD:** Because it sits in our education statutes. So EDN is funded by IDEA, our Individuals with Disabilities Education Act. That is inside of-- sorry. I'm terrible for time. That is inside of our education statutes. That's in Section 43. And so EDN has never been contemplated by the Health and Human Services Committee. However, that service is still reliant on referrals. The difference is that their referrals are mandated. You got it? Yes. OK. So I'll, I'll pause there for a minute.

**FREDRICKSON:** Let's-- yeah, let's see if there's questions from the committee. Yeah.

**SARA HOWARD:** I do want to-- before my time is up, I want to thank Senator Storer. She's been really open about working through this bill, and really thinking through how we can make this referral situation work. All of the origins of this came from her LB668, which is on Select File and, and moving beautifully through the process. And so, I do want to thank her, because she's doing some really beautiful work inside of these statutes.

**FREDRICKSON:** Thank you. Any questions from the committee? Senator Quick.

**QUICK:** Yeah, thank you. And thank you for being here.

**SARA HOWARD:** Thank you for having me.

**QUICK:** So my question is when, when a family, or like the parents decide not to accept the services, then what happens?

**SARA HOWARD:** That's it. I mean, they're voluntary services, so if you say you don't want them, we're not going to bug you anymore.

**QUICK:** So what happens if there's-- like if there's a case of abuse or neglect in the home and it's been, been referred? I mean, somewhere along the way, maybe it goes to the court. I don't know. What happens?

**SARA HOWARD:** Right. So this statute, in particular, is around alternative response--

**QUICK:** OK.

**SARA HOWARD:** --which we know are those cases that maybe don't rise to the level of a full investigation.

**QUICK:** OK.

**SARA HOWARD:** These are cases generally of a lack of resources in the home, not necessarily abuse or harm.

**QUICK:** OK.

**SARA HOWARD:** And so, this section of law is around alternative response. That being said, if we have a case of abuse and neglect that rises up, that's where the court system gets involved.

**QUICK:** OK.

**SARA HOWARD:** Appropriately, right.

**QUICK:** OK.

**SARA HOWARD:** And bear in mind, EDN and home visiting-- I'm making good eye contact-- is not court ordered. So nobody has to do it. It's voluntary. The court cannot be like, you do home visiting and you do EDM. They don't do that.

**QUICK:** Thank you.

**FREDRICKSON:** Senator Hansen.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HANSEN:** You were chair while I was on HHS.

**SARA HOWARD:** Yes, yes, sir. I brought you lots of sandwiches.

**HANSEN:** And I thought you taught us everything.

**SARA HOWARD:** What?

**HANSEN:** I thought you taught us everything.

**SARA HOWARD:** No, no. ED-- everything--

**HANSEN:** This is why the EDM part confused me.

**SARA HOWARD:** Well, yeah, because EDM is in Education. Like, none of us-- I never served on Education. You know? Yeah. But that's why.

**HANSEN:** What you said makes sense. OK.

**SARA HOWARD:** Yeah, it sits in a, in a completely separate area of law. However, they still need those referrals, so it makes sense to amend them into this when we're talking about adding referrals, for sure.

**HANSEN:** OK.

**FREDRICKSON:** Yeah.

**HANSEN:** Thank you.

**SARA HOWARD:** Thank you. I had a delightful time. Anything else for me?

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

**SARA HOWARD:** Thank you for having me.

**FREDRICKSON:** Any other proponents for LB903? Seeing none, is there anyone here to testify in opposition to LB903? Seeing none, anyone here to testify in the neutral capacity for LB903? Seeing none, Senator Storer, you're invited to close. While you come up, we did have some online testimony. We had 6 proponents, zero opponents, and zero in the neutral capacity.

**STORER:** That sounds like a home run. Thank you, again. I appreciate Sara's help with this and leadership on it, and certainly, all those who came to testify. I think we all have a better understanding of this in the committee. You know, prevention is, in this case,

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

virtually free to, you know, the state of Nebraska, at least. This is, this is just really a commonsense fix that gives those families access to those services in, in their communities, in the hopes that we can avoid future involvement with the welfare system or the court system. And so, again, I'm happy to answer any questions. But I think there's been a really robust conversation here, and appreciate your time, and certainly hope that maybe we can move this one out and get this to the floor. So, thank you.

**FREDRICKSON:** Thank you, Senator Storer. Questions to the committee? I'm looking over here because that's the whole committee right now. Yes, Senator Hansen?

**HANSEN:** Nope, I'm good.

**FREDRICKSON:** Oh, you're good. All right. All right. Thank you.

**STORER:** Yes, thank you.

**FREDRICKSON:** That will finalize our hearing for LB903. We will move on to LB959, and allow folks to kind of shift out a little bit. Senator Riepe, you're welcome to open.

**RIEPE:** Tilt-- my focus is towards the 2 members that are remaining here. Thank you, Acting Chairman Fredrickson and fellow members of the Health and Human Services Committee. I am Senator Merv Riepe, that's M-e-r-v, and Riepe is R-i-e p-e. I represent Legislative District 12. I am here today to introduce LB959, which has some crossover with LB891, heard earlier this afternoon. LB959 is a targeted workforce and systems improvement bill that supports Nebraska's school age and youth serving childcare programs while maintaining strong safeguards for children. The bill directs the Department of Health and Human Services to create 2 new credentials under the Child Care Licensing Act, a, and I quote, "youth afterschool credential", and, I quote, "adult eligibility passport." The youth afternoon [SIC] credential is designed for 16- and 17-year-olds seeking employment in school-age or temporary nonresidential childcare programs. These programs often face staffing challenges, particularly during school-- afterschool hours, and older youth can play an appropriate, appropriate role when clear standards and protections are in place. Under LB959, youth applicants must complete specified training and background checks established by DHHS. The bill allows provisional employment while background checks are pending, but with clear safeguards. Youth employees may not have unsupervised contact with children and may not be counted towards

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

staff-to-child ratios until all requirements are satisfied. The credential would be valid for one year and may be renewed annually through an expedited process. Once issued, it must be accepted by licensed childcare and approved youth service-- servicing programs as proof of compliance with applicable background check and training requirements. LB559-- or LB959 also establishes an adult eligibility passport for individuals 18 and older. This passport serves as portable proof that an adult has completed all requirement-- required background checks and training, including criminal history, fingerprinting, child abuse and neglect registration checks, and sex offender registration checks. The intent is not to reduce standards, but to reduce duplicate-- duplicity. Once verificat-- verified, eligibility may be recognized across multiple licensed childcare and approved youth-serving programs. The adult eligibility passport would also be valid for one year, renewable annually and accepted by all relevant programs as proof of compliance. Finally, LB959 authorizes the Department of Health and Human Services to charge applicant and renewal fees limited to actual administrative costs, and to adopt rules and regulations governing implementation, including application procedures, renewables, training approval, background check verification, and private-- privacy protections. If I may briefly address the fiscal note, it is worth noting that it is positive, and I repeat positive, based on projections from both the Nebraska State Highway Patrol and the Department of Health and Human Services. The State Patrol anticipates the need for 4 additional full-time employees, and DHHS has estimated an additional 3-4 full-time positions to administer the program. Together, those staffing costs are estimated at approximately \$500,000. At the same time, the State Patrol projects that approximately 10,000 applicants would be processed annually under LB5-- LB959. Each applicant carries a \$55 fee, which would generate approximately \$550,000 in revenue. As a result, the fiscal note reflects a projected net positive impact of roughly \$50,000 to the state. I repeat, a projected net positive fiscal impact of \$50,000 per year to the state. LB959 provides a practical, flexible framework that supports workforce participation, improves administrative efficiency, and maintains child safety. Following me will be a few testifiers directly, directly in this sector, including Ms. Danielle Moss from Bellevue Public School Foundation in Omaha. Actually, I'm sure that means Bellevue, which-- with that, thank you for your time, and I would be happy to answer questions.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HARDIN:** I like that. So I, I simply turned my book over, and now I see what you're talking about. It makes money instead of costing money. So I like the creativity with all of that. So they're thinking that they'll, they'll get 10,000 separate applications.

**RIEPE:** Well, it, it-- you know, to me, the summary is, is it provides a good service of helping young people who cannot wait, and this, I think, came out in our earlier testimony. These young people cannot wait 2 weeks. They're living payday to payday and they're not paid that much. So it, it provides workforce development, while at the same time, not costing anything to do that because of the extra fee, the \$50,000 that the state will make out of it. So--

**HARDIN:** OK.

**RIEPE:** I think maybe there was some intent to give it the fiscal death, but that didn't work out that way.

**HARDIN:** OK. Other questions? Senator Hansen.

**RIEPE:** Yes, sir.

**HANSEN:** I, I think this-- you must have the exact same fiscal note that I did, with the idea that, that we're gonna start a new state-run background check with State Patrol, but we're not going to do that. That's not the intent of this bill, I think, and not the intent of my bill, either. So--

**RIEPE:** That's right.

**HANSEN:** -- your bid-- your bill will pretty much come out, I'm assuming, budget-neutral, like mine will, as well.

**RIEPE:** Well, I think they're both going to come out \$50,000 up. But-- and as I said, starting in, there is a crossover with LB891, and so, we'll talk about all that, too.

**HANSEN:** And, and I had a question about-- I think you have on here that-- are 16- and 17-year-olds on a sex offender registry in Nebraska?

**RIEPE:** They will check to see if they are. I don't know--

**HANSEN:** I think, in Nebraska, you're not-- even if you're adjudicated in court, I don't think you're on a sex offender registry unless

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

you're coming from another state, I think. But I'm not sure. So I just didn't know if that was required to be in the bill or not, because we don't--

**RIEPE:** We'll check that out.

**HANSEN:** I was just curious.

**RIEPE:** I don't know. The intent is to have, when it's all said and done, individuals carrying it will carry something like a passport about this size, which will mean that they can get immediate employment, because it will have their picture, it will have a number on it, it will have their fingerprints on it, to the necessary ones, and so it will be very efficient to carry and expedite the workforce.

**HARDIN:** Other questions? Will you stick around?

**RIEPE:** I'd love to.

**HARDIN:** Great.

**RIEPE:** Thank you.

**HARDIN:** Proponents, LB959. Welcome.

**DANIELLE MOSS:** Hi. Sorry. I didn't bring copies. Chairman and members of the Health and Human Services Committee, thank you for the opportunity to testify. My name is Danielle Moss, D-a-n-i-e-l-l-e M-o-s-s, and I work in human resources and compliance for a childcare-- or sorry, for a licensed, school-age childcare program. I am here in support of LB959. From a compliance standpoint, one of the greatest challenges facing licensed childcare programs is the length and duplication of the background check processing. Fingerprint-based checks are essential for safety, but they often take weeks to return and complete. During that time, candidates frequently accept employment in other sectors where they can start immediately. This challenge is compounded when staff move between licensed providers and must repeat the same background checks, adding unnecessary cost delays and workforce instabilities. LB959 addresses this by directing DHHS to establish a standardized adult eligibility passport-- portable verification confirming that an individual has met all DHHS licensing requirements, including the background checks. This maintains consistent safe standards while eliminating redundant processes. LB959 also establishes a youth afterschool credential for 16- and 17-year-olds, creating a safe, supervised pathway for youth employment

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

in school-age programs. These staff members are crucial to program sustainability, and they support daily operations, leading educational instruction, and build the workforce. In our programs, we can't operate without our school-age or our youth staff members. Youth are essential to our program's sustainability, aimed rising costs, including minimum wage, and providing a crucial entry to the workforce development. By providing hiring efficiency, strengthening both adult and youth, youth workforce development pathways, LB959 supports sustainable, affordable quality childcare and afterschool programs in Nebraska. I respectfully encourage the committee to advance LB959. Thank you.

**HARDIN:** Can I ask, how many-- you're licensed for how many kids?

**DANIELLE MOSS:** We have 15 locations, and we have about 730 children in our program.

**HARDIN:** OK. About how many per location?

**DANIELLE MOSS:** It depends. So we have one school that has about 15 enrolled and we have one school that has about 100 enrolled, almost.

**HARDIN:** OK.

**DANIELLE MOSS:** So they're different in sizes.

**HARDIN:** OK. And say, at your largest center, how many teenagers?

**DANIELLE MOSS:** Probably about 3 or 4--

**HARDIN:** OK.

**DANIELLE MOSS:** --work there. We have almost 90 employees, and about 20, as of today, are high school students.

**HARDIN:** OK. They were diligent enough to hang in there until they finally got the current system through the process.

**DANIELLE MOSS:** Yes.

**HARDIN:** OK.

**DANIELLE MOSS:** And most of them are within our school system.

**HARDIN:** OK. Very good. How do you find them?

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**DANIELLE MOSS:** Word of mouth. And then we work with the education department or the-- they have a lab at the Frank Kumar Career Center. And so, we try to partner with them and try to recruit, because, you know, they're like-minded individuals that want to work with children.

**HARDIN:** Kids talk to kids.

**DANIELLE MOSS:** Yeah. Yeah. They can teach them. They can be part of clubs. They can support them in different activities.

**HARDIN:** OK. Very good. Questions? Senator Quick.

**QUICK:** Yeah. I'm talking about that-- like in the-- do any of the schools have, like a career pathway like for early childhood or anything like that, do you know of?

**DANIELLE MOSS:** Not that I am aware of, in the school district proper, because we are still separate. We partner with the school district and operate in those buildings, but I can't speak for that, specifically.

**QUICK:** Yeah. OK. All right. Thank you.

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

**DANIELLE MOSS:** Yeah. Thank you. Thank you for your time.

**HARDIN:** We appreciate it. Thanks. Proponents, LB959. Welcome.

**STEPHANIE VADNAIS:** Thank you, Chairman, members of the Health and Human Services Committee. My name is Stephanie Vadnais, it's S-t-e-p-h-a-n-i-e V-a-d-n-a-i-s. I'm here on behalf of Beyond School Bells, which is Nebraska's statewide afterschool network, to testify in support of LB959. I want to share what this bill means for rural Nebraska, where afterschool programs don't just serve kids, they create the next generation of educators. In over 25 communities across our state, afterschool programs already depend on high school-age staff to keep their doors open. These aren't just part-time jobs. These 16- and 17-year-olds are essential staff that step into real responsibility. Program directors tell us repeatedly, without teenage staff, they cannot operate at the same capacity and cannot serve as many youth and families. Some programs who already hire high school students are licensed and we've heard time and time again, the issues they have with background checks. Some programs are exempt because they're in schools and operating with school staff, often, but those programs could become-- if the burdens were lowered, they could become

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

licensed programs, receive childcare subsidy, have additional braided sources of funding for sustainability, and they could serve more youth and families. The youth afterschool credential creates a portable, professional credential that says this young person is trained, background-checked, and ready to work. Programs can hire faster, young people can move between opportunities without bureaucratic barriers-- and here's what matters most: these aren't just jobs they're starting. These are career pathways. We've seen it time and time again. Young people who start working in afterschool programs discover they love working with kids, and many decide to pursue a career in education. Their early afterschool experiences shape how they connect with students and engage with families. The 7-hour orientation required by this bill ensures that 16- and 17-year-olds don't just show up, they show up prepared. The training teaches essential skills of positive youth development and safety and supervision. The background check required for the credential ensure that children's safety remains the top priority. Young people will be vetted before they step into the program. You can hear it straight from a teen staff from Oakland-Craig, who said, I chose to work at the afterschool program because I wanted to experience what teaching is like before I even attend college, and truly see if this is what I want to do for the rest of my life. This is not babysitting. It is a-- it is professional preparation. For rural Nebraska programs, this bill is about sustainability. There are over 140,000 Nebraska children who would participate in afterschool programs if spots were available. We cannot meet the demand without staff. We cannot build a strong education workforce without giving young people meaningful entry points into the profession, and this bill does both. I respectfully urge the committee to advance LB959. This bill removes barriers and improves training for young people entering Nebraska's workforce. Thank you.

**HARDIN:** Thank you. Questions? So I have a question or two. So for teens, can they run a room by themselves or do they need to have someone oversee?

**STEPHANIE VADNAIS:** No. Yes, they'll be-- have to be supervised.

**HARDIN:** OK.

**STEPHANIE VADNAIS:** By an adult. Yep.

**HARDIN:** You brought a-- up a great differentiator there. You said this isn't babysitting. How's it different?

**STEPHANIE VADNAIS:** Well, our high-quality afterschool programs provide hands-on, highly engaging programming that helps them learn, without knowing they're learning.

**HARDIN:** OK. Very good. I guess my question is what kind of freedoms should these-- are, are we using-- we talk about this weird thing in other medical areas called scope of practice. What could teens be doing to fully round out their scope of practice as a, a, a, a budding educator within that space? Are we letting those youngsters do all they could and should do, or should we think about expanding what they can do? I'm only asking this because here's what's behind my question. We're in a different time in history.

**STEPHANIE VADNAIS:** Absolutely.

**HARDIN:** If you have 2 children in childcare today in America, that's about the size of what used to be, and I mean used to before COVID, before 6% interest rates. We're now talking about 2 kids in childcare being as expensive as a mortgage, in some places. And so I'm just curious, how can we change some of our models to better reflect today's needs? And so, are we using our, our teens to the best of their abilities? Not to put kids in danger-- don't want to do that, but just asking you to pontificate.

**STEPHANIE VADNAIS:** Absolutely. Well, that is something we love talking about at Beyond School Bell. So I won't go too deeply into all of the ways that that can look. But one model that we currently have in several communities is called Exploring Career Connections, and that is the 16- and 17-year-olds receive training on being a STEM educator. So they receive specialized training both on STEM, educating in the STEM field, and then also just general youth development. They are then going into afterschool programs and providing that programming. They are facilitating STEM-based programming, and they're also receiving internship opportunities in STEM fields. So that's one, one model, kind of that "near peer," providing that really robust training for those 16- and 17-year-olds, but then they also are getting that education experience.

**HARDIN:** Can you clar-- clarify, when we use that word credentialed, what does that mean?

**STEPHANIE VADNAIS:** Credentialed? I think it means it's-- kind of gives you a label. I have done this. I have a hope that we will be able to work with the Department of Education to make this a more official

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

credential, that these high school students could receive some additional benefits.

**HARDIN:** OK. So granted, that's their turf, not our turf.

**STEPHANIE VADNAIS:** Of course.

**HARDIN:** But at, at this point, we're not saying that this could count as, like, an AP credit or something like that.

**STEPHANIE VADNAIS:** Not at this point, but there is some openness from the department--

**HARDIN:** All right.

**STEPHANIE VADNAIS:** --to do that.

**HARDIN:** OK.

**STEPHANIE VADNAIS:** Mm-hmm.

**HARDIN:** Senator Quick.

**QUICK:** Yeah. Thank you, Chairman. So I asked that question before, but-- about any of the-- I know, like right now, in public schools, they have what they call Career Pathways. And I don't know if you know or are aware of any programs for early childhood or--

**STEPHANIE VADNAIS:** I don't know if there are specific early childhood. I know education. I do feel like in Omaha Nation Public Schools, they do have an early childhood. I, I visited there, so I know they exist. But I think there's lots of opportunities to tie things like this together and create, create those pathways that are even stronger.

**QUICK:** Yeah, thank you.

**STEPHANIE VADNAIS:** Yeah. Absolutely.

**HARDIN:** Thanks. We appreciate it.

**STEPHANIE VADNAIS:** Thank you very much.

**HARDIN:** Proponents, LB959.

**ANDRES LOPEZ:** Good afternoon.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HARDIN:** Good afternoon.

**ANDRES LOPEZ:** Chairman and members of the committee, thank you for the opportunity to testify. My name is Andres Lopez, A-n-d-r-e-s L-o-p-e-z. And just a few years ago, I was a 17-year-old, hoping to work in an afterschool program in Omaha, Nebraska. Now as an adult, I see how incredibly beneficial it was for me to have been able to work for a childcare provider. Having the opportunity to work alongside the youth at such a young age helped me learn responsibility, develop great professional practices, and gain experience that I wouldn't have been able to gain elsewhere. Right now, there are very few clear, legal pathways for teens to work in a-- in childcare and gain that experience. Most childcare providers do not hire teens because they currently cannot count in the childcare ra-- ratio. The youth afterschool credential would give teens like I once was, a structured and safe way to work while building the capacity of critical childcare programs for the community. As a program coordinator who oversees a dozen employees, I like that the teens still complete background checks and training and always work under supervision, helping increase capacity for services while maintaining safety and quality. The opportunity to work in an afterschool program as a teenager ultimately helped me find my passion, helped me see the world from a different perspective, and put me on a pathway to a professional, full-time career in youth development. Thank you for listening and for considering LB959.

**HARDIN:** Thank you. Questions? Seeing none--

**ANDRES LOPEZ:** Cool.

**HARDIN:** We appreciate it.

**ANDRES LOPEZ:** Yes, thank you.

**HARDIN:** Proponents, LB959.

**CHARLES CARDER:** Thank you. Good afternoon, Chair Hardin and members of the Health and Human Services Committee. My name is Charles Carder, C-h-a-r-l-e-s C-a-r-d-e-r. I'm here today to support LB959. I'm the owner of Kids R Kids Learning Academy of Southern Hills, where we provide educational care from ages 6 weeks to 12 years old. I submitted online testimony to support LB891 so I won't go through the full fingerprinting process in this particular testimony. However, I would like to highlight the fluctuation in timelines and express the

necessity of creating a more consistent and streamlined process. When I opened my doors in 2022, the fingerprinting process would consistently take 4-8 weeks before we could invite someone into our building to start working with children. During 2024, I saw this process take as little as 24 hours for existing fingerprints and almost spot on, 1 1/2-2 weeks for new fingerprints. This process is now back up to 4-6 weeks for new and can pop sometimes 1-3 weeks even, for existing fingerprints. In short, the process is the employer emails the form to DHHS, DHHS notifies State Patrol to begin processing that review. Once State Patrol has the information back, they notify DHHS. Then once DHHS sees that notification, they create the approval "letter"-- letter, and email that back to employers. The reason for some delay, as communicated by DHHS, is the influx in renewals and requests and the amount of staff they have. I started adding some read receipts so I could help anticipate when I could tell people that they could come start working for me. And since I've been doing that, it's taking at least 3 days just for an email to be seen by DHHS. And so there's also the possibility that once they get notification from the State Patrol, it's still just taking another 3 days, at least, just to see that request, before they start doing any processing on it. I do want to say that anytime I call DHHS fingerprinting office, they're always super helpful. They're kind and understanding. In some instances, they are able to tell us verbally over the phone that the results are back and approved and to expect the letter soon. However, sometimes it's taken over a week or more to get back. We're not allowed to have a build-- an employee in our building interacting with children until we have these results back. I am an engineer by education and I'm always looking for efficiencies to reduce time, money, and waste. It would be in the best interest for all involved to allow documentation portability to alleviate some of the efforts of both DHHS, as well as the employers/employees. In addition to fingerprinting, we also must do APS/CPS checks. There's a few other that have been mentioned. And those have seen increased delivery time, as well. We need to see a better system for this process for our educators, for our kids, and for our communities. To continue to provide quality care in the state of Nebraska, I encourage you to support LB959 and advance the bill from committee. Thank you.

**HARDIN:** Thank you. Questions? Appreciate you being here.

**CHARLES CARDER:** Thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HARDIN:** LB959, proponents. LB959, opponents. LB959, neutral testifiers. Senator Riepe. While Senator Riepe is coming back, it says we have 8 proponents, zero opponents, 1 in the neutral. Take it away.

**RIEPE:** Thank you Chairman Hardin. I first of all would like to thank the members of the committee, and I would like to thank everyone that has given up an afternoon of their life to, to be here for this hearing. And I would especially like to thank the people that were kind enough to make remarks of --in favor of the particular program. I also wanted to address the question that Senator Hansen had. And my-- due to my very good LA, I found out that if the 16- or 17-year-old was tried as a youth, there is no registration requirement for a sex offender. If tried as an adult, however, there is a registration, and that is then available to the court, in terms of their actions. The thing that I would like to close with was a quote of Winston Churchill, which is a, a favorite of mine. And Winston Churchill said during World War II, he said, and I quote: we're out of money. We have to start using our brains. So I think we have to look at different approaches. Thank you, Mr. Chairman and committee.

**HARDIN:** The, the, the one tricky thing it looks like to me here that the department talks about in this fiscal note that I'm looking at is just that it says the, the-- kind of the main issue of compliance is that we're running into, with the passport work, we're kind of running into a conflict with our federal grant. Do I have that right, Bryson? And so, that could be something that we would have to kind of work through on this, as I understand. So.

**RIEPE:** Fair enough. We're willing to work on that and willing to work to, to make sure that we make it a polished document.

**HARDIN:** OK. The other interesting thing is while, while we were going here, I reached over and I said, so I'm hearing a, a drumbeat a little bit, about waiting periods again. This is something that kind of does this over time. And we talked with State Patrol and they go [GRUNT], and we talk with the department and they go [GRUNT]. And so anyway, I just got word that as of today, right now, we have an average, it looks like, over the last 30 days or so, of 8.22 business days.

**RIEPE:** 8.2?

**HARDIN:** 8.2 business days for processing. So granted, we still may want it faster than that. Some people have run into some challenges. And that's where I'm saying we've had-- we've dealt with some

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

fingerpointing, I know, in the past, and we, we can get this faster. I just also know, from personal experience, having dealt with some other states-- inferior states to the south of us, in particular, but--

**RIEPE:** It makes, it makes me reflect on when I was in the hospital business, I had a director of finance that came to me and said he was getting shortly behind and, and needed more help. And I said Tom, that's why God invented electricity. Work at night. Get it done.

**HARDIN:** Exactly. So any other questions? Seeing none, thank you. This will conclude LB959. We're going to move on, we hope. OK. Senator von Gillern will be here soon. I'll tell you what, gang. How about if we take a 5-minute break till, let's say 6 minutes after 4:00. Because we're just missing one senator, just one. It happens to be the one we need. Oh, he just got here, OK. Just kidding. Just kidding. You have to, you know, deal with that part of life. Oh, you're here. Yay. I was just going to give them a break, so they all-- that's why they all sighed heavily when you walked through the door.

**von GILLERN:** Would you like a break?

**HARDIN:** No, I just took it away from them.

**von GILLERN:** OK.

**HARDIN:** So, yeah. We're, we're just going to--

**von GILLERN:** It's your room.

**HARDIN:** --muscle through.

**von GILLERN:** All right.

**HARDIN:** How are you, Senator von Gillern?

**von GILLERN:** I'm well. Thank you.

**HARDIN:** Great.

**von GILLERN:** [INAUDIBLE] wrapping up Revenue down the hall.

**HARDIN:** We are excited to hear about LB928.

**von GILLERN:** Very good. Well, thank you, Chairman Hardin and members of the Health and Human Services Committee. For the record, I'm Senator Brad von Gillern, B-r-a-d v-o-n G-i-l-l-e-r-n. I represent

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

Legislative District 4 in west Omaha and Elkhorn. I'm here today to introduce LB928, which hopefully would modify and optimize Nebraska's process for helping kids in the foster care system find safe, loving, and long-term homes. I want to state at the outset that there are ongoing conversations taking place between my office, DHHS, and Foster Care Review Office, about each of their specific needs. I'm hoping for this hearing to act as an extension of those discussions. That being said, the contents of the bill are not complicated. So before explaining them, I want to spend a moment providing a little bit of background. First, I'm the father of 4 children, 2 of whom my wife and I adopted so there's a special place in my heart for the task of finding strong, loving homes for kids whose biological parents are unable to provide that for them. Having raised 4 kids, I think it also gives me a little bit of license to speak about, about how-- just how intensive the job of caring for kids can be. This is a case where the kids are in a permanent home or in foster care, and it's reflected in the more than \$250 million budget for the state's child welfare system, over two-thirds of which are drawn from the General Fund. As I'm sure everyone is painfully aware by now, resources are scarce and caring for kids is one of our most critical needs. Ultimately, the best ways for kids to be cared for from the perspective of both the child and the state is in a permanent living home. I'll put it this way, permanency is stability and efficiency both. For a 30,000-foot view, the aim of LB928 is to increase the chances of finding permanent homes for kids who find themselves in foster care system. As I mentioned before, the actual proposal of LB928 is very simple, defining the term "fictive kin" as an adult who is not related to a child by blood, marriage or adoption, who previous-- who either previously lived with a child or is a trusted adult with a pre-existing significant and trusting relationship with the child. Then add fictive kin to the list of individuals, including noncustodial parents, grandparents, aunts and uncles. Whom DHHS is directed to identify and notify within 30 days of a child's removal from his or her home. In practice, I recognize that this may be less simple than I've just stated. The qualitative difference between relatives and family members, people related to a child by blood, marriage, or adoption, and fictive kin make it less clear at to what point the department would have satisfied the requirement to identify fictive kin under LB928. This is the subject of a continuing conversation with DHHS. I'm a firm believer that the requirements we hand down to agencies must be clear, measurable, and ready to implement, and I'm committed to finding a satisfactory solution with the cooperation of our friends at DHHS. I'm hoping to reach a

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

resolution within the next few weeks. We're also collaborating with the Foster Care Review Office on a cleanup amendment to clarify conditions under which fictive kin should not be contacted. We plan to bring an amendment with all the necessary changes in the very near future. I hope this hearing gives everyone an opportunity to hear about the needs of our foster care system and how we might work together to improve that system and the important work that it does. With that, I ask for your support and I'd be happy to take any questions. Thank you, Chair.

**HARDIN:** Thank you, Senator Fredrickson.

**FREDRICKSON:** Thank you Senator von Geller for being here for bringing the bill. So I, I might-- I'm going to show my naivety here a little bit. I'm reading the bill right now. So, so currently, our statute prefers blood relation kinship placements.

**von GILLERN:** Yeah, as it should.

**FREDRICKSON:** OK. As I understand, your bill will allow for, in the event that that is not available, someone who might have a pre-existing relat--am I understanding that correctly?

**von GILLERN:** Yes.

**FREDRICKSON:** OK.

**von GILLERN:** Yeah, and what we-- what the bill did not do that we hope to develop, in working with DHHS and the folks from the Foster Care Review Office, is maybe to create a hierarchy. We check off these individuals, and then we move to these individuals, and how do we find those individuals? How do we vet them? And, and one of the most, most challenging questions is how do we know when we're done? Because fictive kin is, is not as clear of a definition as we might I hope it would be. It might include a, a childcare provider. Maybe a child has had the same nanny, for lack of a better term, a childcare provider for years and years and years, and it's a known, trusted individual. It might be a coach. It might be a neighbor. It might be someone who's not a blood relative, but has a, has a long-term, standing, trusted relationship with the family. And so it's, it's, it's a little hard to define what that is. So, so the folks, rightly, from, from, you know, the folks that would have to implement this said, how, how do we know when we're done? How do we when we've searched out, you know, every coach or every, you know, every individual-- a teacher, whatever it

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

might be-- daycare provider. How do we know when we have accomplished all of that and, and we've satisfied the means of the bill? So again, I know, as, as often happens, I know what I want to do here. I think, in working with the folks that have to implement it, we'll figure out how to do it.

**FREDRICKSON:** Sure. And my-- are there-- others get to have something similar like this, or is this something that just kind of came to you? Or is this-- I guess what I'm curious about is, because to your point, you know, the, the--

**von GILLERN:** Yeah it came in--

**FREDRICKSON:** --questions, questions are valid.

**von GILLERN:** Yeah, yeah.

**FREDRICKSON:** But I want to know what other states do. Yeah.

**von GILLERN:** It came up in a discussion-- and, and you and I both attend other-- attend legislative conferences-- came up in a discussion. And I-- and it wasn't model-less legislation, but it just came up in a discussion about foster care, and, and it-- foster care is a-- it, it's-- number one, it, it's not just a challenge here in Nebraska. Finding care providers is a huge challenge. It's horribly expensive. The-- as we're, as we're working through the, the budget, you'll see the, the, the difference in what was projected. If I, if I remember right, the difference right-- this-- for this past year is a \$50 million delta in what was projected to be spent on foster care, versus the actual spend or the actual need. And that is coming from the lack of available families and the need to go outside of the normal, you know, what we would hope would be the, the tight, tight family units to-- for the already available foster care providers to go outside of that system to, to care and house these kids.

**FREDRICKSON:** Sure.

**von GILLERN:** Which, which I-- and I don't want to use the word institutionalized, but, but that's what you begin to approach when you go beyond that, that exist those-- the, the care providers that are already available. When they hit their maximum, at some point, you, you do begin approaching an institutional system, which none, none of us want.

**FREDRICKSON:** Sure. Sure. All right. Thank you. That's helpful.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**von GILLERN:** Yeah. Thank you.

**HARDIN:** No, no questions? Will you stick around?

**von GILLERN:** I'll hang around till--

**HARDIN:** Nice.

**von GILLERN:** --we've, we've answered every question.

**HARDIN:** Very good.

**von GILLERN:** Thank you.

**HARDIN:** Proponents, LB928. Welcome.

**MONIKA GROSS:** Thank you. Senator Hardin and members of the Health and Human Services Committee, my name is Monika Gross, M-o-n-i-k-a G-r-o-s-s, and I'm the Executive Director of the Foster Care Review Office. The FCRO tracks the experiences of children in foster care in Nebraska, including the types of placements they are in. The vast majority, 97%, of children in out-of-home care who are in DHHS custody are in a least restrictive, family-like setting. According to our December 2025 quarterly report, 47.7% of those children are in relative or kinship homes. By contrast, 38.4% of the children are placed in non-relative, non-kinship foster homes. There's an additional 12% or so that are in-- that are with a parent. Our December 2021 quarterly report included a special study comparing the outcomes of children in relative or kinship homes to those children placed in non-relative, non-kinship homes. Outcomes were better for children placed with relatives or kin in most areas, including the following. Permanency goals were more likely to be reunification. Sibling groups were much more likely to be placed together. Children were significantly less likely to have to change schools. They were more likely to be on target on their core classes, behaviors at school were more likely to be appropriate, and older youth were more than likely to have been involved in their future planning. Under the Federal Fostering Connections to Success and Increasing Adoptions Act of 2008, child welfare agencies are to act with due diligence to identify relatives within the first 30 days after a child is removed from the home. The federal act, however, does not define relative, and states have adopted their own definitions to include fictive kin. For example, a Utah statute requires the juvenile court at the initial hearing to determine whether there is a relative or friend who is able and willing to care for the child, which may include asking the child

if there is a relative or friend with whom the child would prefer to reside. The American Legislative Exchange Council defines fictive kin, in its Kinship Care and Fictive Kin Reform Act, as an individual who is not related by birth, adoption, or marriage to a child, but who has an emotionally significant relationship with the child. LB928 aligns the definition of fictive kin with the definition of kinship home that already exists in Nebraska law. There are different family search and engagement models used around the country to identify, locate, and engage families. Nebraska uses a version of the Family Finding model, which aims to identify relatives and other supportive adults who can provide children with long-term connections, supports, stable relationships, and permanent homes. The model contemplates the inclusion of fictive kin or other supportive adults in the search and engagement process. The infrastructure is already in place in Nebraska. This bill just enhances it, expanding the potential number of caring adult connections for children experiencing foster care. Thank you, Senator von Gillern, for introducing this important legislation and highlighting the role of fictive kin in the lives of children in foster care. I'm happy to answer any questions.

**HARDIN:** Thank you. Questions? Senator Hansen.

**HANSEN:** Got a question on the handout that you gave here.

**MONIKA GROSS:** Sure.

**HANSEN:** About missing from care. Is-- maybe the numbers are like-- how-- can you explain that to me? Like, on 9-30-2025, there were 15 DHHS/CFS wards missing from care. Of those missing, 13 were female and 2 were male.

**MONIKA GROSS:** Yes.

**HANSEN:** What does that mean? Like what-- is that a lot, or is like-- one is a lot. But I don't know. What would qualify as missing from care? I'm kind of curious.

**MONIKA GROSS:** So you might call that running away or being missing. So they've absconded or left their placement, and we don't necessarily know where they are.

**HANSEN:** OK.

**MONIKA GROSS:** Sometimes they run to someone, sometimes they're running from something.

**HANSEN:** OK. All right.Thanks.

**MONIKA GROSS:** Yeah, and that, that just happens to be on the same page. There's other data on there related to the types of placements, the placement types.

**HANSEN:** Yeah, just curious about that. Thanks.

**HARDIN:** Senator Quick.

**QUICK:** Yeah. Thank you, Chairman. So could, you know, I'm not sure you would have the answer to this, but could any of those kids ever be trafficked, too? I mean, could that be something that happens?

**MONIKA GROSS:** That's one of the huge risks, any time a child goes missing. So efforts have to be made to locate and return those children.

**QUICK:** All right. Thank you.

**HARDIN:** Senator Fredrickson.

**FREDRICKSON:** Thank you, Chair Hardin. Thank you for being here and for your testimony. So kind of following up with-- so Senator von Gillern, in his opening, was talking about sometimes, possibly one of the challenges is to kind of know how to-- where, where to stop, right? How do you kind of create your list and what that looks like? I'm just kind of reviewing your testimony and you mentioned kind of the Family Finding model. Can you shed any more light on sort of what other states might do around this, or what might we be able to do to help identify these individuals?

**MONIKA GROSS:** Sure. One of the threads that-- as I was looking into this in other states, one of the threads is talking with the family, so working with the family to prepare a genogram, which if you're not familiar with that, it's kind of like a family tree. And you have the child's-- all the child's relatives, family members, and then other important people who play roles in their life. So you're-- it's actually a diagram that you create. And, and then, certain relatives are not hard to identify-- grandparents, aunts and uncles. You can talk to them and find out, you know, who are the other adults that are important in this child's life, so a lot of it is really engaging with the family. There are search-- there are searches that can be purchased that look at multiple databases and are able to identify not just relatives but other connections that, that family members might

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

have, so that's an option. DHHS uses certain databases, as well, to locate family members. While it may be more difficult to identify fictive kin, I don't think it's impossible.

**FREDRICKSON:** OK. Sure.

**MONIKA GROSS:** And really, it's, I think, having conversations and engaging with the family themselves.

**FREDRICKSON:** Yeah. I mean, just on the surface, that makes a lot of sense to me, so yeah.

**MONIKA GROSS:** Right. And if you think about your own children-- and, and that's the way I like to think about it. If this was my child, you know, what would I want?

**FREDRICKSON:** Right. Right.

**MONIKA GROSS:** And I would want them to go to somebody that they know, you know, whether that's a, a, a, a grandparent, aunt, uncle, or it could be a godparent. It could be someone else that knows that child well.

**FREDRICKSON:** Yeah. Thank you.

**HARDIN:** Senator Riepe.

**RIEPE:** Thank you Chairman Hansen. Can you help me out? I'm looking at, at your document, which is well put together. Page 26, and it's the Figure 18. It says: DHHS/CFS Wards in Congregate Care. And there are a total of 8 states. Nevada is 1; Iowa is 1-- I believe, 1; Wyoming is 1-- no, Iowa's not in there. Kansas, 2; Missouri, 3; Arkansas, 1; Texas, 2; Nebraska, 68. I mean, all of a sudden, it's 1, 2, 1, 2, 3, 4-- boom-- 68. What, what's the story there?

**MONIKA GROSS:** So congregate care would be those facilities. It could be an emergency shelter. It could be a, a psychiatric residential treatment facility. It could be a group home, so that's what, what you see there, in Nebraska. So that's the idea. We want to keep as many as possible, if they need that level of care in Nebraska. The ones who were placed out-of-state, that would mean that we couldn't find an appropriate placement, or they needed some sort of specialized treatment that was not available in Nebraska.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**RIEPE:** So am I to take from that, that to get to our 68, we may have some from Wyoming and Texas and Missouri, and all these other 2, 3, 4 states?

**MONIKA GROSS:** Potentially.

**RIEPE:** I can't imagine that we have that many more that require that level of care than these-- than say, Texas, with 2.

**MONIKA GROSS:** Yeah. I can't, I can't-- so the-- Texas, the 2 in Texas are Nebraska kids that are placed in Texas.

**RIEPE:** Oh, these are where the kids are placed, not, not what--

**MONIKA GROSS:** Correct.

**RIEPE:** --their placement is within their own state.

**MONIKA GROSS:** Correct.

**RIEPE:** OK. I didn't have time to read that data, but.

**MONIKA GROSS:** But that doesn't mean that there aren't children from other states placed in Nebraska at these facilities.

**RIEPE:** If I may, Chairman, let me have a followup question. Thank you. What would-- would, would it be some kind of a special need that would drive a, a child from Nebraska to Wyoming to Texas? Do they have a special program that this child is more appropriately placed at?

**MONIKA GROSS:** Possibly, or it could be a child from Senator Hardin's part of the state and it's closer for the family to visit and engage in the services in Wyoming than it is in Omaha.

**RIEPE:** Are any of these really outliers, in terms of cost per day of service? I mean, is it really a financial burden if we send someone from Scottsbluff up to Wyoming? Is that going to cost us 4 times as much as if we kept them in the state?

**MONIKA GROSS:** I'm not sure about that specific Wyoming placement, but yes, some of these facilities are very expensive.

**RIEPE:** OK.

**MONIKA GROSS:** Hundreds of dollars a day, if not more.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**RIEPE:** So we do it as kind of-- as a last resort.

**MONIKA GROSS:** That's correct.

**RIEPE:** OK.

**MONIKA GROSS:** They've probably been in other placements and not been successful.

**RIEPE:** Fair enough. Thank you. Thank you, Chairman.

**HARDIN:** Thank you for providing us with this December 2021 Quarterly Report on relative kinship foster homes and so forth. This was in COVID years-- was looking at about page 14. It talks about the differences between non-relative and relative or kin, and the psychotropic medications prescribed. There's a 29% difference when they're in the non-relative home, so call it 30% more prescriptions in that category of drug for mental nervous within that category. Was that something that was akin to the COVID years and have we seen those numbers come down since that COVID period of time is over, or are we pretty much in the same boat?

**MONIKA GROSS:** Well, we haven't run this specific study since then.

**HARDIN:** OK.

**MONIKA GROSS:** So I would be speculating. But we could certainly-- our research staff could certainly take a look at that.

**HARDIN:** It was such a stressful time for everyone.

**MONIKA GROSS:** Yes.

**HARDIN:** And so I didn't know if those were exceptionally high numbers just because of that time in life, or if we're still looking at that kind of a difference between this type of foster care and this type foster care, even today. I was just curious.

**MONIKA GROSS:** We could certainly, we could certainly look at it again from, say, the last fiscal year.

**HARDIN:** OK.

**MONIKA GROSS:** And see where we're at.

**HARDIN:** That would be fascinating.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**MONIKA GROSS:** Sure. I'll get that to you.

**HARDIN:** All right. Other questions? Thank you for being here.

**MONIKA GROSS:** Thank you.

**HARDIN:** LB928. Welcome.

**KATIE NUNGESSER:** Good afternoon, Chairperson Hardin and members of the Health and Human Service Committee. Again, my name is Katie Nungesser, spelled K-a-t-i-e N-u-n-g-e-s-s-e-r, and I'm here representing Voices for Children in Nebraska, in support of LB928. When children experience trauma, our system should do everything possible to maintain safe, stable connections. For this reason, we're in strong support of LB928. We, oops, sorry, to ground my statements today and who we're talking about, I just wanted to have a, there's a little quick data on your sheet that shows that in 2023, there was more than 5,000 children in Nebraska receiving out-of-home services with a 3A petition. The breakdown of out-at-home placements below shows us that most of the kids in out-of-home care are school-aged or older. To us, this means that they should also be a part of that conversation about who a trusted adult in their life is. When children are removed from their homes, the disruption and trauma they experience is profound. Placement decisions made in the earliest moments of removal can have lasting impacts on a child's sense of safety, belonging, and well-being. Research and lived experience consistently show that children fare better when they're placed with adults they already know and trust. These relationships can ease trauma, reduce placement instability, and help children maintain connections to their family, culture, school, and community. This bill strengthens Nebraska's child welfare system by formally recognizing fictive kin and ensuring these trusted adults are included early in the placement process. The bill acknowledges the reality of children's lives and support networks. For many children, especially those from communities that rely on extended and chosen family systems, meaningful caregivers are not always connected by blood, marriage, or adoption. These people may be beloved teachers, coaches, mentors, or family friends, people who know and care for that child and are willing to step up. Including fictive kin within existing kinship definitions and notification requirements ensures that these important adults are not overlooked during a child's removal. Requiring identification, location, and notification of fictive kin expands the pool of potential placements and increases the likelihood that children can remain with someone they know, rather than fostering with strangers. This is not to undercut the generosity

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

or care that agency foster families offer to children coming into foster care. And we want to acknowledge the truth that the trauma of removal and placement is reduced for children when they have a trusted, pre-existing relationship with that caregiver. Let's see here. This bill would move us closer to a child-centered approach that prioritizes relationships and stability for children who have already experienced abuse or neglect. We believe it reflects best practice, honors the voices of impacted youth, and advances humane and effective child welfare system practices. We urge the committee to advance this bill, and we want to thank Senator von Gillern, for your work to make Nebraska better for all kids, and the committee for your time and attention on this matter. I'm available for any questions.

**HARDIN:** Thank you. Questions? I am seeing none.

**KATIE NUNGESSER:** Thank you.

**HARDIN:** Thank you. Proponents, LB928. Opponents, LB928, those in the neutral, LB928. Welcome

**KATHLEEN STOLZ:** Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Kathleen Stolz, K-a-t-h-l-e-e-n S-t-o-l-z, and I'm the acting director of the Division of Children and Family Services in the Department of Health and Human Services. I'm here to testify in a neutral capacity for LB928. DHHS appreciates the intent of LB928. The bill promotes early identification and engagement of relatives and fictive kin, and supports the continued emphasis on an engagement of family and kin as best practice for stability and permanency. Consistent with existing statutory and policy requirements, DHHS conducts a relative search and notification following a child's removal. This includes notifying known relatives and fictive kin when kin are identified or main-- or made known to DHHS. DHHS engages these individuals regarding their potential involvement in the child's care and support. Current data shows that 52% of youth in out-of-home care are placed with a relative or kinship caregiver. Among those, 31% are placed with kin. This data reflects the department's existing emphasis on family and kinship placements. Unlike relatives, fictive kin are identified through subjective, informal relat- relationships and open-ended inquiry, rather than verifiable records. Pursuing an exhaustive kin search would be a re-- would be resource-intensive and prolonged, particularly when individuals are minimally connected to the child. LB928 requires the same identification, notification, and court reporting for kin as for relatives within the same 30-day timeframe.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

Due to the expansive and open-ended nature of the kinship class, it will be difficult for DHHS to identify, much less notify, all possible fictive kin within 30 days. For an example, the department may interview a middle school child and his parents upon entering the system and explore all identified possible adults, but may not be aware of the Cub Scout den leader that he bonded with during kindergarten. The department's primary interest in ensuring that early casework capacity remains focused on immediate safety, stability, and engagement with known relatives and caregivers while also supporting the appropriate involvement of kin. The department offers this testimony to highlight this-- the distinction between relative and kin identification and to note the importance of clear, workable standards, clarifying that kin engagement is sub-- is subject to reasonable good faith efforts and focus on known and reasonably-identified individuals may support consistent implementation while preserving the bill's intent. Thank you for your time, and I would be happy to entertain any questions.

**HARDIN:** Thank you. Questions? We appreciate it. Thank you.

**KATHLEEN STOLZ:** Thank you.

**HARDIN:** Those in the neutral, LB928. Welcome.

**SCOTT THOMAS:** Good afternoon, Senator-- Chair Hardin and the HHS Committee?

**HARDIN:** That's who we are.

**SCOTT THOMAS:** I was just across the hall, so--

**HARDIN:** Yeah.

**SCOTT THOMAS:** --trying to keep them all straight. My name is Scott Thomas, S-c-o-t-t T-h-o-m-a-s. I'm with Village in Progress and U.S. Institute of Diplomacy and Human Rights, and I'm gonna come in on the neutral, because I understand the intention of the bill and if you could show-- if DHS could show evidence of efforts to contact the biological family, primarily because I can cite cases off the top of my head within the last 5 years where we know that didn't happen, and that they didn't contact uncles and aunts and grandparents. And if you could clear that up and find some kind of mechanism to hold them accountable and ensure that they are actually making those efforts towards biological family, then we wouldn't oppose it. Otherwise, we're gonna come in on the neutral, just, just to get those comments

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

on the record. I'm somewhat familiar with some of these processes. OK. Any questions for the senators?

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

**SCOTT THOMAS:** I appreciate y'all.

**HARDIN:** Those in the neutral, LB928. Senator von Gillern. Welcome back.

**von GILLERN:** Thank you, Chair Hardin and, again, members of the committee. Thank you to the testifiers, and I want to acknowledge the extremely hard and important work that they do. And this-- my bill is certainly brought without any intention of indicating that things aren't happening the way that they should happen, but there's always ways to improve and to expand. And there-- for those of you who know me, the-- I use the term return on investment a lot, when I'm talking about financial issues. There's no greater return on investment than what we can do for our kids. So even if something is hard, doesn't mean we shouldn't do it. And, and if there's a way to expand the definitions and figure out a way to make it work, and, and as I said earlier, make sure we understand when we are done with that work and have that defined, I'm all for that, and I'll continue to press for that. I will share-- I, I sat in front of this committee 2 years-- last year-- maybe it was 2 years ago, with a, with a bill that was totally unrelated, regarding cancer research. The best outcome of that bill was that we got everyone talking with regards to what I was trying to do, and we didn't need to pass a bill. And I think some-- that sometimes, that's the best thing we can do here, is not have to create a law to get good things done. So if these conversations turn out to be productive with DHHS and the Foster Care Review Office, then fantastic. We don't need to torture you anymore. And, and not that we won't come back, but we'll continue to work on an amendment and we'll continue to work with them, and do our best to create a policy that's good for everybody concerned. So thanks for your time. Happy to take any questions.

**HARDIN:** Questions? Seeing none--

**von GILLERN:** Great.

**HARDIN:** We thank you.

**von GILLERN:** Again, thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HARDIN:** And for that--

**von GILLERN:** Good evening.

**HARDIN:** We had-- online, we had 15 proponents, 1 opponent, zero in the neutral. Next up, LB936, and we'll get going in just a moment. We saved the best for last.

**BALLARD:** Nothing to end the day like a scope of practice bill.

**HARDIN:** And man, just makes you feel warm and cuddly everywhere.

**BALLARD:** Doesn't it?

**HARDIN:** Doesn't it, just? Thanks for bringing us a 407 bill. We really appreciate it. Making, making doctors everywhere uncomfortable.

**HARDIN:** I think the shuffle is all done. Take it away.

**BALLARD:** Good afternoon, Chairman Hardin, and members of the Health and Human Services Committee. My name is Beau Ballard. For the record, that is Be-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 LB936, which would allow nurse practitioners to perform fluoroscopy, as well as direct and collaborate with medical radiographers who are using fluoroscopies. Before I begin, I'd like to caution the committee that this is a, this is a bill related to the 407 credentialing process conducted by the Nebraska nurse practitioners over the last year. Unfortunately, when we hear the term scope of practice or 407, many of us, myself included, are prepared for a long afternoon of opposition testimony, and I rarely feel-- we-- I rarely do we feel equipped to make the decisions after it's done. However, I think you'll be pleasantly surprised to hear that this was a collaborative effort the nurse practitioners took to ensure their scope changes were outlined in LB936, were vetted, supported, and understood by stakeholders across the straight-- state. In fact, Ashley Newmyer, the, the new dir-- Director of Public Health, said in her director's report, it is apparent that the collaborative nature of the application group, in preparation of this submission, proved critical to addressing items of concern before entering the formal credential review process. Some of-- examples that were outreached included sharing their 407 application with the Nebraska Medical Association before it was filed with DHHS, meeting with the NMA, the Board of Radiographers, and the Board Of Nursing, as, as well as associations of all sizes and scopes. I just want to share several of the groups-- many of those you will

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

recognize-- that supported their efforts. The Nebraska Hospital Association, the Nebraska Association of Nurse Anesthetists, the Nebraska Nurses Association, Nebraska Rural Health Association, and the Platte Institute. It would be hard to argue that there were any rocks that didn't turn-- were not overturned. And the success of the 407, we now have LB936. This proposal will update Nebraska's credentialing statutes to explicitly allow nurse practitioners to perform and utilize fluoroscopy only if nurse practitioners have completed approved education and training. This change aligns Nebraska's law with current clinical realities and support efficient, team-based patient care. It would also allow nurse practitioners to direct medical radiographers to use fluoroscopy to provide no changes in scope in any provider except for nurse practitioners. This scope change is important for several reasons. One, improving access to care. The Department of Health and Human Services credentialing review report found that expanding utilization to nurse practitioners with the appropriate training and regulatory safeguards increase access to care, particularly in rural areas. Two, patient safety. LB936 preserves existing oversight by requiring approved education and training for nurse practitioners for performing and utilize-- consistent with the current Radiation Control Act requirement. Supporting collaborative practice by explicitly recognizing collaboration between nurse practitioners and medical radiographers, the bill modernizes statutes to reflect real-world interprofessional practices to improve workflow and patient outcomes. For that reason, I, I urge your support of LB936, and would be happy to answer any questions.

**HARDIN:** Thank you. No questions, for a 407?

**BALLARD:** Not even from Senator Riepe?

**RIEPE:** I might have a question, if that makes you happy.

**HARDIN:** OK. Yeah.

**BALLARD:** Great.

**RIEPE:** My question, and I was going to save this for a little bit later, but does this also, in your knowledge, it's nurse practitioners and not necessarily physicians' assistants?

**BALLARD:** Correct.

**RIEPE:** Is that right? OK. I just wanted to clarify. Thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**BALLARD:** Thank you.

**HARDIN:** Will you stick around?

**BALLARD:** I'll be here.

**HARDIN:** All right.

**BALLARD:** Thank you

**HARDIN:** Those who are for this bill. Welcome.

**JILLIAN NEGRI:** Hi. OK. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Jillian Negri, J-i-l-l-i-a-n N-e-g-r-i, and today I am representing the Nebraska Nurse Practitioners in support of LB936. I want to thank Senator Ballard for introducing this bill, even though we had to practice how to say the word "fluoroscopy" this morning. I was able to meet with many of you this morning, and so I don't want to take too much of your time given your busy schedule today, but I do want to make sure this committee understands the benefits of LB936, and how we found ourselves here today. As Senator Ballard mentioned in his opening, our association has spent the last 15 months working diligently behind the scenes on the 407 credentialing review that would allow for nurse practitioners to utilize fluoroscopy as part of their diagnostic tools for assessment and treatment. I have passed around a copy of our final 407 report, where we received approval and support through all 3 rounds of consideration: the Technical Review Committee, the Board of Health, and the State Director of Public Health, as well. The changes in LB936 are the result of dozens of meetings, outreach, fact-finding, research, and most importantly, compromise that we worked through since the fall of 2024, when we first began this endeavor. I want to emphasize the role our provider partners, and particularly, the Nebraska Medical Association, had in this process. I think it's an important reminder that at the end of the day, we share the common concerns that patient safety is absolutely critical to any scope change, regardless of the provider it impacts. Additionally, the purpose of this legislation is to modernize the law to reflect the current standard of practice and improve access to specialty care where resources are sparse. NPs also regularly first assist in the operating room with their surgeon colleagues, and because of this statute, cannot perform their expected duties. Regardless of the amount of education and training, a nurse practitioner cannot even touch the machine during various procedures to reposition the C arm or

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

provide the dose of radiation to obtain the images needed. This, unfortunately, results in physicians being unable to hire qualified nurse practitioners in specialty areas and NPs choosing not to work in Nebraska, leaving for neighboring states like Colorado or Wyoming, where this barrier is not present. I have so much more I could go over, but since I'm short on time, I will wrap up. Thank you again, Senator Ballard, for sponsoring this bill, and this committee's time this afternoon. I hope this committee will support LB936, and I would be happy to answer any questions for you today.

**HARDIN:** Thank you. For the sake of what's going on with keeping things in a record for history, what is fluoroscopy?

**JILLIAN NEGRI:** Yes, sir. So if you can imagine an X-ray is a photograph, right, a snapshot in time. A fluoroscopy is pretty much a live action version of an X-ray. So it doses the patient, patient with an amount of radiation in order to image what we need to see. Now, we provide by the standards that we want to reduce that radiation load as low as possible, right. But nurse practitioners are not allowed to actually touch that machine, move that machine. It gets utilized for all sorts of different things, so it can be utilized in interventional radiology, neurosurgery, vascular surgery, where I work. It's utilized in orthopedics quite frequently. So a person comes in, breaks a bone, and the nurse practitioner is able to set that bone, but they cannot utilize the fluoroscopy machine to make sure that that setting-- we would call it fracture reduction, right-- is done appropriately. We would have to do other things, like call in a physician, or have somebody else utilize that fluoroscopy, or possibly even take that patient back for a plain X-ray. That patient may need to be re-sedated. The casting may need to be redone. It's wasteful of time, of resources, and we don't always have the people that we need in the settings that we need them. Nurse practitioners are sometimes the only provider in a critical access hospital. We need to be able to utilize all of our tools available.

**HANSEN:** OK. Very good. Senator Hansen.

**JILLIAN NEGRI:** Yes, sir.

**HANSEN:** I got a question about your 407. [INAUDIBLE] the 407 process does have its flaws sometimes, but--

**JILLIAN NEGRI:** Yes.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HANSEN:** But sometimes, it has its merit, too.

**JILLIAN NEGRI:** Sure.

**HANSEN:** It looks like you got approval through all 3 stages. Was there much opposition at all to your 407?

**JILLIAN NEGRI:** So there was a lot of questions, but at the end of the day, we compromised a lot, and there was no opposition at the end.

**HANSEN:** OK. Yeah, I, I know-- familiar with fluoroscopy to some extent, because we learned that-- I'm a chiropractor. And I know I don't ever have used it and somehow, we're trained to use it.

**JILLIAN NEGRI:** Yes, sir.

**HANSEN:** But I think that some chiropractors use it for, you know, motion, you know, to see if there's injury, or whatever reason. I just always refer mine out. But I think-- I'm, I'm trying to figure out maybe if there were any concerns. Like, were there concerns at all or are there concerns about NPs doing fluoroscopy at all or-- that you can think of? Because I'm-- it's just because the procedure doesn't seem that invasive.

**JILLIAN NEGRI:** Correct. The-- it's-- well, it's not invasive, but there is radiation, right? So we always have to be thoughtful of patient safety. And we also have to be thoughtful of the safety of all the healthcare providers, as well, in the room. Now, nurse practitioners will be held to the exact same standards of any other healthcare provider that can perform fluoroscopy, so same standards as a physician, as a PA who can already do fluoroscopy, CRNAs who can already do fluoroscopy, chiropractors, dentists-- they'd all have to keep those records and do everything as any other provider would have to. Does that make sense?

**HANSEN:** Mm-hmm.

**JILLIAN NEGRI:** Did I answer your question?

**HANSEN:** Yeah, and I think-- yeah. I just-- even with modern technology, with shielding that they have now, and everything and--

**JILLIAN NEGRI:** Yes. And the, and the machines are much better than they ever used to be.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HANSEN:** Yeah. They're a lot better than they were, you know, 75 years ago.

**JILLIAN NEGRI:** Absolutely. So we're providing a lot less radiation than we ever have in human history, right? We're doing a lot better now. They've got more digital machines. So it's better than it was. But that's the reason for, you know, us requesting education, us, you know, working all of that into this bill, because we want to make sure that we're doing the right thing for our patients.

**HANSEN:** OK. Thanks.

**JILLIAN NEGRI:** Yeah.

**HARDIN:** Senator Fredrickson.

**FREDRICKSON:** Thank you, Chair Hardin. Thank you for being here and your testimony. I'm sorry. I had to step out briefly, but I'm just kind of catching up here. You mentioned the 407 process.

**JILLIAN NEGRI:** Yes.

**FREDRICKSON:** Do you, do you happen to have a copy of the results of that you could share with the committee, or?

**JILLIAN NEGRI:** I thought I passed out the copy of it.

**FREDRICKSON:** Maybe I missed it.

**JILLIAN NEGRI:** Is it this?

**FREDRICKSON:** Oh, perfect. OK, very good. That'll be helpful for us.

**JILLIAN NEGRI:** Thank you.

**FREDRICKSON:** And I guess my-- so this-- Senator Hansen's question got me thinking a little bit. I am looking at your handout, too. You know, number 5, you say our nurse practitioners are adequately trained to use fluoroscopy safely. Can, can you speak more to what kind of education you envision or training you envision for NPs to--

**JILLIAN NEGRI:** Yes. And we discussed this in detail during the 407 process.

**FREDRICKSON:** OK.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**JILLIAN NEGRI:** There is currently an education program through the University of Nebraska Medical Center. That's a 4-hour educational program. However, on the legal counsel that was provided we didn't want to add that into the bill because as you know things change all the time, right, in health care. Things are always moving. And so, we didn't want to tie the statute to the educational program specifically. We wanted to move that over to part of the regulation portion of things. So we're looking at, you know, 4 hours of, of education with regard to fluoroscopy. And then in addition to that, practical supervision with 5 procedures, to make sure that we're able to do the procedures we're asking to do. Right.

**FREDRICKSON:** So should this pass, if an NP wanted to provide this, they, they would have to go through that additional--

**JILLIAN NEGRI:** They would have to. They would have to satisfy all of those requirements. That would be approved through the Department of Health and Human Services and the Board of Nursing.

**FREDRICKSON:** OK. And did I hear you-- I think you just said-- when you were answering Senator Hansen's question. Did you say CRNAs are already allowed to do this?

**JILLIAN NEGRI:** Yes. Accurate. Yes.

**FREDRICKSON:** So why not just mirror what they have in statute or?

**JILLIAN NEGRI:** Oh. That is a fabulous question. So lots of people see the APRN and think that we do the same thing, but we have very different scopes of practice. The way we function is also very different. CRNAs are almost exclusively in the operating room, right? Whereas nurse practitioners, that's not where we are. We're out in the community. We're doing clinics. We're also in specialty care areas in the hospital. So we, much more, would mirror like a scope of practice of-- similarly to a PA. So it's a lot different. And if we tried to mirror that, it would make-- it would take away the ability for nurse practitioners in rural areas to do the things that I described in an emergency room, right, because that doesn't occur in an operating room. Operating rooms have access to a lot of things that are not present in a critical access hospital. So we can't really hamstring our nurse practitioners to be able to do that.

**FREDRICKSON:** OK. Well, thank you.

**JILLIAN NEGRI:** Yeah.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HARDIN:** Senator Quick.

**QUICK:** Yeah. Thank you, Chairman. Can you talk a little bit about what's happening in other states, compared to Nebraska?

**JILLIAN NEGRI:** That's a great question. So 22 other states already have nurse practitioners performing fluoroscopy. All of our neighbors, except for Kansas, nurse practitioners can perform fluoroscopy. We have queried so many of their boards of nursing-- the ones that we could get a hold of-- and there have been no documented cases of any patient harm across 22 states. So we don't have any reason that patient safety would be of a concern at this juncture, just because nurse practitioners are providing safe health care across the country.

**QUICK:** And then, I've got one more question, if I could. And I know I talked to you earlier today, but you, you also talked to me about how-- they-- so you don't have reciprocity, or there's no compact.

**JILLIAN NEGRI:** Correct.

**QUICK:** But other nurse practitioners can come to our state that they have to be licensed, but they can't do that procedure.

**JILLIAN NEGRI:** So this is a huge workforce issue, as well. So there are places in western Nebraska where specialty groups, like orthopedic surgeons-- one of my colleagues that actually worked with me throughout this entire process is an orthopedic surgery nurse practitioner. And she would come with the surgeon colleague, and they would come to western Nebraska to perform surgical procedures. Now in Colorado, she was able to do all the things in the operating room that she needed to do, all of her expected duties, moving the arm, creating the dose of radiation necessary to perform the fluoroscopy-- all of those things were unavailable to her in Nebraska. So the physician would have to do other things in order to make that work, possibly unsafe things. So it's, it's something that we're trying to keep our patients safe by doing this. We have highly-trained nurse practitioners in western Nebraska and we're losing them to Wyoming, as well as Colorado, where they can practice more effectively. So this is a, a two-way issue. We're losing nurse practitioners and we're unable to get the specialty of nurse practitioners to come in from other states to help us.

**QUICK:** Yeah. Thank you.

**HARDIN:** Other questions? Thank you for being here.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**JILLIAN NEGRI:** Yes. Thank you so much. We appreciate your time.

**HARDIN:** Proponents. Welcome.

**MELISSA FLORELL:** Thank you. Hi, Senator Hardin and members of the Health and Human Services Committee. Thank you for having me here today. My name is Melissa Florell, M-e-l-i-s-s-a F-l-o-r-e-l-l, and I'm testifying in support of LB936 on behalf of the Nebraska Nurses Association, which represents more than 30,000 nurses in the state of Nebraska. We strongly support our nurse practitioner colleagues in this effort to be able to perform fluoroscopy procedural guidance, and are very grateful for the process that they've taken. This privilege really does advance patient care. It improves access and can address critical workforce gaps, particularly in rural and underserved areas of our state. And their 407 was exemplary, and they put in a lot of hard work to reach the agreements that they did. And it really did prove that this meets the 6 criteria expected of those 407s. So one, I would like to stress-- because with the Nebraska Nurses Association, we're always concerned about access, and this really does help access in our rural areas. It supports our emergency nurse practitioners when they are, you know, as my colleague said, going to set a fracture, you know, without access to fluoroscopy, it really does put the patient at a higher dose of radiation and also requires sedation. So the rest of my testimony really was covered by Senator Ballard and my nurse practitioner colleague. And so, I will not read it all word-for-word, but I want to go ahead and restate how grateful we were that the Nebraska Nurse Practitioners approached this issue collaboratively and met with many of the professional partners before and during the 407 credentialing review to ensure that this change represents a responsible expansion of practice that meets both patient needs and safety standards. And I would like to thank you for your thoughtful consideration, and would love to answer any questions that you have.

**HARDIN:** Who's gonna be against this?

**MELISSA FLORELL:** That's a great question. I, I, I am not aware of opposition. I believe that a lot of that has been worked out through the 407 process. And I, I think this is a good thing for our, our rural patients, our rural hospitals, and especially our rural practitioners.

**HARDIN:** From that medical desert, so I'm just always curious. I get it. There's always trade-offs in all things that we do, but particularly the scope of practice. I like to shake the pom-poms for--

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

let's figure out ways to let people operate in the full orb of what they--

**MELISSA FLORELL:** Absolutely.

**HARDIN:** --either do or can be trained to do, and so--

**MELISSA FLORELL:** Exactly.

**HARDIN:** I'm just curious.

**MELISSA FLORELL:** And I think that the 4 hours of training and then supervised procedures following helps to set the stage for success.

**HARDIN:** OK. Other questions? Thank you.

**MELISSA FLORELL:** Yeah.

**HARDIN:** Proponents, LB936. Opponents, LB936. Welcome.

**BRENDA JENNELLE:** Thank you.

**HARDIN:** You'll answer my question, who's against this?

**BRENDA JENNELLE:** Thank you, Chair-- Chairman Hardin and members of the Health and Human Services Committee. My name is Brenda Jennelle, B-r-e-n-d-a J-e-n-n-e-l-l-e. I am in opposition to LB936 as written. Today I'm giving testimony introducing the Nebraska Society of Radiologic Technologists and the role of radiographers in fluoroscopy. I hold a bachelor's degree in radiologic technology and a master's degree and hospital administration. I have spent the last 35 years serving some of our state's rural hospitals as both a frontline radiographer and a supervisor of radiology. I am speaking today on behalf of the Nebraska Society of Radiologic Technologists. Our organization res-- represents licensed radiographers across the state of Nebraska who work every day to keep patients safe while providing high-quality medical imaging. Radiologic technologists, also called radiographers, are the healthcare professionals who perform X-rays, CT scans, fluoroscopy, and other medical imaging exams. We work in hospitals, clinics, critical access hospitals, surgery centers, emergency rooms, and rural health facilities across Nebraska. When it comes to fluoroscopy, radiographers play a key role. Fluoroscopy uses live X-ray imaging and delivers more radiation than a standard X-ray. Radio-- radiographers are trained to operate the equipment, position the patient correctly, adjust technical settings, and monitor

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

radiation dose in real time. Our goal is always to get the needed image while using the lowest amount of radiation possible. Radiographers do not simply learn this on the job. We complete formal education programs that include radiation physics, radiation protection, anatomy, patient care, and imaging procedures. After graduation, radiographers must pass a national board examination to demonstrate their knowledge and competence. In Nebraska, radiographers must also hold a state license to practice. That license is not permanent. Radiographers are required to complete continuing education on a regular basis to stay current with safety standards, new technology, and best practice in radiation protection. This system of education, board testing, licensing, and continuing education exists for one reason: patient safety. There are thousands of radiographers working across Nebraska in facilities of all sizes: in large hospitals, small rural hospitals, and clinics, and everything in between. Radiographers are often the only professional-- professionals with specialized training in radiation safety present during imaging procedures. The Nebraska Society of Radiologic Technology supports a safe, team-based care. We work to promote high standards, ongoing education, and collaboration among healthcare professionals. Our members take pride in protecting patients, co-workers, and the public from unnecessary radiation exposure. Radiographers are not--

**HARDIN:** If I could encourage you to wrap up your thoughts in just a moment, that would be great.

**BRENDA JENNELLE:** Radiographers are not barriers to care. We are partners in care. Our training and experience help ensure that imaging is done safely, correctly, and responsibly. We appreciate the opportunity to share who we are, what we do, and why our role is essential to patient safety in Nebraska. Thank you.

**HARDIN:** Thank you. Did you all participate in the 407 process?

**BRENDA JENNELLE:** We did not.

**HARDIN:** OK.

**BRENDA JENNELLE:** We were not invited to do it.

**HARDIN:** You were not invited to do so. OK. When did you find out that this was going on?

**BRENDA JENNELLE:** I would say probably 4 weeks ago.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HARDIN:** OK. So it was kind of over with by the time you heard about it. Is that right?

**BRENDA JENNELLE:** Correct.

**HARDIN:** OK. Gotcha. Senator Riepe.

**RIEPE:** Oh, Chairman, thank you. Did you ask to participate in the 407 review? Because it's-- if I recall, it went on for about 15 months. So that--

**BRENDA JENNELLE:** Nobody talked to us about it at all.

**RIEPE:** But-- and your organization doesn't keep track of the 407?

**BRENDA JENNELLE:** We had no knowledge that this was going on.

**RIEPE:** OK. Thank you. Thank you. Thank you for being here [INAUDIBLE].

**HARDIN:** Senator Hansen.

**HANSEN:** i-- You gave some recommended amendments--

**BRENDA JENNELLE:** Yes.

**HANSEN:** --in your handout.

**BRENDA JENNELLE:** Yes.

**HANSEN:** What's the purpose? Like, I'm trying to-- what are you, what are you trying to change?

**BRENDA JENNELLE:** We're trying to change so the nurse practitioners are not directing us, they're collaborating with us. I'll give an example. CRNAs, they have a medical radiographer in the room with them when procedures are taking, taking place. So.

**HANSEN:** So you would prefer that the nurse practitioner have a medical radiographer in the room when they're doing this.

**BRENDA JENNELLE:** Correct.

**HANSEN:** Otherwise they should be able to do it. Is that what the, the amendment-- I'm just kind of curious about the amendment. I'm trying to-- what you crossed off what you are putting in. Just-- that's all I'm curious about.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**BRENDA JENNELLE:** Yes, we're, we're crossing off what we think should be the language.

**HANSEN:** OK.

**BRENDA JENNELLE:** And education.

**HANSEN:** Have you been a medical rad-- radiographer for a long time?

**BRENDA JENNELLE:** 35 years.

**HANSEN:** Remember what it was like 35 years ago, with the X-rays, with the big knobs?

**BRENDA JENNELLE:** I do.

**HANSEN:** And the calipers?

**BRENDA JENNELLE:** Yes.

**HANSEN:** And the dark rooms?

**BRENDA JENNELLE:** I do.

**HANSEN:** And how much different it is now? Like--

**BRENDA JENNELLE:** It's different, but there's still radiation involved. And specifically, there, there can be harm to patients.

**HANSEN:** Oh, sure. Yep. Thanks, thanks for coming to testify, too.

**HARDIN:** Senator Meyer.

**G. MEYER:** Thank you, Chairman Hardin. Are we-- do we have sufficient radiographers for our underserved communities?

**BRENDA JENNELLE:** We do. I live in a small, rural--

**G. MEYER:** That's, that's not a, that's not a shortage as nurses and doctors and all that-- anesthesiologists? That, that seems to be in substantial short supply, but radiographers, we've got plenty?

**BRENDA JENNELLE:** Not as much as it used to-- like, there isn't as big of a shortage as there used to be. I come from a small, rural hospital. There are 4 of us that do radiography there, and that's plenty to go around. We do fluoroscopy and surgery-- so yes.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**G. MEYER:** Do you serve in clinics or anything? Do you travel? I mean, the satellite clinics and things of that nature?

**BRENDA JENNELLE:** We do have a tech that is in our rural health clinic taking radiographs. Yes.

**G. MEYER:** OK. Thank you.

**HARDIN:** Other questions? Did you all contact Senator Ballard before today? OK. I like to see that done.

**BRENDA JENNELLE:** OK.

**HARDIN:** OK? And if you have amendment language, that's a great time. I mean, we're Nebraska nice. That's what the N stands for on the helmet, right? And so anyway, we try and do that, just as a, I guess, a, a moment, if you will. Just always reach out, especially if you find out that, wait a minute, there was a 407 that went on. We weren't aware of it. So, always do watch those kinds of--

**BRENDA JENNELLE:** OK.

**HARDIN:** --postings if you can.

**BRENDA JENNELLE:** Yes.

**HARDIN:** But even if you find out that, uh-oh, we didn't get the chance or participate in that 407 process, if you find out that there's a Senator carrying it, reach out to him ASAP.

**BRENDA JENNELLE:** OK.

**HARDIN:** And then we can try and work towards building some kind of consensus or something, around solutions. Because we really do want to have the best ones that we can, we can get at.

**BRENDA JENNELLE:** OK.

**HARDIN:** Ben's the only doctor here. The rest of us stayed in a Holiday Inn Express last night. And so, you know, we try and work--

**BRENDA JENNELLE:** Sure.

**HARDIN:** To gain those kinds of, you know, outcomes if we can.

**BRENDA JENNELLE:** Yes.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HARDIN:** So very good. Thank you. Appreciate--

**BRENDA JENNELLE:** Thank you.

**HARDIN:** --you being here. You bet. And opponents, LB936. Welcome.

**SHELLI WEDDUM:** Hi, I've never-- this is my first time, so.

**HARDIN:** It's just like driving a car. You got green, yellow, red.  
Yeah.

**SHELLI WEDDUM:** All right. Again, thank you Chairman Hardin and the HHS Committee for taking the time to meet with us today. My name is Shelley Weddum, S-h-e-l-l i, last name Weddum, W-e-d-d-u-m. I have been a radiographer for over 4-- over 30 years. I do hold a bachelor's degree and a master's degree. I've been an educator and program director over the past 23 years. Today, I'm actually here speaking on behalf of the Nebraska Society of Radiologic Technologists, and I'm here today to talk about radiation safety and why proper education is essential to protecting the patients. Radiation is used every day in health care-- X-rays, CT scan, fluoroscopy, all help doctors help find program-- problems and guide treatments. These tools save lives, but radiation also carries risk. If it is used in the wrong way, it can cause harm. Radiation itself cannot be seen, felt, or smelled. Patients rely on healthcare professionals to protect them. Once radiation is given, it cannot be taken back, and the effects add up over time. That is why radiation safety and education go hand-in-hand. I also want to note that all fluoroscopic units emit radiation, and fluoro is our highest cause of radiation dose to patients and professionals. And misuse carries the risk to patients and the healthcare professionals. Using radiation safely requires training. We are taught how to-- how radiation works, how it affects the body, and how to use the lowest amount needed to get the right image. We often refer to this as ALARA, or "as low as reasonably achievable." Education teaches how to position patients correctly, choose the right settings, use shielding, and avoid repeats. Without this knowledge, patients may receive more radiation than needed, and image quality can also suffer. Children, pregnant patients, and people who need many imaging exams are at higher risk. Protecting them requires skill, attention, and proper education. Radiation safety also protects healthcare workers. Repeated exposure over time can lead to serious health problems, and training reduces risk for everyone in the room. Radiation safety is not about saying no to imaging. It's about doing it the right way every time. Strong education standards ensure that

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

radiation is used carefully, wisely, and only when needed. We are urging lawmakers to support policies that require proper education and training for anyone using radiation-emitting equipment. Education is what turns powerful technology into safe patient care. As written, the bill requires completion of educational training, but does not define standards or provide specific requirements. Without clear guidance, patient safety is at risk, and we urge you to strengthen the bill by requiring defined radiation safety education and collaboration. Patient safety, we feel, should be written into the law.

**HARDIN:** Thank you. Senator Riepe.

**RIEPE:** Thank you, Chairman. I have a curiosity question. What is your master's degree in?

**SHELLI WEDDUM:** Health Care Administration.

**RIEPE:** OK. So it doesn't-- indirectly applies, but not directly applies to the technology.

**SHELLI WEDDUM:** My Bachelors is in Medical Imaging.

**RIEPE:** OK. Thank you. That, that was my question.

**HARDIN:** There are lots of medical doctors on the boards that essentially go through this 407 process. They didn't see a problem with this. I guess I'm wondering what they looked at over a 15-month period that according to what I'm hearing, you're, you're saying and the other testifier's saying. What did they miss, as doctors, that you all are saying?

**SHELLI WEDDUM:** That's, that's a great question. In the 407 process, the nurse practitioners were asked to consult with NSRT, or the Nebraska Society of Radiologic Technologists. It was written in the 407. Because we-- after the fact, we did see that, and we were never contacted.

**HARDIN:** Right. I'm just curious.

**SHELLI WEDDUM:** So they requested that they should reach out to talk to us.

**HARDIN:** OK. And yet, they still passed it through anyway, I guess is my curiosity.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**SHELLI WEDDUM:** Based on some of the language that has been given, that there has been collaboration across the board--

**HARDIN:** Uh-huh.

**SHELLI WEDDUM:** I'm-- we're under the assumption that they assumed that they had talked to all parties.

**HARDIN:** I see. OK. Other questions? Senator Meyer.

**G. MEYER:** Thank you, Chairman Hardin. I'm going to do a twofer here. How much training do you require to be a radiographer, and what other duties are you trained to do, other than radiography?

**SHELLI WEDDUM:** Other than radiography, when-- before I became an educator, I was actually working in the cardiac cath lab, the interventional, and in the surgery area. So to answer that question, I used fluoroscopy almost every day for a good portion of my career. Education, we do have programs. We have associate degree programs for radiographer students. We also have bachelor's degree programs. Those bachelor degrees usually are more of the advanced, you know, add on to more of the advanced modalities of CT and MRI, for instance. But during the education process for our radiographers, our students all take a class which consists of about 45 hours of didactic training, as well as the-- in our-- their clinical component, we're always assessing the radiation protection. And we are also, in their procedural courses, when they're learning how to do chest X-rays to foot X-rays to how to do surgery, the constant education is-- continues with the how to radiation-- how to do radiation protection for our patients in all of those avenues.

**G. MEYER:** So essentially, radiography, other duties that you would have, that you'd be required to do, would be additional training in other disciplines. It wouldn't necessarily be tied with radiography. It'd be simply another line of education and qualification and certification.

**SHELLI WEDDUM:** Correct.

**G. MEYER:** OK. Thank you.

**SHELLI WEDDUM:** If I'm understanding correctly, yes.

**HARDIN:** Other questions? Thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**SHELLI WEDDUM:** Thank you.

**HARDIN:** Opponents, LB936. Welcome.

**ASHLEY BALLIET:** Thank you. Thank you, Senator Hardin and members of the committee for-- sorry. Thank you, Senator Hardin and members of the Health and Human Services Committee for the opportunity to speak with you today. My name is Ashley Balliet, spelled A-s-h-l-e-y, B as in boy, a-l-l-i-e-t. I'm a radiographer of 21 years, hold a bachelor's degree in radiologic technology, a master's degree in education, and I'm program director and assistant professor for the university. I'm not representing the university system and my views are my own. I am, however, speaking on behalf of the Nebraska Society of Radiologic Technologists. We oppose LB936 as written, due to patient safety concerns related to fluoroscopy. As written, LB936 may allow nurse practitioners to perform fluoroscopy independently. The bill does not clearly require collaboration with a licensed medical radiographer. Licensed medical radiographers are specifically trained in patient positioning, image quality, and keeping radiation doses as low as possible. These are skills that-- these skills are essential to safe care. A team-based approach is the safest approach, and fluoroscopy should always involve collaboration with a licensed medical radiographer. We support expanding access to care across Nebraska, but not at the expense of safety. Licensed medical radiographers are available 24-7 to collaborate with nurse practitioners and ensure fluoroscopy is used safely. Clear collaboration language protects patients and supports effective healthcare teams. As written, the bill both requires nurse practitioners to collaborate with licensed radiographers to use fluoroscopy and separately allows them to direct us, creating regulatory confusion. We recommend revising the language to explicitly allow nurse practitioners to utilize fluoroscopy in collaboration with radiographers, consistent with the existing CRNA statutory language. CRNAs are only allowed to utilize fluoroscopy with a licensed medical radiographer present. We're also concerned about how this bill advanced. I do want to correct one item from Shelli's testimony. The applicants were advised by the licensing board to collaborate with the NSRT, not through the 407 process. Unfortunately, this did not occur. And the consultation with the licensing [INAUDIBLE] board was quite early on in the proceedings, I have been to understand. While the 407 reviews are open to the public-- we acknowledge that-- because we were not consulted, we were not made aware to be looking for this to be taking place. As a result, our expertise in radiation safety was not heard during the 407 review process. The bill creates unintended consequences for the Radiation

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

Control Act, which is our licensing statute, without any input from the professional organization that represents radiographers. We did reach out to and met with the authors, the Nurse Practitioners, regarding the wording of the bill, within the last few weeks, but we did not receive any assurances of our concerns at that time. But we did leave on a good note that we would like to collaborate with them and help support them in their education and continuing education efforts. We are further concerned about education standards. The original application did specify didactic and clinical training. However, that was-- word was removed from the bill. Now, I understand that's to avoid sta-- statute changes happening frequently. As an edu-- we do recommend completion of an educational--

**HARDIN:** I do have you in the red, so if you can kind of summarize for us that would be great.

**ASHLEY BALLIET:** Yeah this is it.

**HARDIN:** Thank you.

**ASHLEY BALLIET:** We recommend completion of an educational program designed by a national professional body. We would be happy to work with the NPs in the development of that process.

**HARDIN:** OK. Thank you.

**ASHLEY BALLIET:** Yes.

**HARDIN:** Questions?

**HANSEN:** I got a question.

**HARDIN:** Senator Hansen.

**HANSEN:** Do you have any information about the other states that use nurse practitioners or they're allowed to do fluoroscopy?

**ASHLEY BALLIET:** Yes.

**HANSEN:** Are there any studies? Like, what's the outcome of those states?

**ASHLEY BALLIET:** The other states that are currently using it, there is a standard in California, in which they require 40 hours of education and 40 hours of fluoroscopy-- of clinical training to-- and then they

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

have to take, actually-- the state of California has their own separate boards exam, and they have to take a fluoroscopy boards exams. Other states are utilizing the ARRT competency exam in fluoroscopy that they have built, to help streamline this process and ensure competency.

**HANSEN:** Have you heard of any issues with [INAUDIBLE]?

**ASHLEY BALLIET:** No, there's no issues with any mid-level providers with patient-- with concerns over patient dose or radiation damage.

**HANSEN:** OK. Just curious, then. Thanks.

**HARDIN:** Other questions? Senator Fredrickson.

**FREDRICKSON:** Thank you, Chair Hardin. Thank you for being here. I just wanted to make sure I heard that correct. You said California requires, did you say, did you say 40 hours? 4-0?

**ASHLEY BALLIET:** Yeah, California has 4-0, 40 hours of clinical and didactic education training that's required. And those can be accomplished through a variety of different modes. The American Society of Radiologic Technologists has education specifically for those groups. PAs have, actually, a framework that they have developed, and I have a citation to that in our one-pager that, that Brenda hand out initially. And so they actually have this built into the PA curriculum. So I'm hoping the nurse practitioners will do that eventually as well. But that is a framework to follow, and I think that could be a guiding point for how to do this. The American Academy of Physicists, Physicists in Medicine also has training available and there's also training commercially available, of course, through private companies, in which that education could be obtained.

**FREDRICKSON:** Thank you.

**HARDIN:** OK. Thank you. Appreciate you being here.

**ASHLEY BALLIET:** Thank you. Thank you for your time.

**HARDIN:** Others in opposition, LB936? Those in the neutral? Welcome.

**ROBERT WERGIN:** Good afternoon, Chair Hardin, and members of the committee. Chair Hardin and members of the committee, my name is Robert Wergin, MD, R-o-b-e-r-t W-e-r-g-i-n. I'm a family physician and current president of the Nebraska Medical Association. The N-- the NMA

appreciates the opportunity to provide the input in a neutral capacity regarding this bill. LB936 would allow nurse practitioners to expand their practice and utilize fluoroscopy for procedural guidance. Fluoroscopy is a real-time imaging technique that uses continuous X-ray beam to create moving images of body internal structures. Physicians use these images to diagnose or guide procedures. However, because fluoroscopy involves radiation exposure, it carries risk, especially with repeated or long procedures. Fluoroscopy can cause radiation-induced skin injuries caused by excessive or concentrated exposure, often due to improper positioning or failure to use "collimation" or blocking. This exposure can cause long-term damage to the skin, including necrosis, hair loss, and epidermal degeneration. Cumulative doses or exposure effects are also a risk. For example, high total dose may cause delayed tissue damage and increased risk of cancer. The most effective way to prevent such injuries and mitigate the risk is through thorough, proper training of fluor-- fluoroscopy operators. Considering these risks, the NMA would like to emphasize its support for robust education and training requirements for nurse practitioners seeking to utilize fluoroscopy. These requirements are the only method to ensure procedural competency and more importantly, patient safety. LB936 empowers the department and the Board of Nursing to jointly promulgate appropriate education and training requirements. The NMA would encourage the department to draw on the education and training requirements from other states, particularly Colorado. Colorado has a specific pathway for physicians, physicians assistants and nurse practitioners to become registered fluoroscopy operators. This pathway requires 40 hours of education on topics that include radiation physics, radiation biology, radiation safety, and radiation management applicable to fluoroscopy, 4-- 40 hours of clinical experience under supervision of a licensed physician, and a passing score on the American Registry of Radiologic Technologists examination for fluoroscopy operators. The ARRT exam is a national certification test for professionals operating fluoroscopy equipment. The exam is generally considered the gold standard for employment and verifying technical competence of those practitioners performing fluoroscopy. South Carolina has almost identical requirements to Colorado. The NMA believes the above requirements provide 3 appropriate safety guardrails: education, practical training, and exam certification. Meeting these require-- requirements is essential to reducing risk and preventing serious, avoidable accidents, such as radiation burns and overexposures. Thank you, and I'm happy to answer any questions.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HARDIN:** Questions? Senator Hansen.

**HANSEN:** Thank you. So you would agree that nurse practitioners being trained adequately, this would benefit especially rural Nebraska. Because is, is that where we're seeing like especially the need for like, the use of fluoroscopy, like, for nurse practitioners?

**ROBERT WERGIN:** Having been a rural-- I didn't mention I'm in Seward, Nebraska, so I'm a rural family physician. The, the, the use of fluoroscopy is kind of limited, especially in office settings. Probably not chiropractic, but in office settings. Because even setting bones, you can do standard X-rays. But it, it may be helpful in rural areas, but in my hospital setting, we have radiographers with fluoroscopy training. And we do do cholangiograms, thoroscopic cholangiograms during gallbladder surgeries, and, and those kind of things, but we have the technology and that. And I, I suppose if there's a nurse practitioner assisting, they would work collaboratively with that, in positioning or whatever. But we, we came out in a neutral position, as long as the training was there.

**HANSEN:** So allowing the profession to practice how they're educated, with practical training and exam certification.

**ROBERT WERGIN:** Right. In reviewing those standards in Colorado and South Carolina, we felt those were probably high standards to meet. And passing the exam would, would allay some of the concerns we have, regarding fluoroscopy.

**HANSEN:** OK. Thank you.

**HARDIN:** Senator Fredrickson.

**FREDRICKSON:** Thank you, Chair Hardin. Thank you for being here and for your testimony. So are, are you, are you neutral as written, like the training as written, or-- because I'm hearing you-- your training recommendations are maybe a bit different than as written. Are you-- so--

**ROBERT WERGIN:** We, we thought that being neutral with the-- as the regulations and requirements are written, which would be-- I think I mentioned the board of medical exam-- the Nursing Board, and then the department could include those standards as they were included in those other states, where it's, it's currently being done. And we felt that those were the standards it would take to have the competency level to do it safely.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**FREDRICKSON:** That was, like the South Carolina, Colorado.

**ROBERT WERGIN:** South Carolina and Colorado. I think Colorado had it first and then South Carolina. I'm not as familiar with-- they mentioned California I, I, I bet they're similar.

**FREDRICKSON:** OK. OK. Thank you.

**HARDIN:** Senator Riepe.

**RIEPE:** Thank you, Chairman. Dr. Wergin, good to see you again. My question is this. By virtue of being a, a medical doctor, does that make you qualified then, to utilize fluoroscopy in procedures?

**ROBERT WERGIN:** As a--

**RIEPE:** Or do you have to take additional training?

**ROBERT WERGIN:** As a, a physician, I had-- both in medical school and residency, I had radiologic rotations and, and worked in-- some with fluoroscopy, at the broad spectrum of radiology, and did do some fluoroscopy with radiologists-- with physician radiologists, et cetera. So, and I-- in my own practice, I found a very limited use of fluoroscopy. And I actually had done it in cases of actually, lost foreign bodies, a needle in a foot or that-- they're very-- you can feel them, but you can't find them, and, and that. But even then, in my own office, my X-ray unit is not capable of doing fluoroscopy. But in that regard, my nurse is a-- has a limited radiologic license. And I said, yeah, go ahead and take this. I thought it would be easy. It wasn't easy. She had to go through pretty extensive physics and all that training. She has CME requirements, I think, every 2 years. And then, it depends on how degreed you are. Like, we can do long bones fractures and bones. If you do abdomens, I think, and head and neck, you have to have additional training. So we currently have standards for my nurse to do X-rays. I am certified to do X-rays, but I-- she does my X-ray for me. Does an excellent job.

**RIEPE:** OK. Thank you.

**HARDIN:** Other questions? Thank you.

**ROBERT WERGIN:** Thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**HARDIN:** Others who are neutral, LB936. Seeing none, while Senator Ballard is coming back, online, there were 2 proponents, 3 opponents, 1 in the neutral.

**BALLARD:** Thank you, Committee, for staying a little bit longer tonight. Appreciate the time and all the testifiers. I just want to, again, go through the 407 process that the nurse practitioners went through. Couple points. Minimal, no opposition in the last 15 months. There were some questions, as testifiers said at the beginning, those questions were articulated. I think Senator Hansen's points were well taken that there has been no incidents of concern of patient safety in the, the numerous states that have passed similar legislation. And nurse practitioners, throughout that 15-month process, were found willing to compromise to find the legislation that you see before you today. I think this committee has to be very careful in how they approach the 407 process and these scope of practices. We can, we can ask organizations/associations to go through, through, jump through the hoops. And then at the last minute, there's some opposition and that long process goes away. So I think-- I just want to caution the committee that organizations/associations may be unwilling to go through that 407 process if at, again, the ninth hour-- the eleventh hour some opposition comes in. So with that, I'd be happy to answer any questions, and I thank the committee for their time.

**HARDIN:** Questions? Senator Riepe? Senator Fredrickson?

**FREDRICKSON:** Thank you, Chair Hardin. Thank you Senator Ballard. So this, this was compelling testimony. I-- I'm just kind of curious-- and this is probably something to bring back to the nurse practitioners and the nurses, as well. In the NMA's testimony, they highlighted South Carolina, Colorado, as sort of models of sorts. I am curious, like, do you have any initial thoughts on their training requirements, or?

**BALLARD:** Yeah. I'll have to look at that.

**FREDRICKSON:** Yeah. OK. OK.

**BALLARD:** I have not seen any language from any - yeah. Yeah. I will-- I'll look at the training requirements.

**FREDRICKSON:** OK. Sure.

**BALLARD:** Yes. Thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee January 28, 2026  
Rough Draft

**FREDRICKSON:** Great. Thanks.

**HARDIN:** Other questions? Seeing none, thank you.

**BALLARD:** Thank you. Appreciate it.

**HARDIN:** That concludes LB936 and our hearings today.