

**BOSN:** We'll go ahead and get started. Welcome to the Judiciary Committee. I'm Senator Carolyn Bosn from Lincoln, representing District 25, which is southeast Lincoln, Lancaster County, including Bennett. The committee will take up bills in the order posted outside, and this is your opportunity to be part of the legislative process and express your position. If you're planning to testify, please fill out one of the green testifier sheets to the back of the room. Print clearly and fill it out completely, listing every organization you represent, using the back if needed. If you say an organization when testifying that is not listed on your sheet, it will not be included on the committee statement. When it's your turn to come forward, please give the testifier sheet to the page or to the committee clerk. If you do not wish to testify, but would like to indicate your position on a bill, there are yellow sign-in sheets on the back table. These will be included as an official exhibit in the hearing record. When you come up, please spell-- state and spell your first and last name to ensure we get an accurate record. We will begin each hearing with the introducer's opening statement, followed by proponents, then opponents, and finally neutral testifiers. We will finish with a closing statement by the introducer, if they wish to give one. Important to note, we will be using a three-minute light system. When you begin your testimony, the light on the table will turn green. When the yellow light comes on, you have one minute remaining. And the red light indicates you need to wrap up your final thought and stop. I will then see if there are questions from the committee that follow. Also, committee members will be coming and going during the hearing. This has nothing to do with the importance of the bills. It's just part of the process because senators do have bills to introduce in other committees. If you have handouts or copies, please bring up 10 and give them to the page. We do not accept thumb drives, CDs, DVDs, oversized documents, books, lists of signatures, and similar items. Please silence your phones. Verbal outbursts and applause are not permitted, and such behavior will be cause for you to be asked to leave. Committee procedures for all committees state that written position comments on a bill to be included in the record must be submitted by 8:00 a.m. the day of the hearing. The only acceptable submission-- method of submission is via the Legislature's website at legislature.nebraska.gov. Written position letters will be included in the official hearing record, but only those testifying in person will be included on the committee statement. You may submit a position

comment for the record or testify in person, but you may not do both. I will now have the committee members with us today introduce themselves starting to my left.

**HALLSTROM:** Bob Hallstrom, Legislative District 1, from Syracuse, representing southeast Nebraska and the counties of Otoe, Johnson, Nemaha, Pawnee, and Richardson County. Welcome.

**STORM:** Good afternoon, Jared Storm, District 23. That'd be Saunders, most of Butler, and Colfax County.

**STORER:** Good afternoon, Senator Tanya Storer. I represent District 43, I live in Cherry County. I represent 10 additional counties: Dawes, Sheridan, Keya Paha, Boyd, Brown, Rock, Wayne, Loup, Garfield and Custer.

**HOLDCROFT:** Rick Holdcroft, District 36: west and south Sarpy County.

**MCKINNEY:** Terrell McKinney, District 11: north Omaha.

**ROUNTREE:** Victor Rountree, District 3: western Bellevue, eastern Papillion and the lands between.

**BOSN:** We are also missing our Vice Chair today, Senator DeBoer from District 10, which I now know is the beautiful northwest portion of Douglas County. But she is participating online. We also have our committee legal counsel, who is Tim Young. And to my far right is our committee couns-- excuse me, clerk, Laurie Vollertsen. Our pages today are Kayanne Casperson, Kley Say, and Luke Lawton. Thank you all very much for joining us. And with that, we will begin today's hearings with LB863 and Senator Prokop. Welcome, Senator Prokop.

**PROKOP:** Good afternoon, Chair Bosn and members of the Judiciary Committee. I appreciate the opportunity to have some time before you this afternoon. For the record, my name is Jason Prokop, spelled J-a-s-o-n P-r-o-k-o-p, and I have the privilege of representing Legislative District 27, which is here in Lincoln. So LB863 would require the Nebraska Department of Correctional Services to construct a solid continuous physical barrier when a qualifying correctional facility is located within 100 yards of a residential property line. The purpose is to address some documented safety and quality of life concerns experienced by residents living adjacent to certain correctional facilities, and some of those residents are, are going to

be here today and testifying after me. I've also-- being circulated is an amendment to clarify the facilities that this would apply to. So it would be limited to maximum A facilities. So this is very targeted specifically at the Lincoln Correctional Center, which is with the reception and treatment center. So if you've ever been out by Pioneers Park, it's the facility out there. So what the bill does, it says: If a state-owned property on which a qualifying facility is located is within 100 yards of any residential property line, the department shall construct a solid and continuous physical barrier along any abutting residential property lines. The Lincoln Correctional Center is currently the only facility that would meet both criteria outlined in the bill. And I, I know probably questions on the fiscal note because of the tweak that we need to make in the language that we're addressing with the amendment, it actually would, would slash the fiscal note in, in about half. The Lincoln Correctional Center and the Diagnostic and Evaluation Center have been consolidated, are now known as Reception and Treatment Center. So just the terminology, I know it's kind of commonly known as the Lincoln Correctional Center because that's what it's known as, but it's, I think, the technical name is Reception and Treatment center. Little bit of background, and again, some, some of the residents can really speak to the long history of challenges with, quite frankly, the state being kind of poor neighbors to them, and they'll get more into that in their testimony. But we've had, we've had a couple meetings out at the, out at the facility to talk to the department about challenges with individuals who, quite frankly, are there to, to do some, some pretty terrible things. One of the articles that I, that I've circulated, they have a issue with individuals coming and distributing drugs, throwing drugs over the wall out there. And if you'd-- I included a map so that you could see the overhead view of it, there is nothing out there right now. There is residential properties right next to this facility. So they have lots of challenges with people that come into a dead-end circle there and throw drugs over the wall in tennis balls, and that's just one example that you have right there. Other issues that have happened out at the facility: there's issues with lights from the parking lot there that shine in on the houses because the facility really is just adjoining right next to a residential property. There are issues with there's, and you'll hear from this person, but someone who owns horses there, and garbage blowing from the garbage cans, and then people that come to visit the inmates petting and feeding horses, which is not a good idea. If you can imagine, I'm sure many of you can, can

sympathize with that. Also lots of issues with noise as far as when the inmates are outside, people being quite frankly heckled by inmates because it's-- it is literally that close, and I'm trying to show that with the picture, so and some personal experiences will be shared here soon. So I appreciate the committee's attention to this bill, and I think it's probably best that you hear from the residents themselves about this. But that is the intent of the bill and the purpose of the amendment. So happy to answer any questions.

**BOSN:** Thank you. Any questions for Senator-- Senator Storm.

**STORM:** Thank you. So I got a question for you, Senator.

**PROKOP:** Yes, sir.

**STORM:** That's where you want the fence built?

**PROKOP:** The yellow. Yes, the yellow line.

**STORM:** There's nothing there now?

**PROKOP:** There's nothing. I mean, it's, it's a two-strand barbed wire fence, and there are-- it's a maximum A facility. There are, there are serious criminals, inmates are at--

**STORM:** But the facility is farther back here.

**PROKOP:** There is a parking lot. Yes, it's right there. But I mean it's hard to show that. It's right on top of it. And the prison has expanded in the direction more towards the residents.

**STORM:** OK. Thanks.

**PROKOP:** Yeah.

**BOSN:** Senator Hallstrom followed by Senator Storer.

**HALLSTROM:** History behind this, what came first, the chicken or the egg? Were the residential homes there and the prison came in their backyard?

**PROKOP:** Yeah.

**HALLSTROM:** Or combination of the two?

**PROKOP:** So yeah, so the residents were there first, and again, I think they can really speak to that, that experience. But the residents were there for us. The prison itself expand-- has expanded a couple different times, so it's crept closer to them. So now there's an additional part of the facility and there's a parking lot there. So the residents were there first, to answer your question most directly.

**HALLSTROM:** And as far as the design, you don't have specifics. Is it your intention that by being vague you're saying, do what you need to with the structure to ensure some degree of privacy?

**PROKOP:** Yeah, so as part of the meetings that we had out at the site with, with the neighbors in the area and a staff member from the Department of Corrections. Our, our biggest, I think, objective is one is a cut down on those crossings, or people coming in and through the yards, and then also just visibility and the noise. Because I've been out there to visit on a couple different occasions, and when people are outside, it is, it is a dull roar-- roar. I can't do it justice, as to the noise. So it's trying to cut down on the visibility of people seeing into people's yards and, and being yelled at, and then also the noise and the garbage. So there's several different factors.

**HALLSTROM:** And what type of structure or wall would you envision that would address, A, the height of the lights,--

**PROKOP:** Yeah.

**HALLSTROM:** --to address that; B, the dull roar that comes in--

**PROKOP:** Yeah.

**HALLSTROM:** --from the noise;--

**PROKOP:** Yeah.

**HALLSTROM:** --and, C, how far you can throw a tennis ball filled with drugs?

**PROKOP:** Yeah. Yeah, so I-- I don't know if any major league baseball players would be out there coming through the yard. They'd have that pretty, you know, they'd have good arms there. But the mock-up that

the department did for us at the time, it's, I think it was a 12-foot wall. I might have-- might be off a couple feet, but a continuous concrete barrier. That's kind of the consensus that we had about it and that it's, you know, nothing has moved forward in that regard.

**HALLSTROM:** And maybe with the facility next door to you, the value of your property is another separate issue but--

**PROKOP:** Yeah.

**HALLSTROM:** Any issues that have been shared with the residents about esthetics, you know--

**PROKOP:** We've--

**HALLSTROM:** --I think about the walls that are next to the interstate.

**PROKOP:** Yeah.

**HALLSTROM:** They're not very attractive.

**PROKOP:** Yep, we talked, we talked about that very issue, and their priority of safety. Their priority is safety and, and to cut down on the persistent issues that they have that, that I've discussed.

**HALLSTROM:** Thank you.

**PROKOP:** Yeah.

**BOSN:** Senator Storer.

**STORER:** Thank you, Chair Bosn. I'm just trying to wrap my head around it a little bit.

**PROKOP:** Yeah.

**STORER:** Like what-- where is it that they're-- these don't appear to be parking lots. What are these?

**PROKOP:** So the parking lot, so it kind of the top of the document there.

**STORER:** Here?

**PROKOP:** Yep, so that's the-- that's [INAUDIBLE]. So there's a long drive that goes up and then it goes into the parking lot.

**STORER:** OK.

**PROKOP:** And then there is residents kind of all the way around that you can see so.

**STORER:** Where the yellow line is?

**PROKOP:** Yes. So you can kind of see the houses up on the-- at the very top.

**STORER:** But that's where, that's, that's currently a road?

**PROKOP:** That's nothing. The yellow is nothing. There's-- it's, it's a barb--

**STORER:** This is the drive?

**PROKOP:** No. Sorry, it's in your-- it would be your right hand.

**STORER:** OK.

**PROKOP:** So right there, that would be Van Dorn. And then you have a, have a kind of a drive up to the facility there.

**STORER:** So what is the-- this, this appears to be a really large buffer zone between where the inmates would ever be outside and the houses.

**PROKOP:** Yeah. Sorry, which part are you-- I can't see your--

**STORER:** Right in here, this whole area. What takes place there?

**PROKOP:** Yeah, and that-- there's residents out there. So right now, that's an open area, but the residents are back behind. It probably doesn't do it justice.

**STORER:** But right here. What takes place right here?

**PROKOP:** That's an open, that's like an open field right there.

**STORER:** So inmates are never there, right?

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**PROKOP:** Not in that-- they're in the, they're in the yard up to the--

**STORER:** Here.

**PROKOP:** Yes.

**STORER:** Right.

**PROKOP:** Yeah, and they're closer to the--

**STORER:** But from here over the wall that's currently surrounding clear over here to the--

**PROKOP:** Yeah.

**STORER:** --they're saying they can heckle them?

**PROKOP:** Because the-- well, it's not so much as that. It's the, on the very top.

**STORER:** OK.

**PROKOP:** So at the very top, that's where the residential are much closer, right? So that's where they can see the residents there. The issue with putting it continuous all the way around is that the people that come through the yards to throw the drugs-- drugs over the fence, they just go, just go further up the way.

**STORER:** So they're walking, you're saying there are people that are walking to the [INAUDIBLE]?

**PROKOP:** They're walking through the yards, yes.

**STORER:** OK.

**PROKOP:** There is a dead-end stop that will park, and then they will come through and they will throw drugs over the wall. And so having it continuous is so that they just don't walk, you know, five feet farther. I get your point on, on the open area, but it's basically to make it continuous to try and deter that kind of activity.

**STORER:** OK, thank you.

**BOSN:** Senator Storm.

**STORM:** One last question here. So you're just looking for a much larger buffer border fence around the property?

**PROKOP:** There is no fence to be clear.

**STORM:** Well, that's what I'm saying. So they're fenced in here but you're looking for an outer perimeter fence to be built.

**PROKOP:** Correct. Continuous to cut down on visibility and, and, and people that are, that are entering people's properties and then coming onto the prison site.

**STORM:** What's this over here? Can you tell that?

**PROKOP:** Sorry, yeah, I gave out all my handouts and then I can't see, I can see that far.

**STORM:** OK. I didn't know if that was [INAUDIBLE].

**PROKOP:** Yeah.

**HALLSTROM:** Maybe this is too legalistic, but--

**PROKOP:** Yeah.

**HALLSTROM:** --with regard to potential nuisance issues, you apply it to facilities that are constructed after the date. If, if a class A, whatever the criteria are, facility is built in the future and people go to the nuisance, so to speak, does this, does this law require that the fences be constructed at the time. And is that what your vision would be?

**PROKOP:** Yeah, I mean, it would be to just address this issue. We've seen what happens when we haven't done that.

**HALLSTROM:** Before the houses are built.

**PROKOP:** Correct. Yeah.

**HALLSTROM:** OK. Although--

**PROKOP:** My-- I mean--

**HALLSTROM:** And it's too tech-- the bill says, says you have to, if you have residences within 100 yards. My, my--

**PROKOP:** Yeah.

**HALLSTROM:** --scenario would assume no houses there.

**PROKOP:** Yeah, and I would, to get to your question is-- well, one, my hope with that, when sites are selected for that sort of thing, that would be a non-issue because they're built in areas where residential development is not going to take place.

**HALLSTROM:** Hopefully won't.

**PROKOP:** But, and the 100 yards, because right now the state property line where the facility is of the resident, they are right next to each other. The 100 yards really, to, to a great extent, is-- I could have made that 10 feet, right? It was just kind of a, it was just a number that we, we pointed to, because the residents are right to the-- their property lines, person-- individual property lines are right the next to the state property lines so.

**HALLSTROM:** Thank you.

**BOSN:** Any other questions for this testifier? Are you staying to close?

**PROKOP:** I will.

**BOSN:** All right. Thank you very much.

**PROKOP:** Thank you.

**BOSN:** We will begin with our proponents for LB863. And while those individuals are coming up, I will note for the record there were six proponent comments submitted online, two opponent comments submitted, and no neutral comments submitted. Oh, can I-- I'm sorry, thank you. Can I see a show of hands, how many individuals are here to testify in some capacity on LB863? One, two. Got it. Perfect. Thank you. Come on up.

**SUE McCOLLUM MAY:** I have never done this before.

**BOSN:** If you'll have a seat and tell us your first and last name, and then tell us whatever you'd like us to take into consideration. You got three minutes.

**SUE McCOLLUM MAY:** OK. My name is Sue McCollum May, S-u-e M-c-C-o-l-l-u-m, space, M-a-y, like the month. And I live directly-- should I start talking? I live right next to the prison. I've lived in this area for over 35 years. We own a, a nice house out there, it's an old dairy barn. And we have lived there for a long time without any problems. We have six beautiful horses, and they have an east and a north pasture. When we moved out there, there was no high-security prison. It was the small diagnosis and evaluation center. The center was far to the east by the corn field, and there was nothing but a big, big field north of us. We didn't have any problems back in then. 2018, we came out in our back pasture and somebody had leveled the ground behind us and built a parking lot-- to build a parking lot. It was six feet higher than our back pasture. And as you can imagine, the water started flooding in our back pasture. It interrupted a natural waterway, and I do have some pictures of that. In May of 2022, the prison became a reception and treatment center. It was a \$125 million expansion. The prison started growing closer and closer, coming closer to us. It now surrounded us on the east and north side of our property line with just a thin wire fence that separated us now. The prison installed a four by three green metallic transformer box on my property in my back pasture. People are always going into my horse pasture from the prison area. They don't have permission. I have no insurance, if you're coming into my pasture. It's dangerous, if you can imagine. Then the trouble started. I have bright lights that shine into my house all night. Lots of yelling from the inmates and the staff. Cars are speeding up and down the driveway. They do speed. Loud people in the parking lot late at night, and it has been [INAUDIBLE]. We're just not very happy with all the interruptions. They're not very nice neighbors to us. But the biggest problem is the trash. There is so much trash that comes from these people. Food packages from lunch, Pop-Tarts, candy bars, pop cans, receipts, plastic gloves, clothing, things you couldn't imagine right up at our back pasture. People go into the field and they feed our horses junk food that could kill them. You see, horses can't eat like we do. The trash smells and looks like food, but it isn't. If the horses eat it, they'll get sick and die. They colic, they can't throw up like us. They can't get the food out, they will die. It's a very painful death. In our pasture, we are

no longer safe. We have to put the horses in at night because people are coming in and out. Since 2022, we have asked that the prison take care of the trash problem, and--

**BOSN:** Ma'am, that's your time. I'm just gonna have you wrap up your final thought and then we'll see if there's any questions, OK?

**SUE McCOLLUM MAY:** OK. Anyway, we worked with Cathy Sheair, the assistant warden, and the warden, and they really do want to take care of the problem. We talked to them about it and they agreed that there is a problem. They would like to build a fence or a barrier between us. They simply don't have the budget and they can't do it, or they would. They really want to solve the problem for us. And there's also a problem with drugs that the neighbors are having. And there's people going through our property all over the place. I really would like to solve the problem. I think they have the responsibility to take care of the safety of the neighbors and the people around the area. We've just had a lot of problems.

**BOSN:** All right, let's see if there's any questions. Any questions for this testifier? Senator Storer.

**SUE McCOLLUM MAY:** Yeah.

**BOSN:** Then Senator Rountree.

**STORER:** Thank you for coming today, and it's not near as intimidating after you've done this once. So you broke the ice to come testify.

**SUE McCOLLUM MAY:** OK. Oh, did you-- yeah, I got it.

**STORER:** So I'm just, is this your property here, I assume, on the bottom? I don't know if you have the same picture I have.

**SUE McCOLLUM MAY:** Yeah, OK, so I'm right here right next to you.

**STORER:** OK, I think that's just a different angle.

**SUE McCOLLUM MAY:** Can I? Oh, yours is this way. Oh, I'm not in here.

**HOLDCROFT:** This is her right here.

**SUE McCOLLUM MAY:** I got a copy.

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**STORER:** OK, here we go.

**SUE McCOLLUM MAY:** I live right here. This is where my horse pasture-- this is where my horse pasture is.

**BOSN:** I have to have you sit down, ma'am, just for--

**STORER:** Yeah, sorry.

**BOSN:** We have to a process, and so the witnesses have to--

**SUE McCOLLUM MAY:** Oh, that's the side pasture.

**BOSN:** The testifiers have to stay seated.

**STORER:** All right, thank you.

**BOSN:** So I'm going to have you sit down. We got to-- we also have to be really careful, because we're going to have, as someone else in the room pointed out, a lot of "here," "no, here," "here," "no, here," on our transcript. So to the best of our ability, if everyone can look at me, this is north on your map. So use that as your north.

**STORER:** Thank you.

**SUE McCOLLUM MAY:** This is what it's like.

**STORER:** That helps me understand the dynamics of where this is going.

**SUE McCOLLUM MAY:** This is what it's like. Here's my horse kid. There's the prison. Can you see that?

**STORER:** I can, yes. Thank you.

**SUE McCOLLUM MAY:** It's going to be like all about page 6.

**STORER:** All right. Perfect, thank you.

**SUE McCOLLUM MAY:** So this is what I have and this is where the trash is all the time. There are parking lights right here, and the trash comes in and we pick out like a five-gallon bucket when we go back there. I actually brought a bag of trash in to show everybody but, you know, you don't allow that. But you'd be amazed at what I find. I mean, there's clothing in there.

**BOSN:** Any other questions? Senator Rountree.

**ROUNTREE:** Thanks so much, Chairwoman Bosn. And thank you so much for the testimony.

**SUE MCCOLLUM MAY:** Yeah.

**ROUNTREE:** I love the horses.

**SUE MCCOLLUM MAY:** Thank you.

**ROUNTREE:** [INAUDIBLE].

**SUE MCCOLLUM MAY:** I don't want anything to happen to them.

**ROUNTREE:** Absolutely, I'm all with you on that. So with the proposed fence that will be built, the structure, I was concerned about the elevation of the parking lot and the diversion of the water flow, and having to deal with that issue. But will this structure being in place, would that help correct that issue?

**SUE MCCOLLUM MAY:** No, I'm just stuck that way.

**ROUNTREE:** You're stuck with it?

**SUE MCCOLLUM MAY:** I'm just stuck with a flood in my back pasture since they did it. I don't think it-- it was supposed to be surveyed, and I don't think it was because you can't interfere with the natural water flow. And it clearly blocks the water and makes my pasture flood. There are I've got some pictures in there for you.

**ROUNTREE:** Yeah, I saw those.

**SUE MCCOLLUM MAY:** Thank you.

**ROUNTREE:** All right, thank you. And you did well in the testimony.

**SUE MCCOLLUM MAY:** OK. I didn't get through the whole thing.

**ROUNTREE:** That's all right. We're all with you.

**BOSN:** Senator Hallstrom.

**HALLSTROM:** Ma'am, is the raised ground part of the water flow issue that you talked about, or is it--

**SUE McCOLLUM MAY:** Yeah.

**HALLSTROM:** OK, so it, it doesn't have to do with the visibility or lack of visibility of the facility next to it? It's the waterflow?

**SUE McCOLLUM MAY:** It does because if you'll look where the parking lot is, and you'll see a car on page-- I don't know what page it is. OK, so you'll look right here. This is my pasture, and you'll see that the ground level is right here, it's page-- two pages from the end.

**HALLSTROM:** That's good enough.

**SUE McCOLLUM MAY:** OK, so anyway, right here you'll see that this is my fence line. That's a T-post. This is how much taller the parking lot is. So when you shine your lights from all the cars, can you imagine how bright it is for me? And this--

**HALLSTROM:** I'm shaking my head, yes.

**SUE McCOLLUM MAY:** This is what I want to say, quite close to people walking in and out. And people walk in, I mean, it's right next to my horses.

**HALLSTROM:** Thank you.

**SUE McCOLLUM MAY:** OK.

**BOSN:** Senator McKinney.

**MCKINNEY:** Thank you, Chair Bosn. Thank you. Have you ever in your discussions with the, with representatives from the department ever asked the question would they be open to reallocating about, what is it, almost \$15 million from the new construction for the new prison to this project?

**SUE McCOLLUM MAY:** Yeah, I actually have been talking to Cathy Sheair the most. And Cathy's went through a lot of channels. She's the assistant warden. I really like Cathy, by the way. We've talked a lot. They cannot get any funding. I've had meetings with them. They can't, they can't seem to come up with the funds. They would have built it

before had they had the money. They understand the problem. They're not trying to be difficult.

**MCKINNEY:** No, I understand that. Just in my time in the Legislature, they have requested, I think, about \$350 million for a new prison. So in that time period, I'm just curious if they ever entertained coming to the Legislature asking for the \$15 instead of just the \$350 for the new prison, that's, that's all.

**SUE McCOLLUM MAY:** I tell you what, what we were talking about is I would have been happy if they would have just put up a dog-eared wooden privacy fence because I've had so many problems.

**MCKINNEY:** Mm-hmm. Thank you.

**BOSN:** All right, thank you for being here. Next.

**SUE McCOLLUM MAY:** OK. Thank you.

**BOSN:** Yes. Next proponent. Good afternoon and welcome.

**WALTER AUDE:** Good afternoon, Chair Bosn and members of the Judiciary Committee. My name is Walder Aude, W-a-l-t-e-r A-u-d-e, I am here today to support LB863. My wife and I built our dream home in 1999. For 20 years, we lived in a respectful balance with our surroundings. We understood the Nebraska Department of Correctional Services was a neighbor, but we were separated by protected wetlands that provided a natural buffer and a sense of security. We believed those protections were permanent. In 2018, that reality vanished. Without any notice, the wetlands were developed, bringing the prison operations within 24 feet of our property line. Since then, our quality of life has been permanently altered in three ways. First, the lighting. High-intensity LED parking lot and fence-mounted lights are directed straight at our home. They're blinding to be out in my own yard. Second, the noise. Our mornings start between 6:30 and 7:00 a.m. with thumping radios and revving engines just feet from our property. Most destruc-- disruptive are the two generators. When they run at full-throttle for hours, it is difficult to hold a conversation even in our own home. Third, the most critically, is our safety. Our yard has become a path for drug runners delivering contraband to inmates. We have encountered these individuals personally. In one instance, a man I reported was arrested and convicted, only to be released two months later. He knows exactly who reported him because he ran directly past us on our property the

day he was arrested. The security situation is so dire that DEA has conducted stakeouts from our driveway, and law enforcement regularly asks for our private security footage because our system is more capable than the state's. Every morning, my wife begs me not to go into work because she is terrified to be alone in our own home. We have been confronted from inmates in the prison yard. They can see us and we can see them. We can hear every profanity they say. Can you imagine raising kids with this going on every day? Is this a reality Nebraska residents should be forced to endure? What happens when a drug runner with a gun encounters us in our yard? What happens if a child finds drugs that have been dropped? These are not what-ifs, they are daily fears we've lived with since 2018. LB863 is about protecting the property rights and safety of Nebraskans. It ensures that residents are not blindsided by state development that endangers their families. I respectfully urge the committee to advance LB863. Thank you for your time.

**BOSN:** Thank you very much. Let's see if there's any questions from the committee. Any questions for this testifier? Your property is essentially just to the north of the previous testifier, is that fair to say?

**WALTER AUDE:** So in the pictures I provided, I'm on the left, in the middle of the page. There's a-- I tried to do a highlighter.

**BOSN:** I see it.

**WALTER AUDE:** And it's very hard to highlight on these pictures. But yes, that's where my property is. And it faces the new-- where the new prison that came closer to us, the yards face our, our property. So when, when they're let out, you know, early mornings and stuff like that, we've had like inmates confront my wife when she goes down to feed the chickens, you know, trying to conversation or whatever.

**BOSN:** So is it-- it's my understanding based on that, the prison yard is not a blocked-out fence, like even a wood panel fence, it's a chain link or visible through?

**WALTER AUDE:** Yeah, it's, it's a, their fence is pretty tall-- I don't know what the height is, but it's really tall like chain link fence. And, and then I believe the only other thing is the property line

fence, which is a barbed wire that nobody maintains. Most, most of it's buried with the tall grass.

**BOSN:** OK. Senator Rountree.

**ROUNTREE:** Thank you so much, Chair Bosn. Sir, thank you for your testimony, and it's-- there's like some horrible conditions to live on, but I'm just looking at you're at the red dot.

**WALTER AUDE:** Yes.

**ROUNTREE:** You're living at there-- at this particular location. So 24 feet, you said here are the operation within 24 feet. So that's about here to the wall over here. So we're just right--

**WALTER AUDE:** So from the property line to the parking lot is 24 feet.

**ROUNTREE:** 24 feet.

**WALTER AUDE:** Yes, I am-- I had this measured up. I think I'm about a 120-ish feet from my bedroom window to the property line.

**ROUNTREE:** To the property line.

**WALTER AUDE:** Yes.

**ROUNTREE:** But the lights are shining up everything that's in your house. The noises are right there. So when your wife comes down to feed the chickens and so forth, they're just right in proximity of conversation.

**WALTER AUDE:** Yes, and regarding the lights, we've, we've asked them to put hoods on the lights because they're LED, which would focus the lights to go down. They put one hood on, on the one light that's closest to us. No other hoods were put on, and we've repeatedly asked for hoods to be put on.

**ROUNTREE:** Have all those been addressed in writing or those are addressed in opportunities of speaking personally.

**WALTER AUDE:** Well, we've had some meetings with Marcus Miles--

**ROUNTREE:** OK.

**WALTER AUDE:** --and Senator Prokop. And in that time we've talked about the lighting. And yes, there's emails that I've asked, you know, have you done anything about the lightning because they were, you know, I said that's an easy win. You know, because it's a very-- it's not very costly to put the hoods on. That's a very relatively cheap thing compared to a fence.

**ROUNTREE:** [INAUDIBLE] if it, it-- was there any like impermits [SIC] to operations? We could put one on but then the other ones that are around, we can't put those on some, thinking they still want to see out. Was it going to impact the operations in a negative way to put all the light hoods on?

**WALTER AUDE:** My personal feeling there wouldn't be any negative impact on it because it's a parking lot, and it's not like they're patrolling the parking lot, you know, for anything. Then the people that go through our yard to throw the drugs, they go through our yard and then the creek. They don't go through that parking lot, they'll, they'll go to the north of the parking a lot and go through the creek, and through my property and then through the creek. And then they'll get close up to the fence and throw the tennis balls over, the drugs. That's where the, the lights on the fence post came in, and those are not pointing down like a, a streetlight would, those are pointing out like this. So LED lights are very bright when you're having a light face horizontal rather than vertically like that.

**ROUNTREE:** All right, thank you very much.

**WALTER AUDE:** Thank you.

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

**WALTER AUDE:** Thank you.

**BOSN:** Yes. Any other proponents? Individuals here to testify in support of LB863. Opponents? Anyone here to testifying in opposition? Neutral testifiers? All right, Senator Prokop, if you'd like to come close.

**PROKOP:** Thank you to the committee again. Sorry to subject you all to eye tests and map tests and all of that today. So, but hopefully you get a better picture of what exactly is going on out there. You know, I, I think probably most compelling is hearing from the residents

themselves and how much this has impacted their daily lives. I think it's critical that the state is a good neighbor to these residents. And so the barrier is really, I think the, the consensus option that we've had to be able to address the multiple issues. But really the, the number one issue being the safety of the residents out there. And you've heard those stories today. So thanks again for your time. I appreciate it.

**BOSN:** Any questions for Senator Prokop? Senator McKinney.

**MCKINNEY:** Thank you, Chair Bosn. Thank you, Senator Prokop. As a member of the Appropriations Committee, have you had conversations with the department about possibly reallocating some of the money slated for the new prison to deal with this issue?

**PROKOP:** Not on that, that issue specifically. As has been mentioned, we've had some meetings out at the site to walk the line and, and the property and talking about it within, within their budget. And we were hoping to find some consensus as to how we could work that out and potentially have some collaboration about putting in a budget request this-- so this would have been last, last fall. And to be frank, those conversations kind of stopped after we had that second meeting and said, OK, hey, we, you know, seems like, like we've got some consensus here. Really appreciated the department being engaged on it. Then we said, what are next steps? What are our timeline? How are we going to do it? You know, how are we gonna achieve this? And the response I received back to my inquiry was, well, we're not committing to anything. Maybe we'll put a few trees up out there and that's gonna be the answer. And so that's when the legislative path started getting developed. But I'm, as you can imagine, I'm exploring any and all options within the appropriations process to help achieve this. And yeah, and, and part of why I brought the bill too.

**MCKINNEY:** Thank you.

**BOSN:** Sorry. Senator Rountree.

**ROUNTREE:** Thank you so much, Chair Bosn. Senator Prokop, I would probably say that we'll be getting some funds in from the new facility, or the reallocated, repurposed facility in McCook. So those are funds that will be coming back into the state. So that's gonna be

a great opportunity to use those funds to take care of our members out here.

**PROKOP:** Thank you.

**BOSN:** All right. Thank you.

**PROKOP:** Thank you.

**BOSN:** That will conclude our hearing on LB863. And next up, we have Senator Dungan with LB902. While Senator Dungan is making his way up, I will note for the record there were 14 proponent comments submitted, no opponent, and 1 neutral comment submitted online. Good afternoon and welcome.

**DUNGAN:** Good afternoon.

**BOSN:** You didn't like the "here," "no, here," "here," "here?"

**DUNGAN:** As somebody who's used to describing things for transcribers, I was thinking to myself they're gonna love that so.

**BOSN:** Laurie thanks you.

**DUNGAN:** Ready to go? Good afternoon, Chair Bosn and members of the Judiciary Committee. I'm Senator George Dungan, G-e-o-r-g-e D-u-n-g-a-n, and I represent Legislative District 26 in northeast Lincoln. Today, I have the privilege to introduce LB902, which adopts the Medical Standards for Incarcerated Individuals Act. Let me start by telling you how we came to draft this legislation. Over the summer, my office had a constituent whose name is Mateja Weindorf contact us about her plan to strengthen medical standards in Nebraska's correctional facilities. She'll be testifying after me today to tell her story and the motivating force behind these much-needed changes. She is the architect behind this legislation and is incredibly knowledgeable. And members of the committee, I would encourage you to ask her questions. I know we're on a short leash today with three minutes, it sounds like, but she does have an incredibly, I think, important story to tell and to talk about why this legislation is necessary. If she doesn't get through her testimony, I'd appreciate it if you'd let her follow through with some of that. Current statute requires the Department of Correctional Services to provide inmates with medical services to the community standard of healthcare. We

believe the standard is vague and does not provide clear guidance. LB902 aims to provide clearer guidance on the care of incarcerated individuals. I do have a white copy amendment that I would ask be handed out and I would draw your attention to that once you get that. This amendment was drafted in concert with the Inspector General's Office in order to better accomplish the goal set out in LB902, and I'll get to more of that in a second. LB902 requires the medical director for the Department of Correctional Services to develop standardized medical protocols which include ongoing monitoring of diagnosed health conditions. Timely access to medications, diagnostic testing, and specialist care, documentation and tracking of all assessments and treatment plans, electronic reporting of symptoms and requests for medical treatment, routine screening and early detection procedures for individuals reporting persistent symptoms, or presenting risk factors for chronic or acute medical conditions. Screening must occur within a time frame not to exceed 48 hours after symptoms are reported, except that screenings shall occur as soon as possible when immediate care is required. Further, LB902 requires the medical director to annually review these protocols to reflect current medical guidelines. It requires the department to document health complaints from inmates and sets a maximum timeframe of 48 hours for medical staff to conduct initial assessments in response to an inmate's health complaint. All actions taken by the department regarding an inmate's health complaint must be immediately available to the Office of the Inspector General. LB902 also provides guidance for the Office of the Inspector General in the case of a death-- in case of the death of an individual in the custody of the Department of Corrections in which medical neglect is reasonably indicated. The bill also provides for an audit of the department's compliance with this act to be conducted every other year beginning in 2028. I believe a representative from the Office of the Inspector General will be here later to testify and answer any questions the committee might have about these prescribed duties in the act. This legislation is not overly prescriptive. It simply provides a framework for the medical care of the incarcerated individuals. Earlier this week, or last week, I think at this point, two inmates died in the Department of Correctional Services' care. One man died in a local hospital here in Lincoln, and another while being treated for an unknown medical condition. These kind of events are too frequent and need to be addressed. I understand the struggles that our medical professionals face with a surging prison population and staffing shortages. We do

anticipate as well having two former doctors who were former employees or worked with DCS who will also speak shortly about those conditions and how LB902 would help with those pervasive issues in our correctional facilities. I would like to take just a couple of moments too before we get to questions of the testifiers to address a couple things. One, the amendment that I've handed out, as I said, was done in concert with the Office of the Inspector General to accomplish the goal of alleviating the pressure on their office that the original language of the bill placed. So the white copy amendment you have does not change any of the prescribed parameters that have to be put in place under this act. What it does change is for that biannual review or audit that we're asking for, it allows them to work in conjunction with the ombudsman's office as well as the Legislative Oversight Committee, essentially. The reason for that is we're trying to spread out the workload. If you have the Office of the Inspector General conducting this biannual audit, they simply don't have enough employees right now to make that work. And that is where the fiscal note for their office comes into play. It's my understanding that if you were to adopt the white copy amendment, it would take care of the fiscal notes as it pertains to the audit process under the Legislative Council. In addition to that, I want to talk a little bit about the fiscal note that I just got a chance to look at late last night that was submitted by the Department of Correctional Services. I know in this job, colleagues, we look at fiscal notes, and sometimes we agree, and sometimes, we disagree. I respectfully want to push back and disagree with this \$5 million fiscal note that was placed on this bill. I think that the fiscal note that we're seeing reflected from the Department of Correctional Services shows a fundamental misunderstanding of what this bill is. The \$5 million they're saying would be necessary is because they're requesting 38 additional employees in order to effectuate this bill. This bill, LB902, is not about treatment, it's about triage. What we're talking about are people in custody who are making complaints, having that at least looked at or checked out to see if they need to go to a hospital or have further care within 48 hours. That is not an unreasonable request. If you are short of breathing, if you are having some sort of acute medical problem and you make a complaint, having somebody check that out and see if you need further care within 48 hours, two days, I do not think is unreasonable. I do think that that component of this bill means 38 new people have to be hired to take care of that. The fiscal note specifically delineates that what they think they would

need would be 5 physician assistants, 11 medical nurses, 8 behavioral health nurses, 7 psychiatric providers, and 7 staff care technicians. That's 38 new jobs when, I will remind this committee, there are currently a massive amount of jobs that are unfilled with the Department of Correctional Services. I think you're gonna hear more about that from some of our testifiers. So if there is a concern that my bill puts into place the need for 24-7 rapid response treatment, I'm happy to work with the department to change some language, if we need to do that, to clarify that what we're trying to put in place here is that triage, that initial assessment, in order to determine whether or not the individuals making the complaint need to go into so the hospital or get some other care. But the whole point of this is making sure that they're checked out and that there is continued documentation of those issues. You're going to hear from Ms. Weindorff, and you're going hear, I think, the story of her father who passed away in custody. His complaints went unchecked for a very long period of time. He's no longer with us. I'm not saying that these people who are in custody need to have a doctor by their bedside 24-7, I'm not saying they have to be prescribed medication the second they ask for it. What we're asking for is basic human dignity to get the care or attention you need when requested. If you were sick at home and you had an acute medical problem, yes, it's true, you can't get a doctor's appointment maybe immediately with your general practitioner, but you can go to the emergency room. You can go Urgent Care. We've all been there. If you're feeling short of breath, for example, you can get care that you need. The folks we're talking about can't. They have to submit a request and wait and hope that they're going to be OK. So not trying to tug at your heartstrings too much. I simply am trying to emphasize that this is a very important bill. It's a very important issue. There are people who pass away in custody. Not all of that is preventable, I completely understand that. There are job shortages, that's a reality. What this is seeking to do is not to overburden the Department of Correctional Services, but simply to codify a baseline of medical practices that I do not think are outrageous to make sure that people who are in the department's care receive the care that they deserve. With that, I'm happy to answer any questions.

**BOSN:** Questions for Senator Dungan. Senator McKinney.

**McKINNEY:** Thank you. Thank you. First question, well, yeah, my first question is, do you think the fiscal note of \$5 million and saying

they need to hire all these, all these new staff is maybe they need to create new jobs or just admitting that they're understaffed?

**DUNGAN:** That's a good question, and I think that might be a good question if the department does testify. Not trying to play "gotcha" games, but I genuinely don't know, right? If you look at the fiscal note you could read multiple things out of that. Like I said, maybe it's a misunderstanding of what my bill is trying to do, and saying that if we do need 24-7 treatment we'd have to hire all those people. Or to your point, it might be an acknowledgement that there's not currently the appropriate staff in these facilities to care for the individuals that they currently need to care for. I think if it was the latter of those two, there wouldn't be a fiscal note attached for it because an unfilled job is still, I think, accounted for in the budget, right? Like if you can't find a doctor but your budget is saying you should pay for a doctor, you don't need a new doctor. So I'm not entirely sure what the, I guess, cause is for those 38 FTEs, but I would encourage you to ask the department if they do testify today.

**McKINNEY:** When did you find out that the department does not do annual checkups?

**DUNGAN:** Very recently. I think it was from a conversation with you a few days ago. To me, that seems like a very basic thing that, again, annually, once a year doing a checkup seems like something that would already be process and procedure. I was surprised to find out that's not the case. You and I have had a lot of conversations, as I have with a number of folks on this committee about the monetary benefit of upstream care. If you do preventative care, it doesn't take a rocket scientist to know that that saves us money downstream. And certainly when we are in a budget crunch, I think it makes sense to do that kind of preventative care to ensure that the department then doesn't have to spend a bunch of taxpayer dollars having to take care of folks when it's already spiraled out of control. So I was surprised by that.

**McKINNEY:** And last question, did you have any conversations with anybody from the department prior to today?

**DUNGAN:** The department reached out to our office today, I believe. But we had not had any discussions about this particular bill.

**McKINNEY:** All right. Thank you.

**BOSN:** Senator Holdcroft followed by Senator Hallstrom.

**HOLDCROFT:** Thank you, Chair Bosn. Have you been out to the hospice unit in the hospital ward at RTC?

**DUNGAN:** I toured it when it first-- yes, I've been out there briefly.

**HOLDCROFT:** So a full-time RN, and when I visited there was actually a gentleman there with life sentences, internal illness, very well cared for. Those hospice rooms are pretty nice, and they have the incarcerated individuals who act as you know full-time orderlies, essentially, to make sure that the individuals that are there which who need the medical are being taken care of. So I don't see, maybe you can help me, I don't see where the Department of Corrections is falling down and taking care of inmates who need that care.

**DUNGAN:** Well, to answer your question, I think kudos where kudos is due, that ward is really well-maintained. And I think that it's really as nice as you can get, it's a nice area. I think what this bill is seeking to achieve is standardization of that care. Not every facility has that same level of care. Certainly not every facility has the same staffing. When you talk about physicians or nurses, you know, NSP, the State Pen, that's obviously going to look different than Tecumseh. And each individual facility faces its own staffing issues for different reasons, whether it's geographic or monetary or otherwise. But just because that unit is well-staffed and well cared for, in my experiences of touring other facilities, as well as speaking from individuals that have been in those other areas, my understanding is that that level of care is not currently being provided across the board. So I do think they've done a good job with that ward and I think that I wanna give the department credit for that, but what we're trying to do with this bill is standardize that practice of care. Because right now you get different care depending on where you're at and what the staffing levels are at that point in time. That might be a good question as well for the medical professionals, the doctors that are gonna testify after me who worked in the Department of Correctional Services, because they probably have more experience in the different facilities than I do.

**BOSN:** Senator Hallstrom.

**HALLSTROM:** Something you said, there's a difference of treatment perhaps on staffing levels at different correctional facilities. Would that not potentially lead to part and parcel of why additional staff might be required across the state with regard to the fiscal note? I-- and I understand fiscal notes are sometimes good for me sometimes are bad for, for me or others, but I mean, what you've just said seems to lead into the fact that the treatment levels and differentiations may be dictated by the fact that there's differentials in the level of staff at various facilities.

**DUNGAN:** I think that staffing is always an issue, right, when we're talking about the Department of Correctional Services. But I think the difference between this fiscal note and being understaffed is if your budget currently accounts for, let's say, a physician at Tecumseh, that is not a new position being created. Your budget already accounts for that. You just can't fill it. And so if I have \$100,000 for a budget and \$20,000 of that, round numbers, are going to a doctor that I can't staff currently. My budget still says that I'm accounting for that doctor, I just can't find somebody to fill that role. What the fiscal note implies is 38 additional positions to what's currently being budgeted for. So the staffing shortage means they can't fill the positions that are already technically a part of the budget. And on top of that, they're wanting 38 additional positions with that \$5 million fiscal note in addition to what they've already gotten. And I'm, I guess what I'm getting at is I don't think that's necessary to effectuate this bill. And if I need to find clarifying language with the department to ensure that we are kind of looking at this the same way, I'm happy to work with them on that. But I don't think that we're talking about 38 unfilled positions. I think they're new positions.

**HALLSTROM:** OK, and it kind of leads into my second question. I'm trying to look at the cross-referencing here between 83-4,154 and the definitions. It seems to me that you're starting from the proposition that the community standard of care is vague, and I may not fully understand it at this point, but it seems to be that we've really now defined more specifically what these protocols are going to be and maybe tipped the scales a little bit too far. I'm looking at some of the things that you're now defining as community standards of care, 48 hours, et cetera, et cetera. I understand you're in a correctional facility, you're on site. I have a hard time getting into a doctor within 48 hours to, to make sure that I have timely access to medications and all of the things that are newly defined under

community medical service. So I, you know, I, I think that's something we ought to look at as to, you now, whether or not that actually plays into why the correctional services have said that they may need more people because we really are raising the bar. And perhaps even in my opinion, raising the the bar beyond what the community standard of care is. And I don't say that to discount-- I don't know what the type of treatment that, that the individuals are getting while they're incarcerated, but that's something I, I think we ought to look at. The other issue is one thing to keep in mind and maybe take a look at, you use the term "acute" throughout your testimony. And in one portion of this bill, it does talk about chronic and acute care, but what triggers it is any complaint for healthcare services. So I, I think there's a disconnect there that we better look at if we're gonna move forward on this bill for, for your consideration.

**DUNGAN:** No, and I appreciate that feedback. Like I said, I want to work with the committee to make this workable. This-- we as legislators know that there are sometimes bills that are introduced to quote unquote start a conversation. This is not one of those. I want to get this done. And I think that this is something we actually can get done, and I know that everybody on this committee cares deeply about making sure that people receive care when it's necessary. I think to your point, definitionally, trying to make sure that we're talking about acute care and triage versus chronic conditions, happy to continue looking through that. You know, to your first point though, and I kind of made this point earlier, and I'm not trying to belabor the point, but you can't get into a doctor within 48 hours, neither can I. But if I do have some emergency problem or if there is some sort of screening that I need because of a complaint of a-- it's triggered by a symptom or a medical condition, I can go to Urgent Care or an emergency room. And looking at this (e), Routine screening and early detection procedures for individuals reporting persistent symptoms or presenting risk factors for chronic or acute medical conditions. Screening must occur within a timeframe not to exceed 48 hours after symptoms are reported. So to me the important factor here is we're talking about the triggering event being the reporting of the symptom. And that symptom I think, you know, being these kind of things that-- not being able to keep food down, not being to breathe right, not being be able to swallow correctly, things that again, in your personal life, most of us-- not all of us-- but most of us who have the privilege to get in a car, go to a hospital, go to Urgent

Care, always have that safety blanket of, if it's necessary, I can go take care of that. And the folks that we're talking about don't have that. All they can do is write down on a kite or have an electronic request saying, hey, X, Y, and Z is happening right now and I'm really scared. And the fact that 48 hours is the window we're giving for response to that, to me seems necessary. Happy to talk more about the actual definitions and we can kind of dive into that. If maybe through the committee process today, we're able to get some better definitions or some other triggers, we can talk about that language. But I will look at amending that if necessary to make sure.

**HALLSTROM:** Yeah, and I think it may be something as simple as saying a health care complaint related to a chronic or acute--

**DUNGAN:** Sure, and yeah exactly. If we can find something that would be great because I want to make sure we can get something that's workable.

**HALLSTROM:** Thank you.

**BOSN:** So, you aren't aware of this because I haven't told you and haven't had a chance. Senator McKinney and I, and probably individually and together, did a fair amount of investigation over some of the concerns that were raised this summer. So as much as I typically love disagreeing with you, in this particular case, a lot of the things that you've said, I, I share those concerns. I think there's-- one of the things that we heard over and over again in our meetings this summer was the difficulty that the correctional system has in filling their vacancies, and I get that. No one-- not no one. Most individuals who go to law school don't go to law school to go-- well, shouldn't-- some don't go to law-- most of us don't go to a law school, to love writing wills. It's boring, but it pays well. Same goes for medical school. Most people don't go to medical school thinking, you know, I just want to be a doctor in a prison. They want to save people. They want to go help third-world countries, right? So they struggle to fill those vacancies. And so when you say that there's vacancies, I, I get that. I do think this is 38 additional employees, sort of for the very reason that you pointed out. Because if you have the number of facilities that we have, while they're making efforts to put the long-term care individuals at the RTC and certain needs-based individuals at certain facilities, this language

would require them to have accessible staff at every facility. And I mean, do you agree with that, I guess? Short answer.

**DUNGAN:** I don't think it-- I'd have to go back and frankly, I need to talk with the department more to find out why they think they need that. I don't think that you need all of the employees that have been laid out in the fiscal note in order to effectuate the 48-hour requirement for triage. I don't think that you need an additional psychiatric professional on site 24/7 because somebody has a complaint. So I think that's where maybe the department's reading of the bill and my intent of the bill have gotten a little bit crosswise. And so I don't think that this requires that all of the same people that staff the unit we're talking about at RTC have to also be at Tecumseh, but I do think you need to make sure that there's somebody there to answer these complaints within a timely manner. But I guess, no, I don't think you'd need all of those employees that they've laid out in there all the time at every facility.

**BOSN:** But right now, with the language that's in current statute, they can shift that employee, can go some days to Tecumseh, some days the women's correctional facility. They can share that same employee, but this would require a timeframe that does add that additional restriction. I mean, I guess as much as I agree with the intention of this, I, I also share the concern that 48 hours is unworkable for some of these tests to be run or, or things like that to, to actually be accomplished. So I, I certainly am happy to work with you on that, but I think that's where they're saying, if you want this within 48 hours, we can't send the same provider to every single facility within 48 hours to all of the facilities that we have. So that might-- I don't know what your thoughts are on that.

**DUNGAN:** Yeah, and I think again, similar to what I said to Senator Hallstrom, if we need to tighten up and or modify some of the slight language with regards to the 48-hour time period, I think that window is completely appropriate. But if we needed to tighten up what kind of response is necessary within those 48 hours, we can do that. And I, I know I keep saying this over and over, but we're trying to triage it, not have the treatment necessarily within those 48 hours. So if we're talking about screening versus like a nurse or a doctor just taking a look at you and saying, oh, this is a problem, let's get you elsewhere, let's get you to the hospital, let's get you somewhere where you need to be. What we're trying to address here are people who make

a complaint and then sit in custody for a week with nobody actually checking on them.

**BOSN:** And do you know right now that that's what's happening?

**DUNGAN:** I would encourage you to ask some of the people after me about the real-life experiences of how long people are waiting for care.

**BOSN:** But I'm asking you, is that what you believe is happening?

**DUNGAN:** I don't know if it's a week, but I do believe people are going longer than 48 hours without having their underlying needs addressed, yes.

**BOSN:** OK.

**BOSN:** Senator McKinney.

**MCKINNEY:** Thank you. Thank you, Senator Dungan. First thing, so it's two situations that I know of because of just concerns that have been brought to my office. One is, I think in my first year, there was a young man, he was at NSP. He was complaining of a headache and he kept telling the guards, I have a headache, I need to get checked. It took forever for him to get checked, and eventually his roommate, who was Ernest Jackson, basically convinced the guard to look at this guy. Turns out he developed a tumor, terminal cancer, ended up dying in prison. But had not for his roommate pushing the guard look at him, he would have never got sought. Last year I think there was an individual, I think he was in 384 at the RTC, he had a bad cut and it got infected. And he kept complaining to the staff, I have this cut and it's getting infected. And they wouldn't look at them until I had to send a email saying, this is going on. And then he got treated. Is that what your bill is trying to address?

**DUNGAN:** That's exactly it, yeah. And again, we can massage language to make it, quote unquote, more workable. But the things that you're talking about, and I think some of the things that you're gonna hear about here today, that's exactly what we're trying to address. Our legitimate medical complaints that are going unchecked for a long period of time to the point of which they have pretty serious, if not fatal, consequences.

**MCKINNEY:** Last question. The fiscal note saying they need to hire all these people, do you think that is an admission that the conditions are bad in prison so there's going to be a lot of situations? Or that going to prison and being in prison and being in that environment has negative impacts on a body and somebody that will cause the need for people to kind of make these complaints?

**DUNGAN:** I mean, I'm not an expert, but I certainly think the data that I've seen and the studies that I've reviewed 100% support the second thing you said that, is when you go into custody for any number of reasons, the lifespan of an individual drops drastically. And whether that's because of the physical conditions they're in or the lack of medical care and health care they're receiving, preventative care, nutrition, mental health, all sorts of things, it has a vast detriment on somebody's mental and physical health, sometimes to a fatal degree.

**MCKINNEY:** Thank you.

**BOSN:** Senator Storer, followed by Senator Hallstrom.

**STORER:** Thank you, Chair Bosn. I don't know that I have new things to add, but maybe some clarification on the number of employees. Because it does seem to be a little bit of a dilemma that we-- you're acknowledging or bringing to the attention through this proposed legislation that maybe things don't happen, medical attention isn't being received in a timely fashion all the time. It doesn't mean always.

**DUNGAN:** Mm-hmm.

**STORER:** But there are instances. Is it fair to-- to me it just makes sense that the likelihood that in those instances may be a time when you might have more people that, you know, called in sick, they couldn't get enough staff in for that day or that week or coverage or the, the period of time. I mean at the county level, which was a very small minute example experience that I had in terms of being in a supervisory position of a, of a jail, there were times where you were just-- our, our employment levels were just low for reasons beyond our control. And we worked hard to rectify that, but it might not happen in a week or two weeks or a month sometimes even. So putting, I mean, these are pretty tight, tight requirements in the bill. So in, in the event that there is circumstances beyond the control of the facility

that can allow that to be met, it just-- they do seem a bit rigid, albeit, you know, I think it's reasonable to, you know, put, put some kind of expectation of care standards. But I guess I would share Chair Bosn's concern and some of those others that have expressed that I do understand the intent, but, but I think my own experience there there can be circumstances beyond your control that, that would not allow you to meet these standards. Instead of 48 hours, maybe it's 56 hours or, I mean, it's pretty-- it's fairly rigid in my, in my opinion. And, and the chronic and acute, I mean, the differentiation there, and I need to go back and find there was a one spot where it did not define it specifically. I think I heard Senator Hallstrom say. In, in the time that I spent with juveniles in Incarceration, you know, sometimes if it's not a pre-diagnosed condition, one's opinion of, hey, I need an emergency room today is different than what maybe you and I's decision would be if we were going to drive ourselves to the emergency room. You know, so that's-- some latitude for the discretion of, you know, repeated behavior or some sort of predictability to know it's no, no different than you're going to know things about, I don't know if this is a fair example, but your children that others would not based on the fact that you have observed a pattern of behavior. Is that fair?

**DUNGAN:** That's a lot. I don't know. Yes, I understand what you're saying. I guess my response only would be that I appreciate the feedback. And again, I'm open to continuing to talk about what language you might think is overly prescriptive. I'm reviewing this again. And to me, obviously it's my bill, but to me, the language doesn't feel overly prescriptive or overly restrictive. I understand that staffing issues are real. But what-- again, what we're seeking to do is create some line in the sand. Because if you don't have that then there is no accountability. And what we are trying to find here is that appropriate line in a sand of accountability. Now to your point about the emergency room, we're not saying person makes complaint, has a headache for example, therefore they have to go to the emergency room or the hospital, right? We're not saying that-- we're not prescribing what the response is to the complaint. That is going to be within the discretion of medical professionals. It certainly has to be within the parameters outlined by DCS policy. I understand they have an incredibly complicated job taking somebody who's been sentenced to time in custody to a hospital, that's very difficult. There's a lot of parameters you have to follow. And I'm

very aware of how hard that can be. All we're saying is you got to check it out and figure out what's going on. And so it's that initial assessment. It's that initially screening. And screening might not be the best word because I think when we think screening, sometimes we think preventative care, right? Like colon cancer, things like that. It's that initial determination and assessment of the severity of the problem that otherwise is being ignored that we're trying to fix. And I think that that's what we're getting at here. So again, if there's further clarifications that we need in order to effectuate that, we can. I don't personally feel as though these parameters are overly prescriptive. Every facility currently kind of has their own rules and regs, policies and procedures. This is a standardization of thou shalt do X, Y and Z. But if, if there is language we can get that might be more comfortable for that, happy to talk about it.

**STORER:** Thank you.

**BOSN:** Senator Hallstrom.

**HALLSTROM:** I was going to follow up on Senator McKinney's question by answering-- asking a question that asks for complete speculation and conjecture so that you can give me an answer that I wanted to hear. So I appreciate you refraining from answering his question, and I will refrain from asking that question. So thank you.

**DUNGAN:** Sounds like it would be objectionable in a court of law.

**HALLSTROM:** That's what I was thinking. Thank you.

**BOSN:** Thank you. We'll start with our next proponent.

**DUNGAN:** Thank you.

**BOSN:** Are you staying to close?

**DUNGAN:** Yes.

**BOSN:** First proponent. Is this your invited testimony?

**DUNGAN:** Yes.

**BOSN:** OK, perfect. Good afternoon and welcome.

**MATEJA WEINDORFF:** Good afternoon. My name is Mateja Weindorff, spelled M-a-t-e-j-a, last name is Weindorff, W-e-i-n-d-o-r-f-f. I'm here today as not as a lobbyist, but as a mother, a daughter, and a student. My father Robert Weindorff should still be alive. I want you all to imagine for a second what would happen if you went into, into an emergency room with these symptoms: unquenchable thirst, fragrant urination, extreme fatigue, dry mouth, and feeling worse over several days. You wouldn't be told to wait, your blood sugar would be tested immediately. And if you were in danger, you would be treated right away. That's because everyone in medicine recognizes those as classic warning signs of a diabetic emergency. My father experienced those exact symptoms inside a Nebraska prison system. He submitted multiple requests describing them, but the response he received was not an exam, it was not a test, it was not treatment. It was, we will ask the doctor on Wednesday. His symptoms had already begun over Thanksgiving weekend when there was no qualified medical staff on duty. By the time someone with authority to act finally saw him, he was in full diabetic ketoacidosis. He was dying from something completely treatable. If my father had walked into any emergency room in this state instead of a prison infirmary, he would have lived. He didn't die because diabetes is complicated. He died because in prison, medical care requires permission. And permission came too late. That is why I'm here supporting LB902. This bill is about one simple thing, making sure that when incarcerated people show recognized medical emergency symptoms, they receive real medical evaluation. Not days later, not after paperwork and not after someone says they'll ask the doctor. My father Robert Weindorff would still be alive today if the standard of care outlined in LB902 had applied to him. No other family should ever have to lose someone because a prison told them to wait. I started this advocacy journey after my father died and I just wanted to-- I wanted more than an answer, I wanted to change. I wanted to change what happened and I wanted to be able to help other people and other families not have to experience what mine had to. My father, he was, he was an amazing person. He had his problems, but he did not deserve to die this way. I don't believe anybody deserves to die of medical neglect. Thank you for your time.

**BOSN:** Before we get started, I think on behalf of everyone, I want to say I'm sorry for your loss.

**MATEJA WEINDORFF:** Thank you.

**BOSN:** Thank you for being here. Let's see if there's any questions from the committee. Any questions for this testifier? Senator Rountree.

**ROUNTREE:** Thank you so much, Chair Bosn. And thank you so much for your testimony. As I'm reading through it and listening to you, at the point that your father was in that fully critical state, how had treatment been along the way during the course-- this just came over Thanksgiving weekend, but what about times prior to that?

**MATEJA WEINDORFF:** He-- there wasn't any. He was transferred between facilities and he, and he ultimately ended up passing away at the, at WEC, the work ethic camp in McCook. He had just been transferred there a few, I think it was maybe a month and a half prior to these symptoms starting, but there wasn't any. He submitted medical requests and he was just told to wait or ignored.

**ROUNTREE:** OK.

**BOSN:** Senator McKinney, sorry.

**McKINNEY:** Thank you. And sorry for your loss. Just wondering, did-- was it known that your father had diabetes?

**MATEJA WEINDORFF:** No. No, it was not.

**McKINNEY:** OK, thank you.

**BOSN:** OK, so I just want to kind of go back and I apologize if something I ask is insensitive. I don't mean it that way. So he had been either at the State Penitentiary or at the RTC likely and then was transitioned to the WEC. How long had he been incarcerated at the other facility before transferring to the WEC, if you know.

**MATEJA WEINDORFF:** I'm not entirely sure.

**BOSN:** OK, so like--

**MATEJA WEINDORFF:** It was less than a year, sorry.

**BOSN:** No, that's OK. Are you aware of whether he had ever sought medical treatment at that facility?

**MATEJA WEINDORFF:** I don't believe he was having symptoms yet, so I'm going to say no.

**BOSN:** OK. And then in the short period of time that he was at the WEC, it sounds as though you're describing these symptoms kind of came on quickly.

**MATEJA WEINDORFF:** So, so. They were ongoing. My father died December 10th. And like I said, he started making these requests over Thanksgiving weekend. So it was about two and a half, maybe a little bit more than that.

**BOSN:** And so from the time that he made the request until December 10th, I mean that's probably about two weeks if I'm thinking where Thanksgiving falls, had he ever been seen by a doctor?

**MATEJA WEINDORFF:** No.

**BOSN:** OK. All right, any other questions in light of that? Senator Rountree.

**ROUNTREE:** Thank you so much, Chair Bosn. And I'm not a procedural person. I don't know the procedures, and maybe a question I might ask for testify coming later, but were you able to put in a type of request for medical records? I don't know if they're sealed, anything of that nature. Were you able to get those records and kind of see what processes were?

**MATEJA WEINDORFF:** That was actually another issue that I had in my journey advocating for my father. The Inspector General's Office could not access my father's medical records, so I went out and hired a pro bono attorney who then got those medical records and I personally handed them over to the Inspector General's Office. So yes, we did, but not without a fight.

**ROUNTREE:** But as you got those records, you were able to verify there had not been--

**MATEJA WEINDORFF:** Yes.

**ROUNTREE:** --any medical treatment. OK.

**MATEJA WEINDORFF:** Correct. We got, we got the specific kites that he made. And the last one that he was able to make was on December 3rd. And he got a reply on December 5th, and the reply said that he had to wait until Wednesday for the doctor to get there. Which they then came on the 7th. Sorry, this was in 2022, if you want to go back and look at a calendar, but which would be on the 7th. He immediately went to the hospital and died three days later.

**ROUNTREE:** Thank you.

**BOSN:** Can you tell-- oh.

**McKINNEY:** Sorry.

**BOSN:** Go ahead.

**McKINNEY:** Just one question. How old was your father?

**MATEJA WEINDORFF:** 47.

**McKINNEY:** OK.

**MATEJA WEINDORFF:** He was 47 years old.

**McKINNEY:** Thank you.

**MATEJA WEINDORFF:** You're welcome.

**BOSN:** Can you tell me how you discovered that your father had passed, how you were notified?

**MATEJA WEINDORFF:** The warden called me and let me know that my dad had fallen, and that I needed to call the hospital for more information. So at that point I called McCook Community Hospital and asked them what was going on because I understand my dad's a big man, but what do you mean he fell? They then told me that he had passed away, and that it was from cardiac arrest, and started asking what final wishes were. That was basically how that went.

**BOSN:** OK. Any other questions? I'm very sorry for your experience.

**MATEJA WEINDORFF:** It's OK.

**BOSN:** Thank you very much for being here today. I appreciate it. All right, next proponent. Anyone else here to testify in support of LB902? Come on up. Good afternoon and welcome.

**KILEY SIMANTS:** Thank you. Sorry, I'm pulling it up on my phone here. Good afternoon, my name is Kiley Simants, that's spelled K-i-l-e-y S-i-m-a-n-t-s. OK, and then I'm here today in support of LB902. I'm not here as an expert or an advocate by profession. I am here because this bill is personal to me and because what happened to my family member should never happen to somebody that's in state custody. A close family member of mine was incarcerated at RTC here in Lancaster County. While he was here he fell from the top bunk of a rusty bunk bed while experiencing night terrors. When he fell, he injured his finger pretty severely and split his lip open. These were visible injuries, open wounds, and the fact that the rust was involved should have raised immediate concern for infection. He asked for medical help and then he was told to wait. For several days, he was denied medical care while those injuries worsened. During that time, his finger became severely swollen and infected. So swollen and infected that it began to drain from under the nail bed and he ultimately ended up losing that nail. And me and our family from outside, it was terrifying to watch because we genuinely thought he was going to lose his finger over such a silly small cut that could have been addressed. But because nobody would treat him, he reached a point of desperation that he felt he had no choice but to open up the wound himself to relieve that infection and to drain that. And he should have never had to harm himself to do that when there should have been someone there to help him. At the same time, his lip injury was still untreated. Lip laceration should be addressed immediately those-- to prevent infection and permanent scarring, and that didn't happen. His face was left for several days. And when he finally was seen and they stitched his lip up, they told him that within the week that he would be seen to get those stitches taken out-- well, a couple weeks had passed and he still had not been seen for those. So ultimately, he also felt the need to take that into his own hands and cut his own stitches out of his lip. Being incarcerated is already the punishment. Medical neglect should not be part of the sentence. This bill matters because it creates clear standards and real accountability. It helps ensure that people in custody receive timely medical care and that families are not left feeling helpless, fearing permanent harm from injuries that could have been treated early on. This bill won't change anything that

has happened to my family members or any other people's family in the past, but It can prevent any kind of medical neglect from happening again. And I appreciate your guys' time in hearing me out today. Thank you.

**BOSN:** Thank you for sharing your story, and I'm sorry for your family's experience.

**KILEY SIMANTS:** Yeah, thank you.

**BOSN:** Let's see if there's any questions from the committee. Any questions for this testifier? All right, seeing none. Oh, I'm sorry. I didn't see your hand. I apologize.

**ROUNTREE:** I'll speak louder.

**BOSN:** No, you're OK. Senator Rountree.

**ROUNTREE:** Thank you, Chair Bosn. And thank you so much for coming to testify today. And I'm just thinking about having to take these matters into your own hand, literally, or lips. Were you able to document, you know, when medical requests when, when was first asking for medical assistance, and the time frames in between that?

**KILEY SIMANTS:** I do have it. I don't have the specific dates on my phone.

**ROUNTREE:** OK.

**KILEY SIMANTS:** I apologize for that. I do know that it took about three days for him to be seen for those. And in those three days, I did have a visitation with him. And the entire tip of his finger had actually turned like a black purple color. And he's a Mexican man, he's got golden-brown skin. So the fact that his fingers swelled up and turned that black-purple color, and I had to explain to his son, you know, that he was hurt, I mean, that was-- and so he had to cut his own finger to get it to drain. And then he was seen for medical and they did put him on antibiotics, so they saw that there was clearly an infection. And then with his lip, they said that three to five days after that they would see him again because they needed to be taken out within that week, because they were stitches or sutures in his lip.

**ROUNTREE:** Right.

**KILEY SIMANTS:** And I think it was 13 days had passed and his lip had started to heal around those sutures, so he ended up finding a way to cut those out himself.

**ROUNTREE:** OK. All right, thank you. I appreciate that.

**BOSN:** Senator Hallstrom.

**HALLSTROM:** Did you have an opportunity or would you have felt comfortable to be able to talk to somebody to raise it to their attention?

**KILEY SIMANTS:** I did call. That was at RTC here in Lancaster County, and I did not get very far with it. So unfortunately--

**HALLSTROM:** Thank you.

**KILEY SIMANTS:** Thank you.

**BOSN:** All right, thank you very much for being here.

**KILEY SIMANTS:** Thank you.

**BOSN:** Next proponent. Anyone else here to testify in support? Good afternoon and welcome.

**JEFFREY FRASER:** Hi. Good to see you again. My name's Dr. Jeffrey, J-e-f-f-r-e-y, Fraser, F-r-a-s-e-r, M.D. Just to give you some of my history, Med Center graduate in 1987, then went to New York University to be a surgery resident. Then I switched to family medicine and I practiced in Illinois. Came back to Lincoln, practiced in Lincoln for 23 years. Then I moved to North Carolina and practiced there for about a year in a very small town. When I came back to Nebraska, I was hired by the federal government to be a senior public health analyst and advisor in Maryland, and I worked in the office of the Chief Medical Officer. And one of my jobs there, which is why I got hired, I think, at the State Pen, is I was on the U.S. Preventative Services Task Force for two and a half years. So in Lincoln, for 23 years, I set the community standard. I was part of the community standard here in Lincoln. There's been a lot of questions here about what kind of business. So I was hired by Dr. Lovelace to be a physician at NSP

full-time, to join two PAs, one that had been there for 20 years, one that'd been there about 2 or 3 years. OK? In May, Dr. Lovelace asked me to go down to Tecumseh, which is not a provider, except for a brand new nurse practitioner. They had another nurse practitioner-- I got to throw in this thing I heard. Had another nurse practitioners that just quit. So he said, she's gonna quit if you don't go down there. So I said, yeah. Spent the month of June. That's been June, July, August, September, October. And I was gonna go back in November. I got terminated on October 22nd without any prior notification, no work evaluations, no personnel evaluations, just terminated. So as Senator Bosn said, I didn't wake up, go to med school, say I'm gonna work in prison [INAUDIBLE]. So what visits do we see in there? We see acute visits, we see chronic care visits, and we see emergency visits. I can tell you the standards, if you have questions about what the standards are for medical care for every medical service. Here's the concern. Since December of last year, three physicians have been terminated. One is going to speak next, worked for 13 years in Tecumseh. One of five years in Omaha, he couldn't make it today. Hopefully, he can make a statement for you as well. And then me, I worked for 8 months before I was walked out with no notification. Our concerns we had-- I was told the first day I got the NSP, that if you disagree with Dr. Lovelace, you'll be terminated. [INAUDIBLE]. So terminations, Dr. Jeff Damme is gonna talk next, 13 years. Dr. Robin Bernard, 5 years. Me, 8 months. Anna Kirby, a psychiatric [INAUDIBLE] practitioner, had worked with Dr. Lovelace in Missouri, she was let go with no notification at all, also. What is the people that have left and not been terminated are Jaycob Edwards, a PA. He was great. A nurse practitioner, I was going down to help her stay there. I got fired. She, she quit. So and currently at Tecumseh there's no doctors. There's no nurse practitioners. There are no PAs. They're filling that staff and pulling a physician from RTC once a week, and Dr. Lovelace once a week. Everything else is handled by the nurses that's--

**BOSN:** All right, Dr. Fraser, that's your time. Let's see if there's any questions from the committee. All right?

**JEFFREY FRASER:** OK.

**BOSN:** All right. Any questions? Senator McKinney.

**MCKINNEY:** Thank you, Chair Bosn. Thank you. Dr. Fraser. My first question is, are you saying, or am I comprehending this right that

from your testimony, that the shortage of doctors or physicians in Corrections isn't just due to the lack of being able to hire individuals?

**JEFFREY FRASER:** Correct. Absolutely. If you look at that fiscal report, I see that they put in no physicians, just PAs. State Statute 83-159 [SIC], you have to have a doctor at every facility. Not a PA, not a nurse practitioner, an actual medical doctor for any facility over 500 inmates.

**MCKINNEY:** So--

**JEFFREY FRASER:** 83-4,134 decides we have to do community standards.

**MCKINNEY:** As a doctor that worked in the Corrections, what is your understanding of the procedure from the, the time an individual says, hey, something going-- something is going on with me, I need to be checked out, to somebody actually seeing you?

**JEFFREY FRASER:** That varies a lot. Some we should see immediately. So we have acute visits. We have chronic visits. We have emergency visits. Some, some days, I sent-- one day, I sent four people to the emergency room. So when I went down to Tecumseh since they've been out with Dr. Damme for all that time and just had that nurse practitioner, there were patients that had put request kites. Somebody said kite. Somebody put a kite in seven, eight months ago for a situation. Chronic care visits, we're supposed to see three a day. I was seeing eight a day to try to catch up. So this fiscal report which I had a few minutes look at, there's no physicians being hired. We don't need 38 physicians. We need to return these people back to their jobs. At NSP there are seven psychiatric providers in NSP. That's a lot. That is more than there are medical providers. At Tecumseh there is one that works outside in the medical office, and I think one has another office that I never saw.

**MCKINNEY:** From your understanding, why do you think that there are cases and people saying that there's situations where individuals have complained of issues, and it, it has taken a long time for them to be seen? What do you think is the drop-off?

**JEFFREY FRASER:** Because there are no providers. When I went down to Tecumseh, we had three of us taking care of patients, about 18 a day. So I'm gone, Jaycob Edwards quits. Poor Cheryl [PHONETIC] has been for

20 years trying to do everything. When I got to Tecumseh, the nurses were doing everything, and I talked to their director of nursing probably five, six times since I was terminated. They're just doing it on their own. They're taking care the inmates right now.

**McKINNEY:** Thank you.

**BOSN:** Any other questions for this testifier? Senator Rountree, I saw you that time.

**ROUNTREE:** Thank you, Chair Bosn. I appreciate it. I just want to go back and clarify, you talked about the eighth month when you were talking to our senator over here, but you were talking about eight months before a person got seen say a kite or a request.

**JEFFREY FRASER:** Requires even longer. So there's been a request for something simple like an injury, they didn't-- we're not seeing-- they actually, when they're called for their appointment, they said-- I said, why are you here? They go, I don't know. You go look back and but the council request has been committing months ago, if not a year ago.

**ROUNTREE:** OK, and where did you practice down in that little town, were you in North Carolina?

**JEFFREY FRASER:** I was in a small town called Vanceboro. I lived in New Bern.

**ROUNTREE:** OK.

**JEFFREY FRASER:** Yeah.

**ROUNTREE:** All right outstanding. And so you have a very varied background, which made you qualified to come down and work in the-- all for, you know, the best medical care for our people that are incarcerated too. What is the basis then of all the termination? I know if you said if you run afoul of the one individual then you were going to be terminated.

**JEFFREY FRASER:** That's what I was told by both directors of nursing. I was handed-- I was heading into a provider meeting. I left Tecumseh headed to the provider meeting, Dr. Lovelace said, hey, I need to meet

you before. I said, topic? He didn't respond. Walked in, they fired me. They said, you have no recourse. You work at my discretion.

**ROUNTREE:** So and you're [INAUDIBLE] position, so you know how all of our systems should be manned in each position. So for the 35 positions that have been asked for in this particular fiscal note, are those additional positions or are these are positions that we do have on the books? And I was going to ask the director in a little bit, the manning document. So if the manning document was fully manned, would we have enough personnel on board to take care of the needs that--

**JEFFREY FRASER:** You don't need 38 other people, you know, just need to return a position to each facility with over 500 and maybe one more nurse practitioner. If I went back to to come to full-time, give me a nurse practitioner, she and I could do it. So I don't know if they're trying to kill the bill by financially saying this is \$5 million, but that's ridiculous.

**ROUNTREE:** OK. All right, thank you so much, sir. I appreciate you out there.

**BOSN:** All right. Thank you very much for being here.

**JEFFREY FRASER:** Thank you.

**BOSN:** Next proponent. Anyone else wishing to testify in support of LB902? Good afternoon and welcome.

**JEFFREY DAMME:** Thank you. I'm Dr. Jeffrey Damme, J-e-f-f-r-e-y D-a-m-m-e. I was employed at Tecumseh State Correctional Facility for 13-plus years. On the 2nd of January, 2025, I was told I was being fired and I got walked out like a common criminal with a guard escort. Usually those are reserved for people who have sex with inmates or brought in contraband. I wasn't given a reason for my firing, and as of this date, I still haven't heard why I was fired. But regardless of all that, you know, the physicians that come into Corrections usually has a history. And I was an alcoholic, I'm a recovering alcoholic. Pretty much all of us have had some kind of legal issue. But thirteen years ago, I found my niche. I, I loved working with the prison system. You know, I was respected by the majority of inmates. Every, every office has their pain-in-the-butt patients, but I took pride in it. And I came in after hours to stitch people up without compensation. And I just, because when you take an inmate after hours

to the ER, it takes at least two correctional officers to go with them, and they're always short-handed with correctional officers. But I took pride in it. And you know, to be walked out like I was, that didn't sit well with me. But anyway, I think we do-- we did a good job of seeing our chronic care patients. Anybody over 50 always had an annual physical. You know, the kite system-- is that my yellow light? Kite system can be a little slow. But anybody that's severely ill, my nurses were great getting them in to be seen. Dr. Lovelace, I-- we butted heads. I, I couldn't work with him and I put in my retirement papers to be January 22nd. Well, he couldn't wait that long. He walked me out January 2nd. I would enjoy going back if I had the chance, but not with the current medical director. I thought we provided excellent care. But I, I've been out a year now, so I don't know what's going on, except there's only two full-time positions for the whole system, and that's just not enough so.

**BOSN:** All right, let's see if there's any questions from the committee. Any questions? Senator McKinney.

**MCKINNEY:** Thank you. And thank you. Did you, did you have any issues prior? Was there any issue or situation that occurred prior to the day you were escorted out?

**JEFFREY DAMME:** No. You know, if it was some kind of minor thing, why didn't I get reprimanded or say, do this, do this, you know? You're not doing this. I didn't get anything. I didn't get anything that said I-- and when I asked why, they said, oh, it's under investigation. Well, we're almost 13 months in, still didn't get a reason why. And I know in Nebraska you don't have to have a reason fire anybody but.

**MCKINNEY:** What was your relationship with the previous medical directors?

**JEFFREY DAMME:** Oh, great. Dr. Cole and Dr. Deal, you know, they, they treated us like physicians, you know? Dr. Lovelace treats me like-- treated me like a PA, you know? We have a brain, you know? They included us in major decisions. Dr. Lovelace just told us, this is how it's going to be, regardless if it changed how we had to practice. And the one other thing I'll say about Dr. Lovelace is when a patient puts in-- or when patient comes in with a complaint and we think it might need to be seen on an outside provider, he has 30 days to approve that consult. And if you know how we're only allowed a couple transfers a

day to specialty clinics, so it can take up to 2 months or more to get them out to see the specialist that we wanted to see, you know, 2 months ago. It's a broken system. And it wasn't like that in the past with the past medical directors.

**McKINNEY:** All right, last question. Do you think decisions were made or have been made based on financial concerns?

**JEFFREY DAMME:** No, I, I don't think so. I hope not.

**McKINNEY:** All right, thank you.

**BOSN:** Senator Hallstrom.

**HALLSTROM:** You just said, Dr. Damme, that you, you felt that, you can't say what's happened since you've gone, which obviously is the case, wouldn't ask you to speculate. But you also indicated that you felt that you provided great care to the inmates while you were there. Did you feel you, you lived up to the standard of community care?

**JEFFREY DAMME:** Absolutely. Absolutely.

**HALLSTROM:** And were there any vagaries that would lead you to believe that we need to be more specific with regard to the community standard of care?

**JEFFREY DAMME:** I always pushed for the standard of care, you know. No matter what the cost, I don't care. I mean, there's times where I think it was delayed a little bit, but you know--

**HALLSTROM:** Would it be fair to say that your practice wasn't directed by what the statute tells you the community standard of care ought to be?

**JEFFREY DAMME:** Not really.

**HALLSTROM:** OK. Thank you.

**JEFFREY DAMME:** I know what the standard of care is, you know?

**HALLSTROM:** Thank you.

**JEFFREY DAMME:** Yep.

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

**JEFFREY DAMME:** Yeah. Thank you

**BOSN:** Next proponent. Anyone else here to testify in support? Good afternoon and welcome.

**AMBER BRECKS:** Hello, my name is Amber Brecks, A-m-b-e-r, last name B-r-e-c-k-s. I am here to support this bill being a inmate in the system previously. In 2017, I was sentenced to four to eight years in prison. When I was sent to that four to eight years in prison, I went in, I had a cavity in my tooth, it was cracked. When I went in, I was told that you couldn't get any type of permanent filling or anything like that unless being in the department for a year. When I went into prison, I was 13 weeks pregnant. They put in what was considered a temporary filling, not to last any more than six months. I was transferred to work release here in Lincoln in August of '18 with the temporary filling still in my mouth. Wrote kites to medical, tried to go over and get it extracted, get a full filling put in. The work release program here does not have any dental, so in order to get dental, you have to go over to D and E RTC, which requires you to then be factored into the caseload of D and E RTC and work release. So you have multiple inmates that are being factored onto one or two-- like two people's schedule. In the meantime of waiting, in September, I ended up getting an infection. But the infection came in September of 2019. So after having the filling that was temporary in my mouth for over a year and a half while still being in department custody, not able to go get any type of outside treatment while being in community and working two jobs gone from the facility for 60 hours a week. That's all I have.

**BOSN:** All right, let's see if there's any questions from the committee. Anyone have any questions for Ms. Brecks? All right. Oh, Senator Rountree.

**ROUNTREE:** Thank you [INAUDIBLE]. I appreciate it too. Yes, thank you for your testimony today. So while you were in the pipeline waiting to get, you know, involved with the system, shall I say, and were you eventually able to get it done and how long was that period again before identification and getting it done?

**AMBER BRECKS:** Never. I ended up getting it taken care of after I was released from prison on my own.

**ROUNTREE:** OK, never. All right. Thank you.

**AMBER BRECKS:** Yep.

**BOSN:** Thank you for being here and sharing your story.

**AMBER BRECKS:** Thank you.

**BOSN:** Any other proponents? Welcome, this is your first time this year, isn't it?

**JASON WITMER:** Yeah. Not as fun as before.

**BOSN:** Rip it off like a Band-Aid.

**JASON WITMER:** But thank you for this time. Thank you for hearing out everybody. I am Jason Whitmer, J-a-s-o-n W-i-t-m-e-r, I'm here on behalf of ACLU in support of LB902. When the state incarcerates someone, it assumes total control over that person's access to medical care. That power carries both a constitutional and a moral responsibility. LB902 recognizes that responsibility and gives it practical meaning. Under current law, incarcerated people are entitled to-- entitled to medical care consistent with community standards. Yet the standard is not defined with clear rules, timelines, and accountability. The result has been uneven practices across facilities, delayed diagnosis, and preventable medical harm. LB902 addresses these gaps by establishing uniform medical protocols, mandatory response timelines, and clear definitions of medical neglect. This bill also strengthens independent oversight without undermining the authority of NDCS, Nebraska, Nebraska Department of Correctional Services. Transparency here is not punitive, it is constructive. It provides feedback that allows the system to correct problems early, prevent harm, and improve outcomes. If implemented as intended, LB902 can prevent human-- prevent and protect-- sorry, protect human life, reduce long-term costs, and move Nebraska closer to a correctional system that is lawful, humane, and accountable. In 2023, NDCS hired a new medical director, Dr. Jerry Lee Lovelace, Jr. Dr. Lovelace brings extensive experience, including oversight of medical care for more than 23,000 individuals across 22 correctional facilities in Missouri while serving as a medical director for a

private provider, Centurion Health. As the director of the department, Jeffrey stated publicly, Dr. Lovelace is, quote, an innovative leader with a proven record of working collaborative to find solutions, unquote. With that said, LB902 supports that leadership by reducing vagueness and setting clear, uniform expectations. Rather than expanding day-to-day oversight, the bill provides a management framework that allows medical decisions to be made consistently, efficiently, and proactively before problems escalate into emergencies, litigation, or possibly federal intervention. So with that, we urge the committee to advance LB902. And I'll answer any questions if you happen to have any.

**BOSN:** Thank you. Any questions for Mr. Witmer? Seeing none, thank you for being here.

**JASON WITMER:** Thank you.

**BOSN:** Next proponent. Anyone else here to testify in support? All right, opponents. Anyone here to testify in opposition to LB\902? Good afternoon and welcome.

**ROB JEFFREYS:** Hi. Hi, everyone.

**ROUNTREE:** Good afternoon.

**ROB JEFFREYS:** Good morning, Chair Bosn and members of, of the Judiciary Committee. My name is Rob Jeffreys, R-o-b J-e-f-f-r-e-y-s, I am the Director of the Nebraska Department of Correctional Services, NDCS. I'm representing the agency today. I'm here to testify in opposition of LB902. NDCS respectfully opposes this bill as the agency already provides level of medical review and care that this bill seeks to mandate. Our exist-- our existing medical health care protocols ensure timely, clinically informed responses to the needs of those who are in custody. I'd like to provide some, some brief background to the committee on the existing process regarding medical consults. When a consult, consult is requested-- request is received, there are three potential responses. The request is approved, the request is returned for additional information, or an alternative treatment plan is developed. Based on the urgency of needs, reviews happen within 24 hours, 48 hours, 7 days, or 30 days. We focus on matching each person with the care they need. Even with the national standard shortages, shortages, NDCS continues to provide consistent appropriate health

care. And in December, as Chairman Bosn mentioned, NCDS medical director and mental health director met with members of the Judiciary Committee, including the Inspector General to present detailed overviews of our medical consult process of metrics for evaluating and our health care strategy. Staff responded to their questions and conducted a tour of the 96-bed-- the new 96-bed geriatric and mental health unit at RTC. As an agency, we are committed to the transparency and ongoing relationship with lawmakers to ensure quality health care for all those in our custody. I'd like to call attention to the significant additional resources LB902 would require. The bill requires for a 48 response to all health complaints, regardless of urgency. This would necessitate expanding medical and mental health, health staffing-- additional health staffing, and the annual audit requirement would further increase personnel needs. The fiscal notes identifies that there will be 38 additional staff, an estimate of \$5.6 million. Additionally, several of the reports outlined in the bill are not supported by our current electronic medical records system. Producing them will require manual data collection, substantial support staff to manage the volume of the records requests with limited benefit to the Inspector General's Office or to the people of, of Nebraska. The bill risks undermining the clinical judgment, creates HIPAA issues around releasing medical information and carry significant cost by inserting unnecessary oversight into decision made by licensed professions. For this reason, NDCS is opposed to LB902.

**BOSN:** Thank you. Any questions for Director Jeffreys? Senator McKinney.

**McKINNEY:** Thank you. Since your time as director, how many doctors or physicians have been let go?

**ROB JEFFREYS:** I don't know that answer off the top of my head.

**McKINNEY:** OK. What is the average age or what is the age where you do as a department start doing annual checkups?

**ROB JEFFREYS:** Let me go back to the first question. I can tell you what our vacancy is right now, if that's what you want to know. For the position--

**McKINNEY:** Could you tell me what it was when you first started?

**ROB JEFFREYS:** No.

**MCKINNEY:** OK. So what's the timeline for outside consult requests made by treating physicians?

**ROB JEFFREYS:** Timeline for outside con...

**MCKINNEY:** So if somebody has a consult and needs to see an outside physician, what is the, what is the average timeline?

**ROB JEFFREYS:** So there's a process into what those consults look like. The timeline, I can't break it down, as I'm not a medical professor. But the review and their category-- categorized in three different ways. They're either emergent, which is in 24 hours; urgent, which is in 48 hours; or rush, which is in seven-- rush within seven-- or seven days is routine. And rush is rush, I can't get into that. But those are the timelines.

**MCKINNEY:** OK, do you have an infectious disease consultant on staff?

**ROB JEFFREYS:** That I do not know.

**MCKINNEY:** OK. Last, last question for me. From what you said and what we've heard from the proponents, where's the disconnect? What is-- because I've also received a lot of calls since my time in the Legislature about medical concerns not being heard or disregarded. We talked about two situations that one where an individual ended up passing away due to, due to a terminal illness that was, in my opinion, ignored by the department until a cellmate brought it to attention. And another that wasn't addressed until I sent the email. So where is the disconnect? If you're doing such great care and doing a great job, why do all these other people feel opposite?

**ROB JEFFREYS:** I mean, that's probably more of a "cerebral" question. I mean, I can't speak to each, you know, each experience that why people have received the care and receive-- feel that they did not receive the adequate care. But only that I can speak is on the, the process, right, and which how that care is received. Like, what's the request like? What does it look like? How does someone is able to get to the physician and how they triage each person and move forward through the system and what have you, get them set up for, you know, the physicals or the doctor's appointments and what have you. That's the process. I can't speak to each individual. Sorry, as the stories

have been told, I mean, sorry for everyone's loss, but I can speak to those. I'm not the physician. I don't know the, the notes or anything about what was the underlying factor or what were the things that led up to someone's debilitating health. So that's about the best I can give you as far as that question.

**McKINNEY:** Can you speak to how you're directing your staff to deal with situations like this or treat individuals in these situations?

**ROB JEFFREYS:** Well, yeah, there's medical protocols as they are right now. When someone has a sickness or illness or what have you, there's a number of different ways for them to be able to be seen by the physician. One is, I think, one of the doctors spoke on about there's a kite system, then there's a medical form system, and then there is also that emergency. If somebody is feeling ill, there's immediately emergency that can be activated if somebody is having an, an issue right before someone's eye. There's immediate response to that. But then this triage, I mean, each, each person throughout the agency, you know, they-- they're not on a chronic care and everything, they get set appointments and everything. If they feel like they have some type of sick or illness and everything, they're able to, one, based on their feeling, if it's an emergency, if I'm chest pains and everything, then you notify the officer, then someone comes down there and gets you and take you right up to the emergency room or to the triage room. But then there's the, the, the kite system in which people are submit their kites or their medical forms. They're reviewed every day. The team triages them, and they get back with them, like as I said, within 24 hours, 48 hours, 7 days, and what have you, based on that acute and their triage and their expertise. Not to mention, there's a formula in which folks, these physicians, utilize as opposed to just, you know, they go-- based on their past history, based on their, their age and all that stuff to be able to make sure they're putting them in the right particular level of care. And that gets back to, I think, the question you asked earlier today about the annual reviews, right? I mean, folks who are 50 and older, would require an annual review annually, right? Those who have a chronic, it's annually. Those who have, you know, less than 35, I think it's less than, I thinks it's every three years. And then lower than that is every five years.

**McKINNEY:** Yeah, but the situation where the young lady spoke about her, her father, he was 47 and he had never had a checkup or a review, so how would you-- it seems to be a gap somewhere.

**ROB JEFFREYS:** Well, once again, that's a very specific case and I can't speak to that case. I'm not the physician and I don't know what led up to that particular case.

**McKINNEY:** Right, but you said you made decisions based, based off of past medical history. If you never had the medical history, how do you make a decision?

**ROB JEFFREYS:** And if there's an issue well, that's not, it's not-- let me separate the two, and if there is an issue that there's a immediate, then there's mechanisms within to want to see a physician or what have you and just somebody responds. And then there is the kite system or the medical form system. If that person feels like they're having issues, then they submit that is being reviewed every day, and then they make a triage back on it. But I don't know the case and I don't want to speculate on what went on with this young lady's father. So that's the best I can give you as far as that response for that young lady's loss.

**BOSN:** I just have a couple of areas I want to clarify. First of all, thank you for taking the time to meet with Senator McKinney and I over the interim to kind of go through some of those questions. And certainly he and I can share with the rest of the committee, I won't make you go through all that. But it may be beneficial just to have a record of sort of what that process is. So if someone sends a kite and it outlines chest pain, and the doctor who views that, let's say it on day two, so it's within the 48 hours, says this individual needs a consult from-- or a, I don't have heart problems, so I don't know, but let's say they need--

**ROB JEFFREYS:** Yeah, let's--

**BOSN:** --some sort of testing. Thankfully, right? They need some testing that cannot be conducted within the correctional facility. So they would send that up, that's what you're referring to when you talk about the consult process, is that fair to say?

**ROB JEFFREYS:** Yes.

**BOSN:** And then the consult would be reviewed by Dr. Lovelace, who's the head of the medical department. Is that fair to say?

**ROB JEFFREYS:** Yeah, and I don't want to-- how about I provide you guys with the same presentation that he gave me? Because like I said, I don't wanna mess it up based on his explanation about how this whole consult thing-- because there's another-- a lot of layers that require, you know, and the decision-making process is all in that, that matrix part of that system that everyone uses for the consults.

**BOSN:** If you'd be willing to either yourself or Mr. Miles, who's here as well, share that with the committee.

**ROB JEFFREYS:** Yeah.

**BOSN:** That might sort of help us to better understand what that is supposed to look like. My second question, since it's kind of been brought up a couple of times now about the number of vacancies, and I certainly understand they're not intentional vacancies on your part. But the reality is those vacancies exist and they're difficult for you guys to fill. Can you give the committee some sort of information or what steps you're taking to try to fill those vacancies with quality providers in as timely a fashion as possible?

**ROB JEFFREYS:** Yeah, and, and thank you for asking that question. And I would say on the onset that this is where I'm-- this is the ask of the, the committee and everyone in this profession, that if we can create, and I think we talked about this briefly at our meeting, if we can create those relationships with those universities, those medical universities, to be able to-- and I don't know what that looks like. But to be able to have, you know, the residency be part of the correctional system, then we can have this pool of people that we can continue to keep, you know, on the bench and everything. So when things-- when we need the next person up, then we're not scraping around looking for, as the last person who testified, the folks who previously have been in legal problems. So that would be my ask, and I want to work in how we can create that relationship with the medical field to make sure that we have the adequate staff professionals. So if we can talk about-- if we want to talk about each one, I could talk about the RNs, the psychiatrists, the behavioral health practitioners and the physicians. Like we have 24 authorized physicians. Someone testified earlier that we only have 2 in the agency. We're down 3,

right? And those 3 areas where we're down. We don't have one at CCL, NSP or Tecumseh, and so what that does is it requires someone to go cover those shifts for Dr. [INAUDIBLE] at those facilities. Nursing, we have 85 RNs and LPNs. We have 85 authorized LPNs. We're down 16, right? And that might not sound like a lot, but we require a lot. And then we depend on the agency nurses to fill in the gaps, what have you. So that's a cycle that just keeps going. And then one of the significant ones is the behavioral health practitioners. In August of '25 it was 92 authorized positions and we were dying-- down 42 vacancies. Since then, we've hired 10 add-- 10 folks, so we're only down 32 vacancies. But we've hired a mental health director. We hired a director of psychiatry. We hired two psychologists for our sex offender population. We hired four contract psychiatrists and one psychiatrist supervisor. So there are some gains being made. The mission is difficult. But, but nevertheless, I mean, we accepted this challenge and this is what we're here for. Do we need help? Absolutely. Like if I could employ anything it'd be like how can we increase our recruitment across the state to provide adequate care that meets the standards, keeps the standards of, of community care-- community health care into our facilities? Because a lot of folks they come to us not in good shape, all right. And so we are there to help bring them up to, you know, triage, bring them up to the health and, you know, that's difficult. Pharmaceutical prices are high because a lot of people come to us on a lot medications and what have you. So we have done a tremendous amount of work on that to make sure that we're providing that type of service as well, too. So that's my ask, you know.

**BOSN:** Senator Hallstrom.

**HALLSTROM:** Director, I don't want to misinterpret what Senator Dungan said initially, so he can respond if I, if I don't characterize this properly. I think what he was saying was if you have a position that's not filled, but it's budgeted for, when you get that filled, you'll have the money to pay for the person. And I kind of was gathering that it's a different issue between that and whether or not you need more personnel that aren't currently budgeted for or accounted for to comply with provisions of this particular legislation. Can you speak to that?

**ROB JEFFREYS:** Yeah, and so you're absolutely correct. It would be an additional 38 positions on top of our already table of organization

because, and I think everyone have been talking about that, you are expecting that 48 turnaround on all requests. Like that takes the triage out of everything and being able to decipher as to who can, who can wait to, you know, 48 hours, who can wait for 72 hours, who can wait for five days and what have you. That puts everybody who's has an issue who submits this request within 48 hours, I got to triage you and bring you in and do an assessment and all that stuff. That's where that additional staff is going to be necessary.

**HALLSTROM:** And I don't know the answer to this question either, so I'll ask it. If you had 42 mental health positions and 32 of them are not filled, do we like, and we budgeted for them, do we let you sit on that or have we swept it back in these tough budgetary times?

**ROB JEFFREYS:** Short answer is no. But it's 94 positions with 32 vacancies.

**HALLSTROM:** OK.

**ROB JEFFREYS:** It's ongoing recruitment, continuous, you know. And then where we can contract, that's where those allocations or to offset the contracted position.

**HALLSTROM:** And I understand it's separate issues, you've verified it's, it's the new people that you need. For the ones that you can't fill, do we allow you to keep that money in your budget until such time as you do fill them, or-- that was my question. Or have we swept that money back?

**ROB JEFFREYS:** No, you didn't take it. No, that's one of those critical positions and everything that we--

**HALLSTROM:** Thank you.

**ROB JEFFREYS:** --seem to be able to continuously fill.

**BOSN:** Senator Storm.

**STORM:** Thank you. Quick question here. So all these vacancies, is this something new or is this something that--

**ROB JEFFREYS:** No, this has been ongoing. I think it was right on the onset of COVID. And it's just not us. I mean, it's--

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**STORM:** OK.

**ROB JEFFREYS:** It's everywhere.

**STORM:** OK, when did the new director come in? Dr. Lovelace, is that his name?

**ROB JEFFREYS:** Yeah. What was that?

**STORM:** So he's newer, though?

**ROB JEFFREYS:** Yeah.

**STORM:** Because I didn't know if that was any correlation towards the staff number going down, if there was some issue there or not.

**ROB JEFFREYS:** Well, there-- yeah. Sometimes there's some new--

**STORM:** Turnover.

**ROB JEFFREYS:** There's some expectations that come along along the way.

**STORM:** OK.

**ROB JEFFREYS:** Like anybody else who comes in to a new agency and everything, there's expectations, there's requirements that, that need to be met. And some people just can't meet those requirements.

**STORM:** OK. Thanks.

**BOSN:** Just to follow up on what Senator Hallstrom was saying, and then I'll-- I see the hands, but some of those vacancies, you use that budgetary amount to pay temporary employees--

**ROB JEFFREYS:** Yes.

**BOSN:** --and contracted employees while keeping those positions open.

**ROB JEFFREYS:** Yes.

**BOSN:** Because what your goal is is to not have contracted employees, but to have full-time employees. So you're still spending the money, and unfortunately sometimes more, to meet the contract rate, but

hoping to fill the position for 32 additional in the example we were using.

**ROB JEFFREYS:** Yes.

**BOSN:** Senator McKinney, did you have your hand up?

**MCKINNEY:** Yeah, thank you. First question, so on average, how many requests or consults do you get a week?

**ROB JEFFREYS:** I don't, I don't have that information for you.

**MCKINNEY:** OK. Also, is it a violation of the law to not have a doctor at the facilities with 500 or more?

**ROB JEFFREYS:** I think it's a violation of our policy or statute, but we are able to meet those requirements if we assign a physician from another facility over there to meet those hours. And, you know, to be quite honest, Dr. Lovelace has been doing that.

**MCKINNEY:** OK. All right.

**ROB JEFFREYS:** So we're meeting, we're meeting the needs-- the requirements for those hours and meeting the expectation.

**MCKINNEY:** OK. Thank you.

**BOSN:** Senator Rountree.

**ROUNTREE:** Thank you, Chair Bosn. And thank you so much, Director, for testifying today. Just a couple of questions. We've listened to the physicians earlier before you that departed without explanation. When physicians are brought on board, are they told what the standard is? I'm used to a job description. Do they have the job descriptions? And I know these are personnel matters and you probably can't discuss it, but would it be fair to let them know why they're dismissed and other physicians that you might hire to tell them these are the standards. If they're not met, they'll be dismissed as well. That's question number one.

**ROB JEFFREYS:** On these two individuals, I care not to comment.

**ROUNTREE:** OK, and that's fair. Absolutely fair. And then otherwise for your system, the kites, I'm just reading about the kite system so I

can get familiar with it. So we talk about the time frame that we are within 24, 48, 7 days, and 30 days based on urgency of need. Are you able to withdraw from your system or pull from your system from the time that I maybe as an inmate might put in a request in the kites, when it's triaged that when I'm seeing, if I wanted to ask you a question, that asked about for when I say some of your lower-level types of inquiries? Are they all being met within the 48-hour standard or the 7-day standard? Or can you extract that data?

**ROB JEFFREYS:** So I don't, I don't want to speak on that, but I can find that information out. I'm sure Dr. Lovelace can provide me, if he has those reports. I've never seen those reports myself. But on the other side of that is we have oversight with our chief inspector's office. We created a deputy chief who's an RN who oversees the grievance processes for the medical side of the house and everything. So we have somebody who's watching that type of concern at all times.

**ROUNTREE:** OK.

**BOSN:** Thank you very much for being here.

**ROB JEFFREYS:** All right, thank you.

**BOSN:** Yes, you bet. Next opponent. Anyone else here in opposition? Neutral testifiers. Anyone here in the neutral capacity? Good afternoon and welcome.

**DOUG KOEBERNICK:** Thank you. Good afternoon members of the Judiciary Committee. My name is Doug Koebernick, D-o-u-g K-o-e-b-e-r-n-i-c-k, and I serve as the Inspector General of Corrections for the Nebraska Legislature. I'm here to testify in the neutral capacity on LB902 as it is not a direct result of any recommendations made by this office. Within the bill as currently drafted, there are specific requirements related to the Inspector General of Corrections. In Section 6, any department employee or contractor would be required to make a report to the office if they witness or suspect medical neglect. Currently, the office does not receive various-- or does receive various allegations of misconduct, misfeasance, malfeasance-- malfeasance, et cetera, but no one is specifically required to report such allegations. Related to this, Section 10 of the bill would require the office to investigate all allegations or incidents of medical neglect of individuals in the custody or under the supervision of the

department. There are multiple allegations and incidents that could occur each year, and it was suggested to Senator Dungan that he amend the language to tighten that up a bit by adding language related to death, terminal conditions, and serious injuries. The Inspector General's Office is required already to investigate all deaths and serious injuries. So this puts that in line with those requirements and does not place an undue burden on our office. It would also provide the office with some discretion on which allegations rise to the level of a complete investigation. The bill also requires an annual audit, as Senator Dungan talked about, of the department's compliance with the act by the Inspector General's Office. It was suggested to him that the, as he discussed it, that it be amended so it's done every other year and that we also work with the public counsel and the Legislative Audit Office in conducting that audit. The reason for this suggestion was that I think an audit being conducted every other year would be just as effective and also less time-consuming for our office. Also the public counsel takes in numerous individual medical complaints each year. So they have a great deal of knowledge and expertise in that area. And then of course the Legislative Audit Office has expertise in conducting the audits. If this amendment proposed by Senator Dungan makes these changes, it would eliminate the fiscal note for our office. There are two other things I just wanted to bring up real quick. One is right now when somebody submits a, a medical request to the medical area, it's done on paper. The department, it is my understanding that they're getting closer to having that done through the tablets, which is a real positive. They've taken a lot of steps in those areas. And so that would be done digitally so that would be better tracked and, and everything, and I think that's a real positive for everybody because sometimes, you know, paper gets lost. And then Director Jeffreys talked about like triaging, and they do have a policy for triaging in with it-- with these medical request forms. So I thought I'd just read part of it to you, just so to further your understanding of it. Because I think that might be helpful in whatever solution might result from discussions. It says medical request forums are triaged daily by nursing team members to determine the acuity to assign complaints. Complaints may be assigned as routine, urgent and emergent. Appropriate clinical services or provider referrals shall be delivered based on the acuity of need. I just thought that was an important part to kind of back up a little bit more about what was being said about the triaging and how that process is currently

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supposed to operate. So with that, I'd be happy to answer any questions.

**BOSN:** Thank you very much. Any questions for Mr. Koebernick? Senator McKinney.

**MCKINNEY:** Thank you, Chair Bosn. Thank you, Doug. So Director Jeffreys said they're meeting the needs by having Dr. Lovelace kinda be at every facility every once in a while to get around. I think it's a statutory requirement to have a doctor at facilities 5-- with individuals of 500 or more. Do you think the contracting is meeting that?

**DOUG KOEBERNICK:** I think, you know, I can go back to when the Omaha Correctional Center lost a doctor in November of 2024, and they didn't have a doctor for about the next year. And I know Dr. Lovelace was trying to cover and go there, like, I guess once a week and everything, which is really difficult on him. He wears a lot of hats, and I think he's stretched pretty thin. So they were trying to do it that way, but our office received continual complaints about timely care. And in a lot of those cases, if it was seemed like it was a serious issue or anything, I would share that with Dr. Lovelace as soon as possible so that he was aware of it and everything. And, you know, a lot of times, to be honest, he would email me back in the middle of the night because he does cover a lot ground as the medical director. But recently they did hire a new doctor at OCC and our phone has not been ringing near as much. So I think having a doctor, it's an example of having that doctor on site based at that facility has really helped the medical care and the timely medical care there. So I really think it's important to have somebody based there.

**MCKINNEY:** Thank you.

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

**DOUG KOEBERNICK:** You're welcome.

**BOSN:** Any other neutral testifiers? All right, that will conclude. And Senator Dungan, if you'd like to come back up and close.

**DUNGAN:** Thank you, Chair Bosn. And thank you, members of the Judiciary Committee, for listening to this bill this afternoon. I wanted to touch on a couple of things that have been talked about. First of all,

I want to say thank you to the testifiers who came in today. Obviously, Ms. Weindorff, as I said, was integral in me working on this legislation. And I, I can't thank her enough for being willing to come in here and share a personal story. I don't think that any of us can imagine being in a situation, or if we do imagine it, it's certainly terrible. And the amount of times that she's reached out to me and talked to me and met with me, I've seen her resiliency, which I think is really amazing. That she has been able to not just move forward from this terrible thing that happened but turn it into action. And the fact that we're here today is because of her. So I just want to be incredibly clear that I'm appreciative of her work and her efforts and her family, as well as the other individuals that came in today, the medical professionals, the other folks that came and shared their stories. That was all organic. This was not a hearing where I manufactured the testimony or tried to get certain people here to tell you stories. These are people who reached out to us because they saw this and they thought it was important. So I wanna highlight that. I also just briefly wanna re-center that we're talking about people here, and I think that sometimes that can get lost. I know everybody on this committee understands that but it's something that sometimes gets lost when we're taking about the ins and outs of legislation, and I hope that everybody in this committee in this room knows that. A good example of that, I mentioned in my opening that there were two individuals in the last week and a half, I think, that have passed away in the Department of Correctional Services' custody. The Lincoln Journal Star reported on their names. And I saw one of the names and I thought to myself, that looks really familiar. That's the name of somebody I used to know. That's weird. Clicked on it. Turns out it's somebody I went to high school with. Thirty-seven years old, passed away. I don't know the specifics of his incident. I'm not going to sit here and talk about the ins and outs of his story, because I don't know it. But it's somebody that I did theater with when I was in high school. He worked at the Lincoln Community Playhouse and on my Facebook I saw an outpouring of love and support for this individual who I think had maybe hit some bumps along the way but was a member of the community. It's a good reminder that this isn't just people we don't talk about or know, it's personal for a lot of people. And every single person that's in custody, as I know many in this table have gone and talked to those folks, knows they have a story. And they have family who cares about them. And that's why I think the testimony we heard today was so powerful, because these are the people coming in

and making sure their voices are heard. So huge shout-out to those people and appreciate that. As it pertains to the actual language in the bill, I am hoping that moving forward here we can all get together and talk, whether it's with the Chair or other individuals, to see what language maybe can be changed or massaged in a way to achieve the goal of the legislation without being overly broad and potentially triggering the impact that it seems like the Department of Correctional Services is fearing if this bill goes into place. As I'm sitting here reviewing the, the bill, I'll just sort of pause at this and we can talk more about it later, but Section 4 on page 2 specifically goes into the requirements of what the medical director has to do. So Section 4 is specifying that the medical director has to develop certain standards. Then it goes through an enumeration of what those standards need to be. One of those is subparagraph (e), which talks about the routine screening and the early detection procedures for individuals reporting persistent symptoms and presenting risk factors for chronic or acute medical conditions. The second sentence there has that that screening has to occur within a timeframe not to exceed 48 hours. I think that that paragraph is maybe being conflated with Section 5, which later on that page 3 is what really outlines what the department's rules and regulations are. And that one says, in subparagraph (3) on Section 5, "Each facility shall establish a maximum timeframe, not to exceed 48 hours, for medical staff to conduct an initial assessment in response to an inmate's health complaint." I think perhaps the 48-hour inclusion on the routine screening and the 48-hour inclusion on the initial assessment are what is being conflated to trigger the need for all of these FTEs with regards to treating those concerns. Again, the intent, at least behind most of this legislation, is yes, for people to get the medical care they need in a timely fashion. But if somebody makes that complaint, like we've heard about and talked about here ad nauseam today, having somebody to at least make that initial assessment, make that determination of what has to happen next. I understand staffing shortages are real. I understand that, you know, the director is often met with many difficulties trying to get these positions full. Certainly, I understand, that's a reality of the situation. But if we can't have the minimum standard be within 48 hours of making a medical complaint that somebody with a medical background makes an assessment of what's going on, then I think we've completely lost the plot here. If we need to change some of the language between those two things to not conflate treatment with triage, I'm happy to look at that. But I

think that's just an idea that I had as I was sitting here going through the legislation, realizing that a 48-hour window seems to have triggered a lot of concern amongst folks. I think perhaps we can clarify that that 48-hour window is intended to make that assessment not necessarily treat and cure everything. And we can continue looking at that language. But with that, I'm happy to answer any final questions. I know this hearing has gone on for some time. I appreciate that. I think this is an important thing to talk about. Clearly, Chair Bosn, you've done a lot of work on this, I know, during the interim. We want to make this workable, but we want to do something. So happy to continue working on it through this session and my hope is we can get something done sooner than later.

**BOSN:** Senator Hallstrom.

**HALLSTROM:** Just a point of clarification, were you talking the bill or the white copy that you handed out when you--

**DUNGAN:** Amendments. The white copy.

**HALLSTROM:** OK.

**DUNGAN:** Which for all intents and purposes, as I said earlier, is the same as the underlying bill, but with changes to the audit portion. So what we kind of just described should be the same in both.

**DUNGAN:** Thank you.

**BOSN:** Senator McKinney.

**McKINNEY:** Thank you. Thank you, Senator Dungan, for bringing this bill. So the law reads that in, in assigning healthcare staff to the correctional facilities, under the control of the department, the medical director shall ensure that each facility has at least one designated medical doctor on call at all times. And that each facility housing more than 500 inmates has at least one full-time medical director assigned to that facility as his or her primary employment location. Do you think contracting out meets that standard?

**DUNGAN:** That is a very good question. My gut tells me no. But I don't know the ins and outs of all of that. But it seems like if you don't

have somebody working at each of those facilities, you're not following the letter for law.

**McKINNEY:** Thank you.

**BOSN:** I'm a big fan of online comments. I want to make sure I say that a lot, so I read them all again. Did you have a chance to read them?

**DUNGAN:** I looked at them earlier today. I didn't look at them right before the hearing, so there might have been a few extras added.

**BOSN:** That's OK. So there was one from our Attorney General talking about constitutional concerns. Have you read that one?

**DUNGAN:** I did.

**BOSN:** OK, what do you say-- what say you to that?

**DUNGAN:** I disagree.

**BOSN:** In 30 seconds, 30 seconds or less, can you elaborate on why you disagree?

**DUNGAN:** I understand the Attorney General highlighted in their comments some concerns with regards to the constitutionality of the Office of the Inspector General. That's something this Legislature has obviously looked at and addressed at great length over the last couple years. I know Speaker Arch was integral in getting some legislation passed last year that, to the best of my understanding, effectuated the purpose of the Inspector General in a way that was no longer objectionable, at least to my understanding to the Attorney General. I don't think anything contained in LB902 fundamentally changes, modifies or undercuts sort of the solutions or things we came to last year with regards to that bill. I understand the Attorney General's overarching concerns about the Office of the Inspector General. That's what I jokingly say I disagree with. I disagree his analysis of that. But having looked at this bill, having spoken with the Office of the Inspector General, and then also having been a part of those conversations last year as we pushed forward that legislation regarding the OIG's office, I don't think that anything in here causes a new constitutional concern.

**BOSN:** Well, he specifically re-- talks about the requirements that the director of NDCS submit to the OIG a quote corrective action plan, and that that is where his violation-- it seems like that's where it stems from. And I'm quoting his statement here. To the extent that it can be simplified as simple as that report is the issue, I mean, are you willing to work with us on that?

**DUNGAN:** Yeah, absolutely. Like I said, I'm always willing to look at the specific language and make sure that we can come to some consensus of what does or doesn't work. Certainly I wouldn't want one thing to derail the entire legislation if we can't come to some consensus of what can happen. But as always, I don't believe that we should completely gut and or change the intention of the legislation. So we can get together, we can talk about what that might or might not look like. But I do want to make that we can come to some agreements where we can get some of this to the floor, hopefully all of us together with some changes to make it something we can pass.

**BOSN:** Thank you. All right, that will conclude our hearing for LB902. Next up, we have our very own Senator McKinney with LB961. While he's making his way up there, I will note for the record, there were 3 proponent comments submitted online, 1 opponent comment submitted, and 1 neutral comment submitted. Thank you. Senator McKinney.

**McKINNEY:** Thank you. Good afternoon, Chairwoman Bosn and members of the Judiciary Committee. My name is Terrell McKinney, T-e-r-r-e-l-l M-c-K-i-n-n-e-y, and I represent District 11. And I'm here today to present LB961. LB961 is about something very simple but very important: whether we believe people who have paid their debt to society should have a real chance to move forward. Right now in Nebraska, thousands of people complete their sentences, follow the rules, do the work, and still find themselves locked out of jobs, professional licenses, and economic stability, not because they are, they are a danger, but because of automatic barriers that follow them for life. These collateral sanctions do not make our community safer, they make reentry harder, employment harder, and stability harder. LB961 creates a smart court-supervised pathway to address the problem. This bill establishes a certificate of qualification for employment, which allows a judge after reviewing rehabilitation, time since conviction, and public safety risks to lift automatic employment and licensing barriers and require individualized decision-making instead of blanket denials. It does not erase conviction, and it does not

weaken protections for children, vulnerable populations, and public safety. What it does do is recognize rehabilitation when it has occurred. LB961 also strengthens Nebraska set-aside laws by clarifying standards creating fair presumptions for people who have stayed out of trouble and ensuring relief is applied consistently across the state. This bill also gives employers clarity and confidence, and provides liability protections when they rely on a court-issued certificate encouraging businesses to hire qualified individuals without fear of unnecessary legal risk. At its core, LB961 is a public safety bill, an economic development bill, and a fairness bill. Stable employment reduces recidivism. Individualized review strengthens trust in our system. And when people succeed after incarceration, our communities succeed with them. This bill does not promise a second chance to everyone. It promises a fair chance to those who have earned it. I look forward to the committee's questions and testimony from those impacted by the barriers. And thank you.

**BOSN:** Thank you. Any questions for Senator McKinney? All right, thank you very much. Since there's only three individuals in the room, I'm not going to waste time asking who's coming in what capacity. We'll start with proponents. Good afternoon and welcome.

**SPIKE EICKHOLT:** Good afternoon. Thank you, Chair Bosn and members of the committee. My name is Spike Eickholt, S-p-i-k-e E-i-c-k-h-o-l-t, I'm appearing on behalf of the ACLU of Nebraska in support of LB961. Senator McKinney outlined the bill. I just want to speak to the general point of the bill and, and just kind of highlight a couple of things. What Senator McKinney has created, he-- the bill does direct the state court administrators to develop a standard form, which would be helpful because many people who might take advantage of this, similar to like a set-aside, many people do that themselves without an attorney. And Senator McKinney also amends the set-aside statute to sort of mirror this, this remedy in this bill as well as the collateral sanction relief bill. This committee has heard bills like this before. Senator Holdcroft had his clean-slate bill last year, which had at least a component that was similar to this. That was something that we also supported. And then a couple of years ago, the Legislature passed LB16, which is a bill that former Senator Briese introduced. It was assumed by another senator when he was appointed Treasurer, and that was passed. And that is similar to this in that it allowed for a person with a qualifying conviction to pre-apply to a licensing board to see if their conviction was going to make them sort

of ineligible to perform that profession rather than have them sort of go through the education process and then be denied at the end of it. This is a good bill. I know it does have a fiscal note but I hope the committee will at least consider the point that what Senator McKinney's trying to do is have a clear process to help people who have completed their sentence, concluded their debt to society, to be able to be gainfully employed. I think that's a worthy goal, and we would urge the committee to advance this bill. I'll answer any questions if anyone has any.

**BOSN:** Questions for Mr. Eickholt. Senator Hallstrom.

**HALLSTROM:** Yeah, thank you for bringing up Senator Briese's bill. I was of the recollection that we had passed it fairly significant, there were some exemptions for financial institutions because they have specific rules about dishonesty and so forth.

**SPIKE EICKHOLT:** The FDIC board.

**HALLSTROM:** Where does this flesh in and, and where are the gaps needed to fill this-- fill in with this in light of what we did under that, that legislation?

**SPIKE EICKHOLT:** What this does, I think, it does-- it doesn't sort of duplicate anything necessarily. I'll make sure I answer your question. Do we need to exempt any of those professions that we did?  
[INAUDIBLE].

**HALLSTROM:** I haven't gotten to that point.

**SPIKE EICKHOLT:** OK.

**HALLSTROM:** I was just wondering if what we did, because that seemed to be fairly extensive and significant, but for the exemptions, which I think were clearly warranted. And we must not have clear-- covered the field, so to speak.

**SPIKE EICKHOLT:** Right. To answer that first part-- or the second part, what you just said, LB16 did exempt the Supreme Court as a licensing entity because they regulate the practice of law. It exempted the banks because there's a federal FDIC--

**HALLSTROM:** Yeah.

**SPIKE EICKHOLT:** --you're more familiar, that sort of says who can, can and cannot have certain banking jobs based on conviction. What this does, if you look on page 8, Section 9 of the bill, it's sort of a certificate of qualification issued by a court lifts the automatic bar that maybe a licensing board might have that is impacted and controlled by LB16. So that's one thing that this bill does that's a little further. In other words, if the cosmetology board had some sort of an automatic bar for a conviction, but a person who got this relief, got a certificate of qualification from a court, it would lift that automatic prohibition. That's the way I read it.

**HALLSTROM:** Well, and it would, would occur to me that we may very well want to seriously look at whether or not those similar exemptions would apply--

**SPIKE EICKHOLT:** Right.

**HALLSTROM:** --to this, if it is bringing about a similar result or, or a free-pass card, get-out-of-jail, so to speak, card. The other issue, a number of years ago, there was a lot of debate and discussion over the issue of negligent hiring. And employers would inevitably just give name, rank and serial information. Senator Lathrop had, had legislation to try and address that issue. And at that point, I've done some research, a number of states were looking at something similar to, I think what is it, Section 10 of the bill? That if you hired someone, you got some type of certificate of completion that would provide you with protections against liability for at that point the standard was negligent hiring.

**SPIKE EICKHOLT:** Right.

**HALLSTROM:** Someone hires a convicted felon that had sexual assault-types of things to, to work at a, a daycare center.

**SPIKE EICKHOLT:** Right.

**HALLSTROM:** And so if they'd gone through the process, the state could actually give them a clean bill of health so if-- so to speak, or certificate of completion. Is that similar to what you think Section 10 is, is designed to, to apply to?

**SPIKE EICKHOLT:** I think so. I think it's not necessarily-- it's a type of immunity for the employer in that situation. I don't represent trial attorneys, so I can say that word.

**HALLSTROM:** Thank you.

**SPIKE EICKHOLT:** But it's on page 9, line 8. It does sort provide either presumption or a safe harbor, immunity for the employer that [INAUDIBLE].

**HALLSTROM:** And that was the concept that I was interested at that, at that point. Thank you.

**BOSN:** Thank you for being here. Next proponent. Anyone else here in support of LB961? Opponents. Anyone here opposed to LB961? Neutral capacity. Anyone here in the neutral capacity? All right, Senator McKinney, would you like to close? I should have let you go first, set the tone.

**MCKINNEY:** Yeah. Thank you, Judiciary Committee. And thank you, Spike, for coming to testify. At the core of this, I just want to try to find ways to help people who have, you know, returned home from prison and re-entered and, you know, trying to do their best to be productive citizens of society and kind of help them out where we can. I understand there may be some professions where we have to say, you know, because of your, your past, you can't work in that-- work in the field. Like you don't want anybody that has a child sexual assault working in a daycare, or somebody that robbed a bank working in a bank. I understand that. So I'm, I'm, I'm clear on that. I just, you know, brought this bill to just try to think outside the box and think about what else can we do to try to help people. But thank you.

**BOSN:** Thank you. Any questions for Senator McKinney? All right, that will conclude LB961. And next up, we have LB944, also with Senator McKinney. I will note, before we get started, we had 3 proponent, no opponent, and no neutral comments submitted for LB994. Welcome, Senator McKinney.

**MCKINNEY:** Thank you, Chair Bosn, and good afternoon again, members of the Judiciary Committee. My name is Terrell McKinney, T-e-r-r-e-l-l M-c-K-i-n-n-e-y, and I represent District 11, and am here to present LB994. LB994 is a clarifying bill, but it addresses a very real and long-standing injustice in how Nebraska calculates sentences. For

years, the Legislature has been clear about the purpose of good time. It is meant to reward accountability, rehabilitation, and good behavior, while giving the state an incentive-based tool to manage correction responsibly. The intent has always been that good time reduces both the parole eligibility date and mandatory release date. But due to ambiguous statutory language, that has not consistently happened. Since 2011, the department has applied good time to the discharge date, but not the parole and eligibility date. The result is that some individuals have served longer than the law intended, while others have been released without parole supervision because of their discharge date arrived before the parole eligibility date. That outcome serves no one but no one. Not public safety, not victims, and not taxpayers. LB994 fixes that. This bill makes explicit what the language originally intended, that earned good time applies both to the minimum term, term for parole eligibility and a maximum term for discharge. It does not change how good time is earned, it does not shorten sentences arbitrarily, and it does eliminate accountability. What it does is restore clarity, fairness, and consistency in how our laws are applied. LB994 also requires recalculation of parole eligibility dates for those affected using a phased and coordinated process with the Board of Parole to ensure public safety and administrative stability. It includes safeguards so no one is denied parole consideration because of bureaucratic delay. At its core, this bill is about following the law as written and intended when the Legislature creates incentives for rehabilitation. Those incentives must be honored when people do what they-- what the system asks of them, follow the rules, complete programming and earn good time, the state must hold up its end of the bargain. LB994 strengthens trust in our justice system, promotes respons-- responsible reentry and aligns our corrections policy with common-sense fairness. Honestly, this bill idea was brought to me by somebody in prison that has had issues, especially since the calculations of LB50, which has created a lot of issues. Some people who are basically, once LB50 was put into effect, their time in prison got extended. There's a-- there's some people like that where when the department recalculated the sentences, their time got got, got increased for some weird reason. I'm not sure why. I tried to do an interim to try to, you know, bring the department in and try to get some clarification. I think I sent them something too. But there are people based on the calculations with LB50 who time got extended. But also the department has also been telling people that

their parole release-- TRD date and parole release date are different, and they both don't apply. So that's why I brought this. So thank you.

**BOSN:** Thank you. Any questions for Senator McKinney? Senator Rountree.

**ROUNTREE:** Thank you, Chair Bosn. And thank you Senator McKinney. I was going to ask you about LB50 as well, since there was a lot [INAUDIBLE] when that was decided by the Supreme Court. But this bill, you're talking about those two dates that are not equal. So this bill brings those two dates that you were just talking about into uniformity?

**MCKINNEY:** Trying to make sure they calculate both. Currently in practice, what I've been hearing and why I brought the bill is that's not happening.

**ROUNTREE:** OK. All right, thank you.

**MCKINNEY:** At least inconsistent at best

**BOSN:** All right, thank you very much. First, proponents.

**MCKINNEY:** Thank you.

**BOSN:** Anyone here to testify in support?

**SPIKE EICKHOLT:** Good afternoon, Chair Bosn and members of the committee. My name is Spike Eickholt, S-p-i-k-e E-i-c-k-h-o-l-t, I'm appearing on behalf of the ACLU of Nebraska in support of LB994. Senator McKinney explained the purpose of the bill. I just want to give some additional context. So in 2011, the Legislature passed LB191. It was passed actually at the request of the then Director of Corrections, or at least he was the only proponent testifier, Robert Houston. And what that bill did, and at least what it was intended to do, is that when you have inmates serving indeterminate sentence, it would allow for an additional award of good time, like a concept of earned time, in addition to the day-for-day that applied to the sentence. The intent of the bill, if you look at the legislative record, was-- what the Legislature meant to do, at least, was to allow for an additional three days off per month to be taken from the bottom and the top number to sort of accelerate. It was kind of a pre-night LB50 notion of acceleration of parole eligibility. The bill as passed didn't clearly state that the three days off applied to the bottom number. And the Department of Corrections interpreted the three days

off and additional earned time to only apply to the maximum top number of a sentence. So what you had happen is you had for people who were doing [INAUDIBLE] short sentences, or at least between the bottom and top number, is that numbers became inverted. So you had a number of people when they became parole-eligible, they were also discharged mandatorily that same day. In 2022, our Supreme Court agreed in *Heist v. Department of Corrections* with the interpretation of the Department of Corrections. Heist brought a case pro se. He was one of the inmates that was impacted. He says, I'm not getting good time, earned time off my bottom number. This doesn't make any sense. The whole point of the bill was to parole people, have some supervision so they wouldn't jam out. And it's not being interpreted that way. The court agreed with the interpretation. At the time, in 2020, there were about 60 inmates that had that inversion situation. I don't know what the number is now, and maybe LB50 changed some of that. But what this bill is meant to do was to arguably correct what the Legislature meant to do in 2011 to provide for the additional three days per month to be off the both the bottom and the top number. And we would urge the committee to consider that in support, because that's what the Legislature meant to do.

**BOSN:** Questions for Mr. Eickholt. Seeing none, thank you very much. Next proponent. Anyone here opponent, in the opposition? Neutral capacity. All right. Senator McKinney, if you'd like to come and close on LB816. [SIC]

**McKINNEY:** Thank you, Spike, again for coming to testify. But thank you all again for listening to this. Honestly, just my reason for this is just to clean up what has been misinterpreted and try to keep to legislative intent of what was passed in 2011. And an incarcerated individual brought this to my attention and, you know, I brought the bill. So I'm open any questions, thank you.

**BOSN:** Any questions? All right, that will conclude our hearing on LB863-- why do I have 863? It should be LB944. Geez, Louise, I am, I'm out of it today, I apologize. Next up we have LB763 with Senator Holdcroft.

**HOLDCROFT:** [INAUDIBLE].

**BOSN:** Probably hurtful and unnecessary, but not out of character. Before he gets started, I will note for the record that on LB763 there

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were no proponent, 3 opponents and no neutral comments submitted for the record.

**HOLDCROFT:** Good afternoon, Chairwoman Bosn and members of the Judiciary Committee. My name is Senator Rick Holdcroft, spelled R-i-c-k H-o-l-d-c-r-o-f-t, excuse me. I represent Legislative District 36, which includes west and south Sarpy County. My remarks are brief, which I am sure you will appreciate, for a Friday afternoon hearing. Thank you for the opportunity to present LB763. This bill was brought to me by the Nebraska Department of Corrections on behalf of the State Board of Parole. This bill would allow some exemptions for the Board of parole from the Open Meetings Act requirements, including the necessity to establish a quorum during certain meetings. Current state statute prevents informal meetings of the Parole Board. Under LB763, the board would be able to hold team meetings and regular check-ins and to address topics such as strategic planning and improving operational efficiencies, all without having to publicize and meet in a formal hearing. The meeting held under this bill would not be open for discussion of any pending parole-eligible cases or decisions or related issues. The board understands the potential negative ramifications and concerns for any official business regarding parole discussion hearings or any case-specific information being the subject of extensive discussion outside of formal parole hearings and reviews. Chairwoman Bosn and members of the Judiciary Committee, thank you for your consideration of LB763. I would appreciate a yes-vote to advance this to full-- to the full Legislature. I'm glad to answer any questions, but there will be a representative from the Board of Parole following me who will be able to answer your questions more thoroughly. Thank you.

**BOSN:** Questions for Senator Holdcroft? Seeing none, thank you. All right.

**HOLDCROFT:** I'll be here for closing.

**BOSN:** Thank you. First proponent. Anyone here to testify in support of LB763? Good afternoon and welcome.

**JANEE M. PANNKUK:** Good afternoon, everyone. Good afternoon Chairwoman Bozen and members of the Judiciary Committee. My name is Dr. Janee M. Pannkuk, J-a-n-e-e M. P-a-n-n-k-u-k, I am the chair of the Nebraska Board of Parole and I am here in strong support of LB763. The Nebraska

Board of Parole is fully committed to transparency, accountability, and public trust. LB763 does not weaken these principles. Instead, it ensures the board can function effectively, efficiently, and responsibly while continuing to operate in full compliance with the spirit of the Open Meetings Act. The Board of Parole is unique. It is a full-time operational board, appointed by the Governor, that makes continuous public safety decisions. Unlike boards that meet occasionally, our work requires ongoing coordination, accurate data, and up-to-date information for multiple internal and external partners. Under the current structure, even routine operational discussions such as improving processes, addressing workflow issues, coordinating with reentry or community supervision, or receiving internal education requires full formal meeting procedures. While transparency is essential, applying those requirements to normal business functions creates unnecessary bureaucracy, delays, and inefficiencies without improving public oversight. LB763 reflects best business and governance practices. In any effective organization, leadership must be able to meet to discuss strategy, process improvement, information sharing and operational efficiency. These discussions do not involve parole decisions, votes, or case deliberations. All parole hearings, reviews of parole, and official business meetings remain fully open to the public. Those are the settings where decisions are made and they will continue to be transparent and accessible. LB763 allows the board to meet with partners such as the Nebraska Department of Correctional Services leadership, records, research, reentry, community supervision, and community partners to ensure that up-to-the-date accurate information, consistency, and efficiency. This strengthens decision making, improves fiscal stewardship, and enhances public safety outcomes. This bill aligns directly with Governor Pillen's priorities of streamlining bureaucracy, boosting productivity, and improve-- improving government efficiencies while preserving transparency and accountability. In short, LB763 allows the Nebraska Board of Parole to operate as a modern professional organization without compromising public trust. For these reasons, I respectfully ask for your support of LB763. I would also like to thank Senator Holdcroft for introducing this bill, as well as the Nebraska Department of Correctional Services for their partnership in this legislative process. Thank you for your time and thoughtful consideration. I would be happy to answer any questions the committee may have.

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**BOSN:** Thank you. Senator McKinney.

**MCKINNEY:** Thank you.

**JANEE M. PANNKUK:** Yeah.

**MCKINNEY:** So under this bill, are-- is your attempt to be able to meet as a full board or be able to meet, let's say-- how many is on the board?

**JANEE M. PANNKUK:** Five.

**MCKINNEY:** So five people. So let's say a quorum is what, three?

**JANEE M. PANNKUK:** Three.

**MCKINNEY:** So meeting committees or--

**JANEE M. PANNKUK:** My goal would be that I can meet with all five members. And the reason I would-- am requesting this is at the current time, I'm new as the board chair as of July 1st of this year. In trying to create efficiencies, I've noted that following this process, I want to update our website. So I go to one board member, say, hey, look at the website. Give me some feedback. Get that feedback. Then I have to take time to go to another board member and then ask those questions. And so I'm having to have, basically, four separate meetings. Then I go to the technology individuals to say, here's what we're thinking we want to do, return back to those four separate individuals. And, and, and, you know, questions come up. It's, it's very ineffect-- and that's just one example. So that it would be that all five of us or all, if we were fully staffed, ten of us, the board and our administrative support team, can all meet together.

**MCKINNEY:** How do you get around the Open Meetings Act?

**JANEE M. PANNKUK:** We don't currently.

**MCKINNEY:** But if this passed, you would be able to get around it?

**JANEE M. PANNKUK:** For-- not for everything. It would be for strategic planning, for operational efficiency discussions, for efficiency building. Items such as reviews of parole, which are commonly referred as revocations, hearings and business meetings, as usual, are still open and fully accessible. And quite honestly, that's where any

decision related to re-- the release or non-release of an individual takes place. We don't have those discussions or make those decisions in our offices. Those are in front of the public currently and will remain so.

**McKINNEY:** OK. Well, I'm just kind of thinking in my head, because every other board I've known, you can't have a, a majority or-- majority of board members, say, present in one space at one time unless that triggers a meeting, technically.

**JANEE M. PANNKUK:** Correct. I think what makes the Board of Parole unique is we're a full-time, fully operational board. The research I was able to conduct, and I'll stand corrected if I'm inaccurate, but I believe there's two commissions currently appointed by the Governor and one board. And we're the only-- that are full-time, full-time employees. This is our job 365.

**McKINNEY:** I'm curious if you, in your research, how does a Public Service Commission work? And I ask this because they're, they're paid too, and I'm wondering how have they been able to operate being full-time but still conduct business?

**JANEE M. PANNKUK:** I can't speak to how they operate. Sorry.

**McKINNEY:** No, I was just wondering just to kind of help with my thought process on--

**JANEE M. PANNKUK:** Right.

**McKINNEY:** --the bill.

**JANEE M. PANNKUK:** Yeah, I appreciate this is a totally different way of looking at doing business for sure. And we are 100% committed to transparency and meeting the rule. I also would like the committee to understand that in 1969, when the board was established, there were three members. And the ratio was 433 incarcerated individuals to each board member. And then in 1973, it was three full-time and two part-time members. In 1987 was the first year it was full five-- five full-time board members. At that time, the population was 2,184. So that's a ratio of 436 incarcerated individuals to each board member. So now we're 38 years later, we have five board members. The world is a totally different dynamic, the entities, the complexity, the fluidity, the, the speed of which change in information flows. And now

we stand at approximately 1,100 incarcerated individuals per board member. We have to find efficiencies or-- I've been here most of af-- or all the afternoon-- or we're looking at additional FTEs. Because the demand of what is expected of board members continues to rise. The population continues to rise and the efficiencies are staying locked down that we could impact substantially by allowing us to conduct what I consider to be, in essence, good business practice. I don't know many other businesses, full-time businesses, that leadership is not able to meet with those that they work with to discuss efficiencies.

**BOSN:** So if I could just-- what I'm reading here is essentially you're still complying with the Open Meetings Act for any review of a parolee, any revocation, anything like that. This would be simply allowing the board to meet for strategic planning in terms of, OK, we're gonna meet on Tuesdays here, Wednesdays here, here's how we're going to adjust our website. This really is allowing you to do your administrative work without having a public hearing, but understanding that all of us pretty firmly believe the Open Meetings Act needs to apply to every parolee's-- parolee's review.

**JANEE M. PANNKUK:** Unequivocally support that.

**BOSN:** OK.

**JANEE M. PANNKUK:** Yes, we 101% want to be transparent and have that dialogue and open discussions with individuals in public.

**BOSN:** And so sort of to that end, do you think that the kind of guardrails that are put up in specifically subsection (c) where it says that even if you meet outside of the public, public hearing or public meeting, that you have to have some sort of a written record of that. Where would you post that then, on this potentially updated website or what would be the goal with that?

**JANEE M. PANNKUK:** Yes, it would be on our website. It would be the attend-- the date, the attendance, time, general topics. I would like it to remain like that and not in-depth, depth and breadth, meeting minutes and notes, because that kind of then detracts from the efficiencies of having the meeting.

**BOSN:** So as it stands right now, you have parole hearings at all the facilities. You can't carpool, there, I mean, you couldn't all ride

there together to save taxpayer dollars because you can't have a quorum in the car.

**JANEE M. PANNKUK:** Correct. We have, well, we do have two cars. Many times-- a majority of the time, members drive independently, but no more than two members could be in the car at a time. And we adhere to that.

**BOSN:** And those are funded by taxpayers?

**JANEE M. PANNKUK:** Most definitely, yes. We do not get mileage for personal. If I decide to drive to Tecumseh, I just want to clarify that, we-- that is not sponsored by taxpayers.

**BOSN:** Senator Hallstrom, followed by Senator Storer.

**HALLSTROM:** And just maybe to expand a little bit more from the legal requirements of open meeting laws, the statute currently in your bill is basically saying we know what it's defined as and we're going to provide some specific exemptions. And if we adopt that, that's, that's new statute and it's OK. But it says all regular special are called meetings formal or informal of any public body for the purposes of briefing, discussion of public business, formation of tentative policy, or the taking of any action of the public board. That's under 84-1409 (2). You're essentially saying the exceptions that you're making don't constitute what business is under the current, under the current statute. But we want to clarify it so there's no questions.

**JANEE M. PANNKUK:** Correct.

**HALLSTROM:** OK, thank you.

**JANEE M. PANNKUK:** Thank you

**BOSN:** Senator Storer.

**STORER:** Thank you, Chair Bosn. Is there-- I think the, the public, the voters are really sensitive to Open Meetings Act adherence and, and should be. So I'm trying to understand a little bit better what, what is unique-- when you say the Parole Board is full-time? Like, explain to me their role on a week-to-week basis, if it-- and forgive me for my ignorance, but these are-- are they attending, coming into an

office on a daily basis, are they doing administrative tasks on a daily basis above and beyond? Like what does that [INAUDIBLE]?

**JANEE M. PANNKUK:** There is no apologies needed. Six months ago I was in your shoes, so I 100% understand the question. So it's really amazing the amount of work that happens to prepare for each case. We all do it individually. So we do have office space, which, again, open meetings, we-- our location is, is not conducive to holding an open meeting. We find a different-- in the community, we find a location to meet. And sometimes there's a fiscal impact for that. Not very often, but sometimes. Back to your question. So each individual that comes before us, we do reviews, which our two members go and to each facility each month and we have a case-- or a roster of those that are coming up for parole within three years. And we, we look at their case, we look at everything. Name something, we're going to try and find out so we're prepared. We do that independently, we arrive at a facility, and then we go through, we meet with that individual and we visit with them about our findings. So you're in the office researching those for reviews. The same process generally in research occurs for hearings, and those are generally the last two weeks of the month. And that's a full board at each facility. In between time, we're getting rosters together, we're working with the administrative team, we're responding to, you know, email requests, we are trying to coordinate with reentry and parole community supervision services. It, it's extremely dynamic and fluid. The work is-- it's pretty amazing that what happens with the board and how dedicated that board is in making sure we're doing all the processes.

**STORER:** So, so how involved, I mean, typically some of the things that you've listed here in terms of what you think should be exempted or you know carved out or whatever [INAUDIBLE] is for the Parole Board, I would envision you doing and just making a recommendation to the board like a process improvement. Is that typically something that is always a full board discussion and sort of everybody who votes on those implementations or is that typically-- other boards I've served on, for example, we would, even if they're a five-member board, you may have two people that serve as a committee and, and they're gonna look into whatever it is, a process improvement or software upgrade, and bring that recommendation to the full board. Is that not a system that would be applicable, that would maybe solve the problem that you're faced with?

**JANEE M. PANNKUK:** I think-- it would to, to a degree, although I guess for my leadership style, I am very much, let's do this collectively. And there's so much more knowledge in the room, and background, and diversity of knowledge, that I like us all to get on the same page, ask each other questions, be able to learn from each other, and really think through things, as opposed to myself and maybe even one other board member. Because when I first came in, that was kind of my approach, was let me talk to one and find out. Well, then when I went to talk to another one, it was a totally different and it was-- and very time consuming and ineffective in that kind of communication. And I guess I would just say what makes us different is that, is we're a team of five, and it is a full-time. I think, when I think of a board, I think of like a school board. And so I have a full-time job and then I come in and, and that information is all shared right there and there's maybe decisions and we vote on that. One of the examples that we've had one business meeting and we were talking about a topic, and for each item that we wanted to update or revise, it was make a motion, do a roll call, record it. OK, now we're going to-- and it-- to me, it just wasn't as effective and efficient as we can be, especially with the workload that we have.

**STORER:** So are, are some of the issues that you have to make decisions on, they come up quickly. And how often do you meet outside of parole hearings, specifically? How often does your board have a advertised, regular--

**JANEE M. PANNKUK:** We've had one in the six months I've been there. We're going to try and start doing them once every six months, maybe every quarter. It, it just kind of depends.

**STORER:** Outside of the actual parole hearings.

**JANEE M. PANNKUK:** Yeah, we do not meet together other than during an open meeting right now, a business meeting.

**STORER:** Has there ever been sort of a past process where just a monthly regular meeting to sort of take care of the administrative issues?

**JANEE M. PANNKUK:** My understanding is, again, I've been in the role six months. And my understanding is maybe years ago that was a

practice. And then they came under open meetings and then they stopped doing that.

**STORER:** And is there any, I mean, it just seems-- I've, I've served on a variety of different boards that all had to adhere to Open Meetings Act and it's-- there's always these kinds of things that a board has to deal with. So I'm trying to just understand what would make it unique in the circumstance of the Parole Board versus a school board that would have these types of adminis-- administrative duties that just deal with that at a regular open meeting.

**JANEE M. PANNKUK:** Right. Yeah, I get, in my mind, they're just much more fluid, they're much more complex, there's numerous stakeholders involved. So if it was, if we were 100% able to operate internally, and it was that's all the stakeholders that were involved were just us, and that would maybe be one way we could accomplish that. But unfortunately, or I think it's fortunate, we have between community corrections, community supervision services, that includes medic-- I mean, every department within Corrections touches the Parole Board. And to have all of those individuals show up at a business meeting, so we could address those things. How does the workflow happen to have a medical parole get all the way through? It's not-- it just isn't very efficient or effective, because a lot-- their schedules are different than ours trying to figure out a time when you can have seven different department heads, all five members find time to, to show up and talk about these things for, you know, five hours, is-- it's very consum-- it'd be very difficult to manage and be efficient at doing it, in my opinion, from my experience.

**STORER:** Thank you.

**JANEE M. PANNKUK:** Yes, of course.

**BOSN:** Senator McKinney.

**MCKINNEY:** Thank you, Chair. Quick couple questions. Do you know the average size of parole boards across the country?

**JANEE M. PANNKUK:** No, I do not.

**MCKINNEY:** OK. Would you be open to more members?

**JANEE M. PANNKUK:** Yes. Would you be open to sponsoring that?

**MCKINNEY:** Definitely.

**JANEE M. PANNKUK:** OK.

**MCKINNEY:** All right, thank you

**JANEE M. PANNKUK:** Yes, you bet. May I go back to one point--

**BOSN:** Sure.

**JANEE M. PANNKUK:** --real quick. OK, thank you.

**BOSN:** Then we'll get to Senator Rountree who's got a question.

**JANEE M. PANNKUK:** OK, I apologize. Again, I just, to me, the uniqueness again about the Board of Parole is the diversity of stakeholders, the public safety implications if we do not have timely up-to-date information and systems working together. And at the end of the day, that impacts the end user, which are the incarcerated population, their families, and our communities. And that's the goal behind enhancing our efficiencies. We can continue doing business as we are, but we're impacting those that we-- one of the constituents that we serve, and that's our communities, the incarcerated populations, their family, and being fiscal stewards. So thank you for allowing me to clarify.

**BOSN:** Senator Rountree.

**ROUNTREE:** Thank you so much, Chair. And forgive me if I'm repetitive. It might have already been asked. Regarding one of the opponent testimonies, but I wanted to read just in the bill on line 12 and 13, it says strategic planning related to the board's operations or communications or interagency coordination. Has that already been asked?

**BOSN:** No.

**ROUNTREE:** OK. Well, I'll go ahead then. So this person, I think this is Robert Twiss out of Gretna, says line 13, or interagency coordination, needs to be stricken. The Board of Parole is a constitutional entity adopted by the voters of Nebraska. It was designed to be independent from any undue influence without any

pressure from any person or governmental entity. This bill was brought by the Nebraska Department of Correctional Services. He said the rest of LB763 is good legislation and will help the Board of parole to be more efficient. Amend as I've asked. Mr. Bob Twiss, former member of the BOP. So I just wanted to hear your comments on that.

**JANEE M. PANNKUK:** I appreciate former-member Twiss' service. I think it, I understand his point of view for sure. I do think we operate very much so independently, but having access to information, having coordinated processes, having coordinated efficiencies built in because of the communication, and we're agreeing like, hey, this is how-- we just-- here's an example that just occurred. Was able to meet with the psychiatry-- the psychologists, and we do psychiatric evaluation requests from time to time. And some of those can become very timely because they're coming up for a hearing. We would like the psychologists to make sure we have those before the hearing so we're not deferring people. So we talked about efficiencies in how do we make the request, what information do we need back, is there a streamlined process other than how we're doing this form and signing and back and forth and all the all those things, right? So we're still operating independently, but through this interagency collaboration and communication, we were able to come up with a much-refined process that now we-- they know exactly what we're looking for. We know exactly who to contact to ask for this and give them the dates when we need it by so they can prioritize too, as opposed to kind of a disconnect before. And again, it's the folks we're working with the incarcerated population that really bear the brunt of our being inefficient. So I appreciate his comments and appre-- really appreciate his service.

**ROUNTREE:** All right. Well, thank you so much. Appreciate your answer as well. I was thinking about that as you talked about trying to get seven department heads together, previous questions you were talking about so.

**JANEE M. PANNKUK:** Right.

**ROUNTREE:** Thank you.

**JANEE M. PANNKUK:** Yes, of course.

**BOSN:** Senator McKinney.

**McKINNEY:** Thank you. I guess, trying to put myself in the shoes of just a voter or a Nebraskan looking at this from the outside. If the Parole Board is meeting as all 5 and meeting with the department, do you see where there is or would be some concerns about just process, decision-making, those type of things.

**JANEE M. PANNKUK:** Of course. Of course, I can see that in any agency that's meeting trying to make efficiencies and looking towards building communication pathways in those things. But I-- there's still There's judicial oversight, there's legislative oversight, the Inspector General. We still have oversight to make sure we are operating independently. It doesn't take that off the table.

**McKINNEY:** But it's, but it's kind of asking for us to, like, look at this from a trust system perspective. Because whether we like to believe it or not, I think that people that sit on boards and committees, when they sit down by each other, they discuss business. And I'm, I'm probably 100% sure of this, like, regardless of what something might say, I think that people inherently, just being on a committee or a board, you sit next to somebody that you're on a board with, something about board business or entity business is probably gonna come up more than not. So not having a system where there's some checks and balances just, I think, raises some eyebrows, I think.

**JANEE M. PANNKUK:** OK. I appreciate that. It's something I've really tried to reflect on, how to address that, that conflict that some may have about that and the balance between the open meetings and actually being an effective, efficient government. And, and where is that line?

**McKINNEY:** Thank you.

**JANEE M. PANNKUK:** My pleasure.

**BOSN:** Thank you very much for being here.

**JANEE M. PANNKUK:** Yes, thank you so much.

**BOSN:** Next proponent. Moving on to opponents. Anyone here to testify in opposition to LB763? Neutral testifiers. All right, Senator Holdcroft, if you'd like to come on back up.

**HOLDCROFT:** OK, first, I wanted to re-emphasize what's actually Chairman-- Chairwoman Bosn started about to say under subparagraph (c)

here, that the, In order to ensure continued transparency and compliance with the Open Meetings Act, the Board of Parole shall create and maintain a brief public record of each gathering under this subsection, and such record shall include, at a minimum, the date of the gathering, general topics discussed, and the participants. And such record shall be made available to any person upon request. So if they're discussing how to undercut Senator McKinney's bills, then that'll be one of the topics that will be, will be specified. I would highly recommend that you go to a parole hearing. If you haven't been, you need to go. OK? They do over 100 a month. They do between 1,000 and 1,500 a year. And they have to go to York, they got to go to Tecumseh, they gotta go-- I don't think they go out to the WEC, but they gotta go here and of course Omaha. And it takes up a heck of a lot of time, and they really don't have a lot time to, to coordinate trying to get together to discuss, you know, strategic planning and strategies. And I've seen it personally, I have seen-- I don't want to call it disjointness of the, the Board of Parole, but we never can get a consolidated input from the Board of Parole on some of these bills like LB50. OK? We had Chair Cotton came in and spoke, but she couldn't speak for the board. She can only speak for herself. We've had Bob Twiss come in and speak, but he can only speak for himself, not for the board. This gives them an opportunity to get together and come up with, you know, a consensus and a way ahead that they can coordinate then with, with us in this committee and also with the Department of Correctional Services. And Bob's comment about, you know, not no-- no interact agency, I don't know, I mean he was here, I think, when we did this and it was just a year or two ago where we actually separated out the Board of Parole. So we, we have the Board of Parole, which are the five board members who decide parole, but we've taken away the parole officers from them. They used to be all in one. And we moved them to underneath the Department of Correctional Services to be a better transition from incarceration to, you know, transition into society. And I think that's working out pretty well. But, you know, the Board of Parole has to be able to work with the board. I mean, with the parole officers. So that interagency piece, I think, needs to stay. So with that, I think it's well worth it. I think it will benefit all of us. I think that we, we, I think we're trying to get together a meeting between the Judiciary Committee, the Board of Parole, and the Department of Correctional Services. It's been scheduled a couple times but has been overcome by the events. But I

think that would greatly behoove the three organizations to, to have that kind of discussion.

**BOSN:** Senator Storer.

**STORER:** Thank you. I appreciate your very clear direction that I should attend a parole meeting, and I, I agree with you that I certainly intend to and, and that would be helpful. My concern is still this is, having served in a variety of elected positions which have to adhere to Open Meetings Act, which apply to these boards as well, this is not something I just, should be taken lightly in terms of making significant changes for exclusions for any board. Because my concern is, if we make this exclusion here, then pretty soon, how is that interpreted for a non-code agency that's appointed or an elected board? So I'm still struggling to understand why-- the, the request is that they need to, to get together to make these decisions, which is very clear. Why there-- why it's problematic that those should not be an open meeting. It doesn't preclude them getting together. Is it the ad-- is it the time to advertise the meeting that's problematic or what is the--

**HOLDCROFT:** No, I think it's the topic that they want to discuss. They'd like to have to be able to, as an entity, as a Board of Parole, to be able to get to discuss, you know, among themselves, what, what is their way going forward, what does their trust-- they ought to be able to do that as a group and not have to, you know, subject to, you know, outside influence with the exception that they're going to document when they met and for what purposes.

**STORER:** Certainly. And I, full disclosure, there's times that it's been very challenging on boards. There are things that you really want a little more latitude to speak freely without, you know, some sort of concern that there's going to be a quote in the paper that misinterprets what you said or asks the question. However, there are provisions for executive sessions, for boards to go into executive session for that express purpose. So I, I'm, I'm asking the question to really get my head around, you know this being unique to other boards that face similar challenges.

**HOLDCROFT:** There's nothing like the Board of Parole, you have to go to a hearing to really understand the process.

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**STORER:** But Senator Hallstrom, all, all due respect--

**HOLDCROFT:** Hallstrom?

**STORER:** --what's the request?

**HOLDCROFT:** I'm Senator Holdcroft.

**STORER:** You're Holdcroft. I'm sorry, too many Hs.

**HALLSTROM:** I resemble that remark.

**STORER:** It's like Storm and Strommen, and it's, you know, it's Friday.

**BOSN:** It's Friday.

**STORER:** What-- the, the request is not for those, and maybe I'm misunderstanding something. The request for the exceptions are not for the Board of Parole hearings, so that wouldn't change. The requests are for more of the administrative work that they need to do, correct?

**HOLDCROFT:** That's correct, yes.

**STORER:** Right. So I'm still not--

**HOLDCROFT:** Well, they don't do those, because they just don't have time.

**STORER:** But if they're going to get to, do you see what I'm-- my confusion? If they are going to-- the request is that they be able to get together, so they're gonna have to find a time to get together that doesn't preclude them from having time. It's just whether or not that's an advertised open meeting so.

**HOLDCROFT:** I don't know, I can see--

**STORER:** We'll get more clarification.

**HOLDCROFT:** [INAUDIBLE].

**BOSN:** Senator McKinney.

**MCKINNEY:** Thank you, Chair Bosn. Thank you, Senator Holdcroft. So for example, I know the OPPD board, they have committee meetings where they're public meetings, but it's a committee meeting. They're not

necessarily taking action, but they're discussing what they might take action on at the board meeting. And maybe that is something to explore. Also, a board retreat would be, I think, a good idea. Or maybe, you know, with the Legislature, we didn't do it this past winter, fall. We didn't "Leg Council," but that's a public meeting, too, because we all have to show up. I-- my worry and, and it's just my worry, I don't know if everyone feels that way, I just struggle with five people who are in charge of making life-changing decisions, meeting with each other and them not bringing up something that pertains to life.

**HOLDCROFT:** The report that they would have on what topics were discussed.

**McKINNEY:** It's not the, it's not the topics that will be discussed that concern me, it's the side conversations. That's my, that's my issue. But I understand what you're attempting to do. Thank you.

**BOSN:** That will conclude our hearing today for LB763. Next up we have LB764 with Senator Holdcroft. [INAUDIBLE]

**HOLDCROFT:** Thank you, Chairwoman Bosn.

**BOSN:** Before you start, if I could note there were no proponent, 1 opponent, and 2 neutral comments submitted.

**HOLDCROFT:** Thank you. Good afternoon. Good evening, I think now. Well, what do you think? Afternoon, Chairwoman Bosn and members of the Judiciary Committee. My name is Senator Rick Holdcroft, spelled R-i-c-k H-o-l-d-c-r-o-f-t, I represent the Legislative District 36, which includes west and south Sarpy County. Thank you for the opportunity to present LB764. This bill was also brought to me by the Nebraska Department of Corrections. LB764 is a very simple bill that would allow investigators at the Nebraska Department of Correctional Services hereafter, NDCS, who are currently deputized law enforcement officers to exercise law enforcement duties while employ-- employed at NDCS. NDCS currently has three certified law enforcement officers. However, in order to maintain their certification, these officers work part-time for other law enforcement jurisdictions outside of the agency in addition to their regular work hours. LB764 would allow the Nebraska State Patrol to deputize officers at NDCS. NDCS investigators currently work closely with the State Patrol to address cases at NDCS,

but full investigation falls on the Patrol and adds to their caseload. This bill would allow NDCS to act on more cases in a timely manner, helping to reduce tensions at NDCS facilities and providing security and peace of mind to inmates negatively affected by any criminal activity at NDCS facilities. This measure will also reduce the caseload of the Nebraska State Patrol, which should enhance public safety and allow for quicker case resolutions. The Patrol has expressed their support of this bill. Chairwoman Bosn and members of the Judiciary Committee, thank you for your consideration of LB764. I would appreciate a vote to advance this bill to General File. I am glad to answer any questions, but there are representatives here to more fully answer your questions. Thank you.

**BOSN:** Questions for senator Holdcroft? I guess we'll save them for your testifiers.

**HOLDCROFT:** OK.

**BOSN:** First proponent.

**HOLDCROFT:** I'll be here for closing.

**BOSN:** You have to. Welcome back.

**ROB JEFFREYS:** Hi, everyone. Good evening, Chair Bosn and members of the Judiciary Committee. I am Rob Jeffreys, R-o-b J-e-f-f-r-e-y-s, I'm the director of NDCS and I'm representing the agency today. I'm here -- here to testify in support of LB764, which will allow our law enforcement officers to exercise law enforcement duties while employed with NDCS. NDCS, as previously stated, has three investigators who are certified law enforcement officers with over, with over -- with combined 48 years of experience. One investigator has 25 years of experiences with 12 years as a sheriff, who also holds a supervision and management certificate -- certification. Another with 15 years' experience in a supervision certification, and another with 8 years of experience. They must maintain their certification by working part-time at other agencies, must annually complete 32 hours of specialized continued education, and must qualify annually with firearms training through certified law enforcement instructors. Statute 81-1401 prevents our investigator from, from exercising full duties as law enforcement officers at NDCS. For example, if drugs are thrown over the fence into the facility, NDCS must contact State

Patrol to come and investigate, although we have investigators who are qualified and can initiate the investigation. Also if an investigator has confirmed knowledge of an outside person who has introduced contraband into the facility, they could not take immediate action if appropriate. They can now take-- they could not take immediate action if appropriate. With this legislation, our officers could immediately respond and begin processing cases and immediately address these issues. This legislation would benefit the community of NDCS, as NDCS could use its experienced law enforcement officers to reduce the caseload at the Nebraska State Patrol and further strengthen their ongoing relationship between the two agencies. From 2023 to 2025, there was 115 cases referred to Nebraska State Patrol from our department. This legislation will enhance the facility and community safety. We have three experienced investigators who possess the training and knowledge to perform all core functions of law enforcement officers. The State Patrol has expressed their support for this legislation. So thank you for allowing me to testify.

**BOSN:** Questions for Director Jeffreys. Senator McKinney.

**McKINNEY:** Thank you. Thank you, Director. Just maybe one, I think it's one. If this passed, would those officers be required to go through the academy?

**ROB JEFFREYS:** They will go through a back-- background check by the Patrol investigation and they will be certified through law enforcement training through the State Patrol.

**MCKINNEY:** So--

**ROB JEFFREYS:** So I don't know if it's actually the whole academy. I don't know what their abbreviation. State Patrol can probably answer that better.

**MCKINNEY:** All right. Thank you.

**ROB JEFFREYS:** All right. Thank you.

**BOSN:** Senator Storm.

**STORM:** Thank you. So maybe I missed something here, but so this would allow the Department of Corrections to investigate themselves?

**ROB JEFFREYS:** No, no, no. So if there's a conflict of interest, NSP will still be investigating anything that is a conflict of interest for our agency. For, for instance, if there is a death in custody, we do not do those death in custody investigation. We will hand that off to NSP. If there's certain staff members that have been, you know, under investigation, we will still hand those off. So it would be an ongoing relationship. It would be all those things that are related to contraband, assaults and stuff like that.

**STORM:** So right now the State Patrol has to come in and do all those?

**ROB JEFFREYS:** Yes. We have to refer all of them to them and they come in and conduct the investigation.

**STORM:** And how many cases a year is that?

**ROB JEFFREYS:** How many?

**STORM:** How many cases a year?

**ROB JEFFREYS:** Over the last two years, I think '23 to '25 was 115.

**STORM:** 115, OK. But if it's something to do within a staff member, you're not going to have another staff member investigate them?

**ROB JEFFREYS:** It would all depend, depend on what the issue is.

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

**ROB JEFFREYS:** All right.

**BOSN:** If I understood the testimony correctly, there are currently three officers working there that would now, if this passes, would be considered law enforcement officers.

**ROB JEFFREYS:** Deputized, certified through the NSP, additional training, would have the background checks. It will pass all their flying colors.

**BOSN:** And right now it's somewhat clunky because they're part-time officers at an outside agency to fulfill their law enforcement duties because you can't deputize them.

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**ROB JEFFREYS:** Right.

**BOSN:** And so this would essentially, they wouldn't work at this other, let's say, Sarpy County Jail or Sarpy County Sheriff's Office anymore. They would just be employed by NDCS and deputized through NDCS?

**ROB JEFFREYS:** I would-- I wouldn't go that far as to say they wouldn't work at those other agencies anymore.

**BOSN:** OK.

**ROB JEFFREYS:** But we can get them deputized through our state-- State Patrol and have them deputized so they can be law enforcement-certified officers to handle all our investigations inside.

**BOSN:** OK, and maybe my question was worded wrong. They wouldn't have to be employed somewhere else in order to--

**ROB JEFFREYS:** They wouldn't have to be, correct. Yes.

**BOSN:** But they could if they wanted to.

**ROB JEFFREYS:** Yes.

**BOSN:** Yeah, sorry. I asked that clunky. OK, Senator McKinney.

**MCKINNEY:** Thank you. Sorry that I'm asking this question, because my laptop died. What would be the fiscal note if passed?

**ROB JEFFREYS:** None. Zero.

**MCKINNEY:** But wouldn't you be adding two additional? Maybe I'm, maybe--

**ROB JEFFREYS:** No, they're already, they're already employed with us already.

**MCKINNEY:** OK.

**ROB JEFFREYS:** Yeah.

**MCKINNEY:** All right. Thank you.

**ROB JEFFREYS:** It was zero, right?

**BOSN:** It's zero.

**ROB JEFFREYS:** OK.

**BOSN:** He just can't see it. Thank you very much.

**ROB JEFFREYS:** All right. Thank you.

**BOSN:** All right, next proponent. Welcome.

**JASON SCOTT:** Good evening, Chairwoman Bosn and members of the Judiciary Committee. Thank you for the opportunity to testify today. My name is Jason, J-a-s-o-n, Scott, S-c-o-t-t, and I serve as the Lieutenant Colonel of the Nebraska State Patrol, and I'm here today to express our support for LB764. This bill authorizes the Department of Correctional Services to designate certain personnel as law enforcement officers. Why is this important? Because it strengthens investigative capabilities and improves public safety, not just inside our correctional facilities but across Nebraska. Right now the Nebraska State Patrol Investigative Services Division has about 97 sworn officers with 9 vacancies. These officers handle everything from drug and fraud investigations to cyber crimes and crimes against children. Between 2023 and 2025, NSP opened approximately 115 criminal investigations tied to Nebraska's 8 correctional facilities, including 55 death investigations. Our State Patrol investigators logged nearly 2,700 hours of-- on these cases during that time period. Persistent staffing shortages make every hour of investigative time critical. LB764 would empower Department of Correctional Services investigators to handle cases within correctional facilities, allowing the Nebraska State Patrol to redirect its limited resources toward other high-priority investigations statewide. We remain committed to partnering on cases with NDCS faces a conflict of interest to ensure thorough and impartial outcomes. Nebraska's eight correctional facilities has housed about 5,800 incarcerated individuals. The criminal activity doesn't stop at the prison gate, as incarcerated individuals often conspire with accomplices in the community to smuggle drugs and contraband into these facilities. By granting the Department of Correctional Services investigators law enforcement authority, this bill gives them the tool to follow those leads beyond the walls, making both our facilities and our communities safer.

Finally, the Department of Correctional Services has had investigative personnel in the past. LB764 simply restores and formalizes that capability, creating a more efficient and effective system for addressing crime within and beyond our correctional institutions. In closing, LB764 is a practical solution to resource challenges and a proactive step toward public safety. The Nebraska State Patrol asks for your support for this important legislation. Thank you, and I'm happy to answer any questions.

**BOSN:** Thank you. Any questions for Lieutenant?

**STORM:** Quick question. Thank you. So State Patrol only has 97 officers, is that what you said?

**JASON SCOTT:** Investigators.

**STORM:** Investigators.

**JASON SCOTT:** Yes, sir.

**BOSN:** Senator McKinney.

**McKINNEY:** And these officers would already have been through the academy, right, or training?

**JASON SCOTT:** Correct.

**McKINNEY:** OK.

**JASON SCOTT:** If I could clarify some of that conversation that took place earlier, it's my understanding these are three certified law enforcement officers that already work in the correctional system. They received their certification through NLETC in Grand Island, Nebraska Law Enforcement Training Center. What's being referenced is a state deputy credential that we do issue to certified law enforcement. And it-- there's some background. It basically ensures that they've been kept up to date on training and certifications and things like that and it, and it gives them a jurisdiction to be able to travel the state where if one of them were hypothetically working in York County, that's the jurisdiction that they received their certificate in and that's where it's at. But with all the facilities being in different locations, they need what they consider a state deputy sheriff's credentials. The State Patrol does issue those, but it's already

certified. We don't, we don't do anything with their certification. They get that through NLETC.

**McKINNEY:** Thank you.

**JASON SCOTT:** You bet.

**BOSN:** One of the online comments, I probably should have asked this of Director Jeffreys, was from Justin Hubely, who is representing the Association of Public Employees. And his concern outlined that essentially he was worried that this would result in individuals who are working at the Department of Correctional Services as law enforcement officers investigating other correctional officers. And my understanding from the Director's testimony is you would still be doing those types of investigations.

**STORER:** Correct. We still plan on collaborating fully with Department of Corrections. This just takes that 2,700 hours that we've spent over there from 2023 to 2025 and knocks it down, whatever they're able to do. If there's a conflict, we're still going to be assisting and making sure that things are getting handled.

**BOSN:** Thank you.

**JASON SCOTT:** Thank you.

**BOSN:** Thank you very much for being here. I appreciate it.

**JASON SCOTT:** Thank you.

**BOSN:** Next proponent. Anyone else here to testify in support? All right, opponents. Anyone here to testify in opposition to LB764? Neutral testifiers. And Senator Holdcroft to close.

**HOLDCROFT:** OK.

**BOSN:** Giving you the answers.

**HOLDCROFT:** Just got a note for the record, our population is down to 5,613.

**BOSN:** It said 5,800, he doesn't want that added 1,500-- or--

**HOLDCROFT:** I remember when it was close to 6,000, and that wasn't that long ago, and I think Director Jeffreys is doing a great job. But let me just reiterate, again, this bill allows NDCS to act on more cases in a timely manner, helping to reduce tensions at NDCS facilities and providing security and peace of mind to inmates negatively affected by any criminal activity in NDCS. This measure will also reduce the caseload on the Nebraska State Patrol, which should enhance public safety and allow for quicker case resolutions. And the parole [SIC], as we just heard, has expressed their support of this bill. And I'm happy to answer any questions.

**BOSN:** Seeing none, thank you very much.

**HOLDCROFT:** 5,613.

**BOSN:** All right, I will hand it over to Senator McKinney for my LB790. All right, thank you Vice Vice Chair McKinney and good afternoon to the members of the Judiciary Committee. For the record, my name is Carolyn Bosn, C-a-r-o-l-y-n B-o-s-n, I represent District 25, which is southeast Lincoln, Lancaster County, including Bennett. LB790 amends Section 83-1,119 to include substance abuse violations as an additional option for parole officers as a basis for revocation. Parole is built on accountability, safety, and rehabilitation, and drug or alcohol abuse directly threatens all three. Parole conditions only work if they're enforced. The terms and conditions of parole are serious legal obligations, not toothless suggestions. Currently, a 30-day custodial sanction is the most severe consequence that a parolee may receive following a substance abuse violation. While we can all agree that successful treatment and recovery are important, and I will be the first to admit that relapse is part of recovery, we have to recognize that there are occasions where revocation is warranted, and unfortunately, currently unavailable. LB790 provides that availability, and I respectfully request the committee's consideration, and I'm happy to answer any questions.

**MCKINNEY:** Thank you, Senator Bosn. Are there any questions from the committee?

**BOSN:** It's a Friday at 5:00.

**STORER:** You scheduled that. That was, that was good scheduling.

**McKINNEY:** Welcome up any proponents. Any opponents?

**SPIKE EICKHOLT:** Thank you, Vice Vice Chairman McKinney. My name is Spike Eickholt, S-p-i-k-e E-i-c-k-h-o-l-t, appearing on behalf of the ACLU of Nebraska in opposition to the bill. So what this bill does is it sort of undoes something that I think LB50 did, or maybe it was even a bill before that, and that is when we had those groups come in to look at-- CJI came and looked at our sort of parole process. One of the things they noticed is that if a person was on parole and they committed a technical violation or had committed a substance abuse violation or were about to, they would have their parole temporarily revoked or would be revoked much easier. So they'd actually go back to prison and have to do their time again until they went back in front of the Parole Board. The recommendation was to sort of provide for some sort of consequence for those people who commit technical violations short of sending them all the way back to prison on a revocation-type thing. And so we see this as sort of an undoing of a very positive important change that the Legislature adopted just a few years ago. And that is it allows a parole officer to impose a relatively immediate sanction for someone who's committed either a technical violation or a substance abuse violation, that is 30 day's jail on the spot. If the parolee wanted to contest that, it can be resubmitted to the board and the board can consider further action under current law. But this would, as Senator Bosn indicated, provide for a revocation basis in which the person would actually go back to the prison facility. I understand that substance abuse and substance use is a problem. We realize that. But the data-driven best practices standard that we adopted this change on recommends those incremental consequences short of actual revocation sending them back into the prison system. We'd urge the committee to not adopt this. And I'll answer any questions if anyone has. I know it's late, so I don't need to be talking, because I think I've made my point. But I'll any questions, if you have any.

**McKINNEY:** Thank you, Spike. Any questions from the committee? Senator Rountree.

**ROUNTREE:** Thank you so much, Vice Chair. Would, would this be like a preemptory-type item? I know Parole Board members or probation officers have a large leeway on what they can determine.

**SPIKE EICKHOLT:** I think there's still maybe some discretion even with the bill being adopted. But what it does provide for is that rather than the parole officer sort of making their decision, and this is important to keep in mind, if the parole officer sort of actually finds someone with controlled substance, that's a law violation. That's possession of a controlled substance. But if the parole officer, either somebody has a-- tests positive marijuana on a urine test, or the parolee just sort of admits, you know, I was at a party and if I go back over there again, I'm worried I might smoke, or something like that, now the parole officer can impose a sanction sort of on the spot without referring it to the board to consider at a revocation-type process. And you heard, apparently it's very difficult for the board to get together and do those things. And what happens often and what happened before we did a law change is that people would be sort of re-incarcerated at RTC. The problem with that is you're dealing with somebody you're trying to rehabilitate. There's a tendency for those people simply to give up, stop, and just jam their sentence and then really miss that opportunity of rehabilitation. And that's really why the Legislature adopted this graduated sanction process to allow for some flexibility for the parole officer to impose a sanction.

**ROUNTREE:** Thank you.

**MCKINNEY:** Any other questions? Senator Hallstrom.

**HALLSTROM:** Let me make sure I'm in the right subsection here. The way I read this, Mr. Eickholt, is that there's flexibility for administrative sanctions, but there are standards. Parolees, risk level, severity of the, severity of the violation, and the parolee's response to the violation. And then the parolee has the right to not only decline to acknowledge the violation, and if he or she declines then the parole officer takes action pursuant to subdivision (4) (b), which requires the submission of a written report to the Board of Parole. So isn't there a secondary layer of protection there? Am I--

**SPIKE EICKHOLT:** No, you are absolutely reading that right. And what you read, Senator, was the proposed new language. And I think that for the record, since we're talking like-- you read the submission of the report that's on page 5, line 3. That exists now in current law. If you look at page 4, really lines 1 through 9, that's just the same language. And that is the parolee can acknowledge or decline, and then

the submission can be made. The report is sent to the Board of Parole. What's new that Senator Bosn has proposed, if you look on page 5, lines 11 through 13, instead of sort of approving the sanction request that the parole officer made, request or what have you, the Board of Parole is allowed to proceed with a revocation action itself. That's the difference. At least that's what I think the bill does. Instead of for a substance abuse violation, not for technical violations, you know, curfew or not having a job or whatever, but for substance abuse violations, even on a first offense, it can now go before the board for revocation. Which is what it was before we ever did the, the reforms that we did.

**HALLSTROM:** OK, and when we've made changes since LB50 was adopted in other areas, or have we left that untouched?

**SPIKE EICKHOLT:** I don't think with parole necessarily.

**HALLSTROM:** OK, but other areas?

**SPIKE EICKHOLT:** Well, there's some bills pending that would do that, but I don't think-- that, you know, was just affirmed by the court, so I don't think--

**HALLSTROM:** So it's not the process. I mean, to me, you indicated at least one of your concerns was the parole officer could take this action independently. But that's not really the case because if the parolee acknowledge-- it doesn't-- fails to acknowledge or declines to acknowledge you've at least got the Board of Parole involved in making the decision even if revocation is a new aspect of it. Is that accurate?

**SPIKE EICKHOLT:** That's right, but there's still-- there's one more step that has to be taken now before they go to full revocation.

**HALLSTROM:** Which is?

**SPIKE EICKHOLT:** Someone's got to file a motion to revoke and allege some sort of basis for the revocation.

**HALLSTROM:** Because revocation isn't an option now.

**SPIKE EICKHOLT:** That's right on a, on a technical or substance, it's not. That's right.

**HALLSTROM:** Thank you.

**SPIKE EICKHOLT:** Which is again a recommendation that was made.

**HALLSTROM:** Thank you.

**MCKINNEY:** Thank you. Any other questions? No? Thank you. Are there other proponents-- I mean opponents? Sorry. No? Anyone neutral? Senator Bon. And for the record, there were 0 proponent comments online, 3 opponents, and 1 neutral.

**BOSN:** Thank you, Senator McKinney, Vice Vice Chair McKinney, excuse me, and colleagues. And I recognize I'm between you and a Friday night, but this is important, and I want to be very clear. Right now, if you are on parole, and we've heard so many bills trying to get individuals paroled quicker, have them be successful, have they not recidivate, have them go back into our communities and never return to our correctional facilities again. We're putting a ton of time and a ton of money on that. And right now today, you can test positive your first day of parole and your last day of parole, and every day in between and you will not be revoked for it. You cannot be revoked for using the entire duration of your parole. And I think that is wrong. I think that erodes public trust in the work that we have done. I am not, and I will not suggest that everyone should be revoked the first time or even the second time, and I understand that relapse is part of recovery. But if you-- this came to me because parole officers were saying, I've got individuals who were in for substance abuse vio-- law violations who have tested positive every day, and my hands are tied behind my back and I'm about to sign something that says they successfully completed parole. How do you feel about that? And it makes me sick. Because that is not what we are doing all of this work to do and that is happening every single day. And so if we're, one, I guess I think it's fiscally irresponsible to do drug testing if they are not worth anything. If you are just testing to test, why do it? Because you can't do anything with those tests. Sure, you can encourage them to go to treatment and request that they go to treatment, and I certainly hope that they take you up on it. This bill does not preclude parole officers from using the tool of an administrative sanction for the up to 30 days that we previously

negotiated, but there has to be a recognition between the difference of a parole violation, a technical violation of I was out at 11:30 and I was supposed to be home at 11:00, and someone who is continuing to use narcotics and we just didn't catch them with the substance, so it's not really a law violation. And I think this is-- this is not a "gotcha." I think this is legislation that is absolutely needed to build back the public trust and to continue the work we have all put our hearts into doing to reduce recidivism and set these individuals up for success. And with that, I will take any comments or questions.

**HALLSTROM:** Thank you.

**BOSN:** Or comments.

**MCKINNEY:** Senator Hallstrom?

**HALLSTROM:** Would you agree that notwithstanding the passage of LB50 that reasonable minds can conclude that there should be different consequences for a technical violation versus a substance abuse violation?

**BOSN:** Yes.

**HALLSTROM:** Thank you.

**MCKINNEY:** Thank you. Any other questions? I guess I have one. I guess now that you said-- I'm trying to wrap my mind-- so if somebody is on parole and a part of their parole is to be subjected to drug testing, and they test dirty, there's no consequence?

**BOSN:** No, I'm not suggesting there's no consequence. But what the conseq-- the maximum consequence can be is the 30-day sanction.

**MCKINNEY:** OK.

**BOSN:** Because it's characterized as technical and substance abuse violations are treated differently than law violations or anything else. And I respectfully submit to you that getting a speeding ticket should not necessarily result in you going back to incarceration, but you testing positive for methamphetamine maybe should, if you're going to continue using the whole time. And so, yeah, I think I've answered your question.

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**McKINNEY:** So, maybe-- I think I'm hearing you right. You're not saying that the first violation should send you back to prison, but if you're a repeat, repeated actions, maybe there should be some consideration is what you're saying?

**BOSN:** Right.

**McKINNEY:** OK.

**BOSN:** Yes.

**McKINNEY:** All right. Thank you. Any other questions? Thanks. And I think that's our hearing for today.