

TRANSCRIPT PREPARED BY THE CLERK OF THE LEGISLATURE
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FLOOR DEBATE

March 10, 2004 LB 1005, 1240

amendment has been adopted. Mr. Clerk, next motion to the bill.

ASSISTANT CLERK: Mr. President, Senator Foley would move to amend with AM2623. (Legislative Journal page 889.)

SENATOR CUDABACK: Senator Foley, you're recognized to open on AM2623 to LB 1005.

SENATOR FOLEY: Thank you very much, Mr. President and members. AM2623 contains language you might recognize. It's a revised form of LB 1240 that I introduced earlier this year. And in fact, I think now 39 of us are signed on as cosponsors to LB 1240. That bill was heard by the Health Committee and advanced out of the Health Committee on a unanimous vote. The issue addressed by that bill, and now the amendment, relates to legislation that we enacted in the year 2000 regarding the smoking policy for commercial day-care operators. In the year 2000, legislation was enacted that provides that when children are taken to a day-care operation that's located outside of someone's home, in other words, in a separate facility, that facility must be smoke-free 24 hours a day. However, when that bill was enacted four years ago, a very specific exemption was added to the law that provides that if the licensed day-care operation is located in another person's home then smoking is permissible, even when the children are present. Thus, there's a disparity between the children who attend day care in an external facility and children who attend day care in an in-home day-care facility. It's estimated that about 100,000 children are enrolled in day-care operations in the state of Nebraska, and perhaps as many as one out of every four of these children are taken to a day-care operation that's located in someone else's home. This bill--and now it's in amended form--would harmonize the smoking policy, at least somewhat, between the in-home day cares and the external day cares, and would provide that no smoking would be allowed in that person's home when any of the children are present that are being cared for. There is, as you know, a great volume of evidence suggesting the dangers associated with second-hand smoke, and these dangers are particularly difficult for children. Sudden Infant Death Syndrome, for example, respiratory illness, and ear infections are far more common in children who are exposed to second-hand