

January 11, 1989

LB 1-6, 8-17, 33, 34, 330-340

PRESIDENT: LB 33 advances. LB 34, please.

CLERK: LB 34, Mr. President, offered by Senator Labedz as Chair of the Board. (Read title.) Introduced on January 5, referred directly to General File.

PRESIDENT: Senator Peterson, please.

SENATOR PETERSON: Mr. President, LB 34, the final revisor's bill, makes numerous internal changes relating to the Game and Parks Commission. I ask that this bill be advanced to E & R Initial.

PRESIDENT: You've heard the explanation. The question is the advancement of the bill. All those in favor please vote aye, opposed nay. Ladies and gentlemen, I need a little help, please. Thank you. Record, Mr. Clerk, please.

CLERK: 27 ayes, 0 nays, Mr. President, on the advancement of LB 34.

PRESIDENT: LB 34 is advanced to E & R Initial. Mr. Clerk, do you want to read in a few more bills?

CLERK: Mr. President, yes, thank you. Mr. President, before I proceed to do that, two announcements, the Education Committee has selected Senator Dierks as Vice-Chair and General Affairs Committee has selected Senator Hartnett as Vice-Chair. Signed by Senator Withem and Smith respectively.

(Read by title for the first time LBs 330-340. See pages 179-81 of the Legislative Journal.

Mr. President, other items for the record. Your Committee on Enrollment and Review respectfully reports they have carefully examined and reviewed LB 1 and recommend that same be placed on Select File; LB 2, Select File; LB 3, Select File; LB 4, Select File; LB 5, Select File; LB 6, Select File; LB 8, Select File; LB 9, Select File; LB 10, Select File with E & R amendments attached; LB 11, Select File; LB 12, Select File; LB 13, Select File; LB 14, Select File; LB 15, Select File with E & R amendments attached; LB 16, Select File; and LB 17, Select File. (See pages 181-83 of the Legislative Journal.) That's all that I have at this time, Mr. President.

January 30, 1989

LB 70, 187, 208, 267, 338, 378, 421

LB 267 General File, and LB 208 General File with amendments, those signed by Senator Chizek. Health and Human Services Committee reports LB 187 to General File with amendments, LB 338 General File, and LB 378 General File with amendments. (See pages 49S-99 of the Legislative Journal.)

Mr. President, Senator Hall offers notice of hearing as Chair of Revenue. Senator Pirsch asks unanimous consent to add her name to LB 70 as co-introducer.

Mr. President, Senator Smith has amendments to be printed to LB 421. (See pages 500-501 of the Legislative Journal.)

Mr. President, the last order of business are motions from the Credentials Committee as well as an accompanying report to be inserted in the Journal. (See pages 502-13 of the Legislative Journal.)

PRESIDENT: Senator Warner, Senator Jerome Warner, your light is on and I failed to call on you. Senator Warner, please.


SENATOR WARNER: Mr. President and members of the Legislature, I just wanted to indicate that handed out to you this morning was the report of the Credentials Committee relevant to the 17th Legislative District contest and appropriate motions reflecting that conclusions of the Credentials Committee have been filed with the Clerk, and I assume the Speaker will place those on the agenda for tomorrow.

PRESIDENT: Thank you. Senator Emil Beyer, I haven't heard your resonant tones of your voice this morning, would you like to rise and say something about adjourning until January 31st at nine o'clock in the morning.

SENATOR BEYER: Mr. Speaker and colleagues, I move that we adjourn until nine o'clock on January 31st.

PRESIDENT: You have heard the motion. All in favor say aye. Opposed nay. We are adjourned. Thank you.

Proofed by:


LaVera Benischek

it. Then you have got to also have this first and second and third step before you actually see the severest penalty invoked. I think it covers the various concerns there. Now we can look into some of Senator Goodrich's questions. I would be happy to clarify Senator Warner's questions. I think it is fine. I don't think you need to distinguish between urban and rural or farm or otherwise because common sense will prevail, I think, on this legislation. We took this language from model statutes, model ordinances, and I feel that the bill will handle the problems and issues raised quite well but I would be happy to work with everybody that has a concern to clarify it further on Select File. I'd ask for the vote to advance the bill.

SPEAKER BARRETT: Thank you. The question is the advancement of LB 208 to E & R Initial. All in favor vote aye, opposed nay. On the advancement of 208, have you all voted? Please record.

CLERK: 25 ayes, 2 nays, Mr. President, on the advancement of LB 208.

SPEAKER BARRETT: The bill is advanced. Next bill, Mr. Clerk, LB 338.

CLERK: Mr. President, LB 338 was a bill introduced by the Health and Human Services Committee and signed by its members. (Read title.) The bill was introduced on January 11, referred to Health for public hearing, advanced to General File. I have no amendments to the bill, Mr. President.

SPEAKER BARRETT: The Chair recognizes the Chairman of the Health Committee. Senator Wesely.

SENATOR WESELY: Thank you, Mr. Speaker, members. LB 338 is a piece of legislation that was last considered two years ago in the form of LB 506. LB 506 was introduced after a study that was chaired by Senator Dan Lynch. He chaired the study back in 1986...oh good, Senator Lynch has now joined us and can talk about that study in a couple of minutes. What we did was we tried to look at the issue of what public health services were available in the state. We did start off with the premise that public health services are good for Nebraska because of the preventive nature in which they can help prevent disease and the spread of other unhealthy activity that can harm our citizens. So Senator Lynch chaired the study and a report was issued that recommended a regional system for community public health

services in Nebraska. This system would include a team of individuals to work within the region, to develop a plan, to identify current activities, identify gaps in services, and to come back with the services and support that were needed for that particular region to meet its public health needs. Now there are a number of public health departments in the state. They are county and city, and I have passed out from the report Senator Lynch did a map that shows the regions that are involved, there would be six, and a map that indicates what current city and county health departments are in place. And what you find is, very quickly, that most of the state has no public health services, that it is unable to access public health care outside of perhaps what the local hospital or the local physician may be willing to provide which we find is inadequate, in our estimation. What we are saying is that why should the urban areas of this state have this ability to access public health and not the rural areas of the state. So we have set up a system that I think will very much meet the needs of public health in Nebraska. The cost of the bill is somewhere around \$600,000. It would set up a core team in the six regions. It would provide for an opportunity to work within those regions, to identify, again, what services are being provided, what gaps exist. It would help bring our rural areas of the state into a full bloom of public health access. Now you know we talked about rural renaissance and talked about rural health care as part of that renaissance. You have got to have healthy people to have a successful region, and our rural areas of the state cannot sustain in a city or a small town or a county of small population a health department. They need to team together in these regions. The state needs to be part of that, and one of the other handouts indicates that our state has been very lax in state support for public health. We have just not kept up with what most states have done in this area. So to bring the state up to where other states are, to help our rural areas, bring them up to where our urban areas are, this piece of legislation I think is a very good effort to deal with that problem. In addition, indigent care is a very big issue and this, of course, would provide public health services to individuals who could not otherwise afford these services, and so it will help that problem. And if ever you have a good investment I think in health care, it is to have preventive, health promotion type services, where you get out there and help people stay healthy. You will save more money than it will cost you and I think in the long run is in the best interest of the whole state. So even though Senator Lynch and I are from

Lincoln and Omaha, urban areas with health departments, we feel very strongly that this legislation will help all of the state and benefit all of us by putting it into place and helping our rural areas access public health services. With that, I don't know if Senator Lynch, I have got some time left, would you like to take the rest of my time? Are you ready?

SPEAKER BARRETT: Senator Lynch, about a minute.

SENATOR LYNCH: Good morning.

SPEAKER BARRETT: Good morning, Senator Lynch.

SENATOR LYNCH: Don pretty well covered it. Quickly, in the state right now there are 18 departments of health, 11 county health departments, two city-county health departments, four city health departments, a multicounty health department which includes Grant, Hooker, Thomas, Arthur, and Keith, and also there is a State Health Department demonstration project which includes Chase, Hayes, Dundy, Hitchcock counties. About a little over half of the state's population are now unserved by public health systems as we get into the indigent health care problem in the state. This would help considerably. The four people, by the way, are a sanitarian, a public health nurse, a health educator, and clerk. This is not intended to duplicate, overlap or supersede or confuse what now exists. All of those public health agencies should continue to exist. This would not take over the responsibility of the local jurisdictions, or the state, in some cases, have in these areas of public health. By the way, Nebraska spends, except for those demonstration grants, nothing on public health, and the worst argument in the world to use is that we spend nothing, so we should spend something. This is not the argument. I am not saying that at all. But we do know that in those areas of the state, over half of the population, none in Senator Wesely's or my district, by the way, where none of this exists, there is, in fact, a serious problem. I will turn my light on, Mr. Chairman, Mr. President, and continue if it's necessary.

SPEAKER BARRETT: Senator Lynch, the Chair was in error because Senator Wesely was opening.

SENATOR LYNCH: Okay.

SPEAKER BARRETT: You have approximately 4 1/2 minutes left.

Proceed.

SENATOR LYNCH: Oh, I see. I think I have only talked that long once since I have been here so it won't take me too long. What we would simply like to suggest is that in this particular case, given the public health concerns we should have across the state, the legislation that, in fact, provides for needs across the state, that this kind of a statewide responsibility is important. The cost seems high, but in a sense is very little when you consider the fact that this would deal primarily with preventative care. I don't know what the adage is but I heard a dollar in preventative care is worth about \$10 in real costs of ongoing care if you fail to recognize those primary needs and, in fact, what this would do is provide care for those now unserved, just so we understand that as well, plain addresses four basic public health services that are listed in the legislation, and it also provides, by the way, for the State Director of Health to evaluate and approve of a program for public health in all of those six areas. It also provides that information should be provided to the Legislature. It also provides for the Director of Health, by the way, to appoint an advisory council in each region. The advisory council would consist of at least one person from each of the counties within those six regions, and most importantly, I guess with growing medically, again, indigent problems we have in the state, which, by the way, aren't nearly as serious as they are across the country because Nebraska has done a very good job providing, through its Medicaid and Medicare programs, benefits that aren't found in most other states. But this would even help our good state in doing a better job. We would hope that you would give this some consideration. I know we have budget restraints. I would hope that you wouldn't just routinely deny the opportunity for this priority to be included among other priorities that many of you have as it applies to our limited funds, I would admit to that. But give us a chance. I would hope that you would simply permit this bill to continue to move. I would expect that when the time comes we have to divvy up the pot, so to speak, that we would have to compete with that pool of money and, hopefully, justify it on need, but that, we are a little ways away from that. This is an unmet need that should be met. It is an important priority we should have. It is a small amount of money that we would be spending in state funds but an important amount of money that would have lasting and, I think, very cost effective benefits to the state. Simply ask that you give serious thought to this and, hopefully, let it pass through

General File to Select. Thank you.

SPEAKER BARRETT: Thank you, Senator Lynch. Discussion.
Senator Nelson, followed by Senator Labedz.

SENATOR NELSON: Mr. Speaker, members of the body, I have certainly observed what, Senator Lynch's points that he has made, Senator Wesely has made, but I, personally, have some reservations on this bill. What I see coming down the pipeline, and we all have the same sincere desire and we see the deteriorating health care, and this supposedly helps us address that. None of us deny that outstate and so on the problem is serious and is going to get more serious, and I probably will support the bill on at least the first round. As Senator Lynch says, give it a chance to stand in line with the other health care bills and proposals that will be coming to us. In a day or so, I will be coming up with one, hopefully, to address the nursing shortage which is very, very severe out there, and with the current Medicaid and Medicare provisions will get worse. But I kind of look at this as every program that we have down here, we can justify its existence. I don't care whether it is ADC, whether it is health care, high-risk pregnancy, or whatever it is, social services programs, they usually...probably may return \$1 on four, and I am not saying that this might not do it, but I did a little bit of homework on the bill, and I find that the cities of Hastings, North Platte, and Kearney either have gone down to one person or have discontinued their department of health, and so I wonder, and I know it was for budget cuts and budget reasons, that if we are not asking to expand something and create more programs and more agencies that may or may not justify their cost. And Senator Lynch has a good point, let's probably not chop this bill down immediately, but in the light of that, my own city does happen to have a department of health, but I think that is about the outstate, the question what it was, well, we kind of like the bill, Arlene, because we may get some more business, but I am wondering in my own mind, and I hope that I can find some more information between now and Select File, whether or not that we can actually justify \$600,000 in starting and creating more agencies, but I know the need is there, I am not saying that. But I don't know if Senator Lynch would want to address the Kearney, the Hastings, the North Platte, why they discontinued theirs. I think it was budget reasons and maybe tied to energy, too. With that, thanks.

SPEAKER BARRETT: Thank you. Senator Labedz, followed by Senators Schimek, Haberman, and Wesely. Senator Labedz, please.

SENATOR LABEDZ: Thank you, Mr. President. LB 338 appears to be a very good bill. It is, no doubt, intended to address a legitimate important need. However, I am by no means comfortable with this bill, primarily because of its broad authorization relative to providing community public health services. The bill gives the Department of Health the authority to do virtually anything it wants to in the area of providing public health services. If we look at the definition of the community public health services and public health nursing, these definitions are completely open-ended and so it is not possible for us to actually really know what type of health services might be promoted and facilitated under this program. I certainly cannot support legislation through which, for example, the state might inadvertently facilitate or promote abortion, yet nothing in this bill would restrict this. I acknowledge the fact that you don't find any references to such things as abortion and abortion referrals or school-based clinics or that type of thing. Nevertheless, as broadly drafted as the bill is, none of these things are excluded from the bill, and I doubt whether Planned Parenthood would be supporting this bill as strongly as they have if they were not confident that their ideas which they promote could be facilitated by this legislation. Again, I recognize the value and the good that is sought to be accomplished by this bill but it leaves me extremely uneasy. I think we need to proceed very cautiously as to what we may be buying into with this broad authorization. I am in favor of the concept but very, very uncomfortable with its contents. Thank you.

SPEAKER BARRETT: Thank you. Senator Schimek.

SENATOR SCHIMEK: Senator Wesely and members of the body, Mr. Chairman, I would rise to say that I think this is a very important bill. I would like to be able to support it, Senator Wesely, but I do have a few questions about the bill. And I guess my first question is, is this...is this set up to be tied in with other health services that may or may not already be being provided? And are these regions that have been set up, do they...are they similar to other regions for other kinds of health care services? What I'm...what I'm getting at is I think that there is a pretty big fiscal bill on this particular legislation and are there ways that costs are being taken into

account here? Are there ways to combine some of these services, etcetera?

SENATOR WESELY: What would be set up by the region would be similar to some other regions that we have now in place. So they were determined along, you know, community of interest lines. There are currently some county and city health departments and what would happen is where there is a region where there currently are those type of departments and also other types of public health services that may be in place, you would have the local control element that a lot of people believe in in this body and would have that local region determining what is now there, what is needed and trying to mesh together the services under this bill to fit in with what is already being provided and fill those gaps. So I think it isn't going to...it's...six hundred some thousand dollars to provide public health services across the State of Nebraska is not an unreasonable amount of money. It's not a large amount of money and it's...I don't know that you can find efficiencies that would be able to reduce that figure. I don't think we're asking too much whatsoever.

SENATOR SCHIMEK: Okay, thank you. Also, could you tell us a little bit about this demonstration project that's talked about? And is that kind of a pilot project for this particular piece of legislation and is it tied to it in any way at all? And can you tell us a little bit about how it's worked?

SENATOR WESELY: The demonstration project?

SENATOR SCHIMEK: Uh-huh.

SENATOR WESELY: Are you talking about the...

SENATOR SCHIMEK: The one down in the southwest...

SENATOR WESELY: Oh, sure.

SENATOR SCHIMEK: ...part of the state.

SENATOR WESELY: Sure. Actually, that's...I'm glad you brought that up because we did set that up and we just...a couple years ago I passed a bill that established that in statute. And in southwest Nebraska they didn't have...it's kind of a model we based this effort on that they didn't have access to public

health services and the state came in and set up with some federal monies, I believe, a grant effort that tried to see what could happen if you had a program in place. And it was very successful in helping down there. We did pass legislation to continue that effort down in southwest Nebraska so that we could see on a regional basis how public health services could help an area and I think that's been a very positive impact down there. So we would like to try and make sure everybody in the state has access to these services.

SENATOR SCHIMEK: Can you say anything about that demonstration project that would maybe alleviate Senator Labedz's fears in that regard?

SENATOR WESELY: Oh, yeah, I mean, those things we just don't get into that abortion issue and the county public health departments that are now in place aren't really involved in that. That's a controversial issue they try and stay away from. That's not really not where they're going.

SENATOR SCHIMEK: Thank you.

SENATOR WESELY: Uh-huh.

SPEAKER BARRETT: Senator Haberman, followed by Senator Wesely.

SENATOR HABERMAN: Well, Senator Wesely, I, too, agree with the concept of the legislation. However, I agree with some of the other members of this body that it's a pretty broad piece of legislation. On page 4, public health environmental services shall mean services designed to achieve an environment conducive to human health, comfort, safety and well being. Wow! That covers everything, Senator Wesely. And I happened to notice in here it says, food protection. Well, I always thought that food was now underneath the Department of Agriculture, Department of Inspections. They have to inspect restaurants, they inspect handling of food. That is pretty well covered. Then we have water pollution, we're investigating that now. Where is it coming from to be polluted? We have air pollution. I believe we have a department presently working on air pollution. We have rec...let's see here, it says, oh, including swimming pools. I believe that all swimming pools at the present time are inspected by the Health Department and have to get a license and use certain chemicals. And then it says, and general environmental health control. This just opens up those doors,

Senator Wesely, in my humble opinion, that don't need to be opened because some of these things are being handled now. And then on page 5 it said, the home health services shall mean home nursing, physical therapy, so on and so forth, acting under the supervision of a medical professional. What is a medical professional? Is that a doctor, a nurse, a psychiatric doctor? Is it a...what is it? It doesn't say what it is. And then we go back to page 10 for the clincher of the whole thing; and the department may charge and receive fees. Charge and receive fees for what? We're giving them a considerable amount of money here but what are they going to charge and receive fees for? Is there a limit? Is there a criteria? Or just where are we going? It says that they can accept third party reimbursements. Well, what third party reimbursements? Where are we coming from on that issue? So I think that before we advance this to Select File, I, myself, like to have a bill advanced off of General File. However, before we advance this, I think that we should get answers to a lot of questions, not only mine but some other things that are in this bill. Thank you, Mr. President.

SPEAKER BARRETT: Thank you. Chairman Wesely, please, followed by Senators Warner, Smith and Lynch.

SENATOR WESELY: Thank you. Mr. Speaker and members, some legitimate questions have been raised about this legislation but it's really quite simple as to what we're trying to do here. We could have a piece of legislation that crossed every "t" and dotted every "i" and took care of every concern that's been expressed, but then you wouldn't have the one element that we think is very important here, that's local control. We're setting up a system that recognizes that every part of the state has got a different circumstance. Some areas of the state, under these regions, there will be a county or health department, perhaps, in place. We want to work with those people, supplement and complement what they're doing. The local control aspect has got to be there. If you allow this to be too restrictive, as Senator Haberman maybe is suggesting, or some other individuals, you won't be able to have the flexibility to meet the particular needs of the particular areas of the state. Now, there are, in fact, many different services, as Senator Haberman talked about, now in place dealing with these different areas, but not all of them are out there able to help these smaller towns and rural areas, that they're not able to get these types of assistance that you think should be there and they should be there but they're not. And so where they aren't,

where they're not able to be reached, where we're not able to provide that help this bill would provide a chance to fill that gap, whether it be in environmental health, which is very much a big part of health promotion, whether it be public health education or whether it be in public health nursing. And, again, the three individuals that are part of the core team would be those three, a public health individual, a health environment individual and that would be a sanitarian, and then a public health nurse. These are the areas that were identified by Senator Lynch's study as the gaps, as the big problem areas that needed to be dealt with. But we are not going to come in here with a heavy hand of the State Legislature saying, this is how it's going to be, this is how it's going to work, this is exactly what's going to happen, because once you do that the 49 of us can't make those decisions, I think, in the best interests of each and every locality and each and every region of the state. That would be wrong. So I think, Senator Haberman, I understand your concern but I have faith in the local control aspect of this bill and that's the best way to go at this time. Everybody in every region that's involved with this is going to have to work together and a plan is going to be required. The Legislature, we'll have those plans sent to us. We'll be able to review those plans. If you don't like what you get back, you shut off the funding. You stop the program. We control the purse strings. And so, by having the local control but still having the State Legislature provide the oversight, I think you have a happy marriage that deals with the various concerns that are being expressed. Senator Labeledz, you talked about a concern about what actually would be done and raised some concerns about abortion. Those concerns were raised at the hearing. I don't think you have to worry about that. I know you're worried about it but you don't have to be because I think if anything comes about that is of concern to you at the later point, you have every right to step in, stop the funding and deal with the issue. That's why the committee didn't amend the bill. We have the power, the hammer, the control in this Legislature in the future. But I, again, feel that the intent here is not to get in this area and even though some came into the hearing and wanted us to take that step, we didn't want to take that step. In my view, in my estimation, the public health people involved here will have the best interests of their local area involved, will take the steps needed and fill the gaps that are needed to be filled and will meet the needs of the state in general. So I just...I understand the concerns. Everybody seems to agree with the concept. I think the best course of

action is to proceed with the legislation, to advance the bill off to Select File, advance the bill over to Final Reading. If you have a specific problem, we'll deal with that. But if you're just raising issue, that's fine, we have looked at this and feel comfortable with the situation. We need specific suggestions, not just general concern because at this point we have heard those general concerns. We think those concerns are met. The bill is in good shape and ought to proceed. I don't think you want to ignore this problem. I don't think you want to leave the public health services that the rural areas of this state need so desperately to go again unaddressed. I think it's a small price to pay for helping our people stay healthy and lead the best productive lives that they can. So I think the legislation is in good shape and ought to proceed and...

SPEAKER BARRETT: One minute.

SENATOR WESELY: ...I ask your support for it.

SPEAKER BARRETT: Thank you, sir. Senator Warner, please.

SENATOR WARNER: I guess my comments would be directed in the way of a question to Senator Wesely and somewhat along the lines so that I can understand the impact more clearly. My impression is that the fiscal note primarily addresses personnel that would be made available in each of the districts. Is that reasonably correct?

SPEAKER BARRETT: Senator Wesely.

SENATOR WESELY: Right.

SENATOR WARNER: And then my impression is that the regions, however, are authorized to provide direct services should they choose to do so. Would that be correct?

SENATOR WESELY: Yes, they would be able to operate as they feel most efficient but they really do...the main thrust of it is to set up core teams in this area to provide the services but then also to work with the Advisory Committee in trying to come up with the plans and the way we interact with one another.

SENATOR WARNER: I think I understand the plans and all that. The part I'm...well, for example, there are some services provided by the county health department now here in Lancaster

County. Vaccinations would be an easy one to identify. It seems to me that's a combination of, in some cases, at least, of state and local and some cases might even be federal funds involved. Under this act, I assume the region could take over some of those duties if they...in the case of Lancaster County if they chose to do so and Lancaster County agreed to have the region take over a vaccination program.

SENATOR WESELY: That would be something that would be negotiated on the local regions.

SENATOR WARNER: But the...then if I understood you correct, the growth that might occur in the cost, not arguing that we're discussing the benefits now, but that, as I understood you, would be something that future Legislatures would address in budget requests and approve or disapprove, but the potential is there for providing direct services without...with or without any kind of an ability to pay test or those types of things that do affect some health services that are provided.

SENATOR WESELY: The pay test? You mean the income guidelines or something?

SENATOR WARNER: Yeah.

SENATOR WESELY: Oh...

SENATOR WARNER: Any of those kind of things.

SENATOR WESELY: Yeah.

SENATOR WARNER: There's a whole host of things provided by the local health department that have no ability to pay or any of those kind tests...

SENATOR WESELY: Right.

SENATOR WARNER: ...because it is assumed, particularly in the case of vaccination, it is significantly important that it is done and the ideas get broad coverage. I am assuming that this would expand that to a variety of...potentially if the local area decided, could expand that to a number of other areas; particularly home nursing, it seems to me, seems to be a variety of services at home, appears to me to be eligible. Is that...am I incorrect in assuming that?

SENATOR WESELY: Well, the intent would be not to duplicate anything currently in place and not to supplant it. It would, obviously, have to all be negotiated at the local level as to what's there and what needs to be done and how you would work it all together. But if things are in place right now, the intent isn't for this to come in and take it over whatsoever. But the home health nursing type activity that we're talking about, I heard Senator Haberman talking about fees, that would be one of the reasons that you have the fees in there.

SENATOR WARNER: Okay, thank you.

SENATOR WESELY: Maybe you might ask Senator Lynch. He might be able to respond to some of your questions too.

SPEAKER BARRETT: Excuse me. Before recognizing Senator Smith, the Chair is extremely pleased to announce 32 guests in the north balcony, participants in the Nebraska LEAD Program. They come to us from all over the State of Nebraska with their Campus Coordinators. Would you LEAD fellows please stand and be recognized by your Legislature. Thank you. We're very pleased to have you with us today. Senator Smith, please, followed by Senators Lynch and Scofield.

SENATOR SMITH: Thank you, Mr. President. And before I start, I would say that if I have any time left over, I would like to give that time to Senator Haberman. I have a number of questions and I think maybe what I would start by doing is asking you, Senator...if Senator Lynch could answer some questions for me.

SPEAKER BARRETT: Senator Lynch, would you respond, please.

SENATOR SMITH: Senator Lynch, since this is your bill, I think probably you would be the person that I should ask. I was looking through here and some of the concerns that have been raised kind of caught my attention. And, by the way, I want to preface this with the fact that on the surface I think this is something that I would be very supportive of. Page 5, your paragraph there that Senator Warner was discussing regarding home health services and it talks about all the things that they could do in the home. I know for a fact that, for instance, the Department of Social Services can do some of these things that...in conjunction with the Department of Social Services at

the hospital, for instance, they can do some of these...or the home health services with the hospital they can do some of these things. The Department on Aging does some of these things but the department does not...or of Aging does not do these things directly, they contract for these kinds of services. And you remember that I had a bill that was finally passed last year, my care management bill which will allow for the provisions of these kinds of services after the assessment process takes place and that sort of thing. Do you...in your definition of what the bill contains, would they be able to contract or are they providing these services directly?

SENATOR LYNCH: It is my understanding, first of all, that nothing could happen probably until after the second year. First of all, secondly, this legislation does not provide the ability for these agencies of state government to contract with anybody.

SENATOR SMITH: So they can't contract to provide...

SENATOR LYNCH: No, they cannot contract.

SENATOR SMITH: How would...this would not then impact favorably as far as the care management bill where we have a concern in the rural areas for the lack of services that are available and that the area agencies on aging have the lead role...

SENATOR LYNCH: Uh-huh.

SENATOR SMITH: ...as designated by federal to provide those kinds of services or to contract to provide those kinds of services. I...you know, we talk about we don't...the fact that we don't want to see duplication here but if these people can't contract to provide this, then I'm not sure how this is going to help in any way when, for instance, the care management bill last year talked about the requirement to get services starts out with an assessment. And you do need to use a nurse as a part of that assessment team and that's why I thought this, on the surface, looked very good. But if they can't use these people, then what we're doing, I think, is setting up a separate layer of duplication here.

SENATOR LYNCH: First of all, I would stand corrected. Under some circumstances where a plan would determine there was an unmet need this would provide in areas where special education

programs, for example, that are now providing health education, would not overlap or duplicate that. It would not provide nursing programs as identified by Senator Warner.

SENATOR SMITH: How about the homemaker and the home...the health aide service?

SENATOR LYNCH: None of...no, it could provide for those if there is a need for it, but nothing...

SENATOR SMITH: Could they contract?

SENATOR LYNCH: They pro...well, they could, I guess, if the local jurisdictions want them to. They can do no more than what that Advisory Committee, made up of one person from all of the participating counties, would recommend be accomplished and then that could not happen until after that plan and proposal, in fact, submitted to the Legislature for approval. So, it could only be done then in cooperation with whatever agencies would agree to. For example, there is some concern that under this bill there would be...I'm taking your time, I don't mean to get in on this, Senator Smith, but...

SENATOR SMITH: Yeah, are you going to speak later? Will you...

SENATOR LYNCH: I have my light on so I can...

SENATOR SMITH: Okay, well, then will you save that for that?

SENATOR LYNCH: Sure.

SENATOR SMITH: Because I have a number of questions I want to ask you.

SENATOR LYNCH: Sure.

SENATOR SMITH: Okay, the next question is in Section 18, page 8, where it talks about the Advisory Council members that would be formed, they should be appointed by the director. Would you have any objection to doing something in there that talks about with input from the local...in other words, I guess I have a concern because I have seen this happen in aging programs...

SENATOR LYNCH: Sure.

SENATOR SMITH: ...where people are appointed sometimes who necessarily are not the person that's the most informed or the best person that...and people at the local level know these people better and that they might make recommendations.

SENATOR LYNCH: I have no problem with an amendment that would provide that the county board should supply three...

SPEAKER BARRETT: One minute.

SENATOR LYNCH: ...recommendations for it.

SENATOR SMITH: Okay, then quickly, I guess I would just say that in summary...and I will have to...I have my light on again and I'm sorry, Senator Haberman, you won't get any of my time probably, that it looks to me as though, in a lot of ways, this is set up following the pattern that is used by the system that's used by the area agencies in the state, the regions that have been established with the advisory councils, and so on. And I do think it's really important that we do everything we can to locate...to have local control, but I do want to make sure that we don't have duplication of services, that we have finally put together something that is going to help our rural people where there aren't services available and that's what I want this bill to do. I want them to provide services but be able to contract to get those out there in coordination and in cooperation with the existing people and services and staff that are already out there, not to set another whole separate layer.

SENATOR LYNCH: Yes, ma'am.

SENATOR SMITH: So if you can explain that more fully to me, I would appreciate that. And I have some other questions maybe I can get back on again.

SPEAKER BARRETT: Time has expired.

SENATOR LYNCH: I'll get...fine.

SPEAKER BARRETT: Senator Lynch, yours is the next light, followed by Senator Scofield.

SENATOR LYNCH: I promised Senator Haberman who said he does not intend to help me anyhow, give him the first minute of my time,

Mr. President.

SPEAKER BARRETT: Senator Haberman.

SENATOR HABERMAN: Mr. President and members of the body, Senator Wesely, I caught one of your last remarks and you must be living in a dream world. You said words to the effect if they don't do the job the way we want it done, we're going to cut out their funding. You have been here 11 years like I have and I would like to see just one, just one agency or organization that this body has done away with. Oh, we went through a blood bath on that. We're going to cut the size of government. We're going to get rid of...I won't mention them because I don't want to fight on the floor, all these agencies. And, by golly, we're going to straighten up the act. We're going to close this medical college and that medical college. We ended up not closing any of them. So when Senator Wesely stands up here and says, by golly, we're going to do this and do it right or we're going to cut off their funding, I would like to see it. I would really like to see it. You made another remark, Senator Wesely. You said every section of the state has a different problem. Absolutely right, we do, and especially on dangerous dogs, we all have a separate problem. So I ask you not to advance this bill. Thank you, Mr. President.

SPEAKER BARRETT: Thank you. Senator Lynch, we're still on your time if you would care to use it.

SENATOR LYNCH: Thank you very much for your help, Mr. Haberman, and I appreciate that very much, especially when you accused me of saying something I didn't "said". For example, we didn't say that it's our intention to take things away from anybody at all, that was certainly not the intention of this. You have just gotten a copy of a planned...a project center and clinic sites for family planning. It's on your list. Senator Labeledz raised, I think, a very important and interesting issue. I want to, first of all, point out that these are the existing planned parenthood sites across the state. The counties, the cities are involved. Understand that there is no state or local health dollars involved with any of these programs. Understand, no state or local health dollars involved with any of these programs. There is some federal dollars. We can't do much about that. Those with private funds are the...is the money provided for these projects and centers. Also, planned parenthood group did appear before us at the hearing and offer

an amendment which said, "on page 4, line 24, insert 'postnatal reproductive health and family planning' after prenatal." For what it's worth, that was the planned parenthood recommendation to us to insert in committee as an amendment. It was not put into the bill. You know why? Because we knew Senator Labedz was here and Senator Hall and some others that may be especially concerned about this. So Senator Dierks was there turning about seven different colors. So, in any case, I can tell you that when the amendment was considered, as we should, I think there were all of us on the committee that agreed that it was not in the best interests of this legislation to include that amendment, knowing full well the debate it would stir on the floor, and, lo and behold, we didn't put it in and we got the debate on the floor. So tell me what we're supposed to do sometimes. I'm not quite sure. Secondly, as far as the staff is concerned, restaurants are the only...probably the only operations that would be involved in any proposal for some kind of a health program, a public health program in these areas. The Department of Agriculture is, in fact, involved in all food processing, as they should be and continue to be. This does not intend, would never, cannot ever overcome, duplicate, overlap, supersede or anything like that as well. There is probably a need in this legislation also to include some kind of an amendment for participation...

SPEAKER BARRETT: One minute.

SENATOR LYNCH: ...by the counties because, for those existing health agencies, public health agencies that do exist, in fact, there is extensive county monies. I can remember just recently I was on a Public Health Board and Chairman for a long time in Douglas County while I was a County Commissioner and we shared the responsibility with the city. However, it was always our consideration that it was kind of silly for the people in the city who lived within the county, obviously, to pay twice. The county now...Douglas County now is the sole administrator of that program and the sole funding source...local source for that program. So the city folks don't pay twice, they're served by the county health program anyhow. All this is intended to do is to complement what exists, to plan, to fill in the gaps and where the local jurisdictions and the county advisory and those people representing the county's advisory committee recommend provide filling in for those gaps, but certainly not until then. That probably won't happen for at least a year or two, but we'll never know, you see.

SPEAKER BARRETT: Time has expired.

SENATOR LYNCH: We'll never know unless this bill passes.

SPEAKER BARRETT: Thank you. Before recognizing Senator Scofield as the next speaker, the Chair is pleased to announce that the member from the 49th District has some guests under the north balcony. We have a graduate level class in Educational Administration from Chadron State College, along with their instructors. Would you folks please stand and be recognized. Thank you. We're glad to have you with us. Senator Scofield, please, followed by Senators Labedz, Haberman, Nelson, Smith and Wesely.

SENATOR SCOFIELD: Thank you, Mr. President, and members, I have an inclination to look favorably on a piece of legislation like this simply because it does stress some preventive kinds of health care measures. Obviously, that \$600,000 fiscal note makes you gulp more than once. But I wanted to address some questions, both to Senator Lynch and to Senator Wesely, and I will start with Senator Lynch if he will respond.

SPEAKER BARRETT: Senator Lynch, would you respond, please?

SENATOR SCOFIELD: Senator Lynch, on the map I noticed the size that you've got six pretty good sized regions there and where we're...if I'm beginning to understand how this bill would work, we would have professional people out there delivering services and, hopefully, doing some coordination.

SENATOR LYNCH: Yeah.

SENATOR SCOFIELD: And I'm wondering if you gave any thought to making those regions conform with some of the other regions. One of the things we discovered in the children's study is we've got different sets of regions in this state for everything under the sun, whether it be aging or our mental retardation or several other regions. Have you thought about that? I guess I'm going to say that if we decided to do this at some point that I think the area...I'm just talking about take, for instance, the Panhandle, although you have done a pretty equitable job of carving up the state with six, I'm not convinced that those folks can cover that kind of area and do justice by that and I wondered if within the committee you

talked about the possibility of maybe making those regions a bit smaller and perhaps making them conform with other regions that are already in place.

SENATOR LYNCH: Senator Scofield, Mr. President and members, good question. We did address this for at least two days in our subcommittee and in our other deliberations on the issue. There are, in fact, you're right, a number of different areas for everything. When I was in Douglas County we had 14 different areas. We had the Health Planning Council in the Midlands; we had the Metropolitan Area Transit, I could go on down the list of things; the Douglas County Health Department, etcetera, etcetera. So legitimate concern. We did address those kinds of things in our deliberations and rather than coming down on the six mental health regions or the six retardation regions came down on, since this would be a public health responsibility, agreed that the proposed six regions should be the existing health department regions. Interestingly enough, for those that don't know, the health department regions are different from the MR and from the mental health regions. But that is a problem for us. I have no problem with trying to consolidate the regions in any way to make it administratively more effective. This only exists because they were...they accepted the mental health...mental...or the State Health Department regions as they now exist.

SENATOR SCOFIELD: Thank you. The other question I think either you or...you have been addressing the whole issue of coordination and Senator Smith and a number of others have raised that but I would give the rest of my time to both you and Senator Wesely to talk about, in more depth, if you feel it's necessary to talk about how we might, as a Legislature, do some coordination in there so that, in fact, those gaps get filled and you and I both have been around long enough to know that there is a little bit of turf out there once in a while and I don't know that we have ever...after being...working on the Childrens' Committee and you have been interested in that, a lot of people have been, I don't know that we have been remarkably successful in our well-intentioned attempts to coordinate and we have some things to learn about how to do that yet. And I guess I would appreciate some expansion on what role you see in the Legislature and particularly the Health Committee in that coordination, and specifically then beyond that what have your deliberations been in the committee? We have a number of interesting looking health bills out there coming down the pike.

Have you...are you going to bring us kind of a package of health proposals? It's difficult for me not having the advantage of sitting in the committee and listening to those bills to figure out how to put all the pieces together so we come out with a better system. You can both take the rest of my time to respond to that however you please. Thank you.

SPEAKER BARRETT: One minute. Senator Lynch, please, the Chair would ask you to speak into the microphone.

SENATOR LYNCH: Okay.

SPEAKER BARRETT: Make it a little easier for the transcribers. Thank you.

SENATOR LYNCH: Yes. Senator Scofield, members, we did look at more regions but that meant more cost. You have a...I don't know if you have a yellow sheet in your list but it indicates the Panhandle, for example, has...I don't think the microphone works too good, Mr. President, but I will...I can holler old William Jennings Bryan act here if I can or have to. The Panhandle has about a 100,000 people served as a region, very large region. The west central has 114, the central has 215,000, northern has 205, southeast 385,000 and the midlands has 535,000. All have the same four staff. The reason the difference in the population is that the geography and the unmet need determine probably the region in addition to the existing health department regions. Now, keep in mind that this is...and all of the budgets, as you will see, can be different. That's because existing, for example, in the Panhandle there apparently are sanitarians on board so public health nursing, health educator and clerk are the only ones involved. You can see in the central, for example, there's a sanitarian involved, along with public health nursing, health educator and clerk, therefore, the budget is a little higher. That was the reason. We already have a pretty good idea what's out there. We also know very well what's not out there.

SPEAKER BARRETT: Time has expired. Thank you, sir. Senator Labedz.

SENATOR LABEDZ: Thank you, Mr. President. I believe it was either Senator Wesely or Senator Lynch that mentioned the fact that they would not be able to contract with any other public health department or community agencies for service. But in the

bill, on page 7, it states on line 16, the director shall appoint a member of the core team to act as a service region director. In order to carry out the provisions of this section, the department, acting on behalf of each region, may contract with local public health departments and other community agencies for a service. I would like to ask Senator Lynch a question if he would so yield.

SPEAKER BARRETT: Senator Lynch, would you respond to a question?

SENATOR LYNCH: Yes, ma'am.

SENATOR LABEDZ: Under this bill, could the State Department of Health or one of the regional core teams contract with, say, Planned Parenthood or any other family planning agency which does abortion counseling and refers for abortions?

SENATOR LYNCH: Yes. But that would never happen as long...well, no, let me...I can say, sure, anything is possible but that's the reason the committee did not accept the amendment that was suggested. And I'm concerned that in the process of suggesting we want to make sure we don't allow lives to be lost; we also, by not passing this legislation, do not, in fact, do that very same thing, lose lives because we don't recognize the public health responsibility. That public health department recommendation from that area can only do what is recommended to do and, in fact, fund it. So there would have to be a support for and an agreement of that kind of thing within this public health program just as it does on the local level as well, now existing.

SENATOR LABEDZ: Thank you, Senator Lynch. I am still very concerned. It is a good bill in other respects, but I still believe that abortion is included as a public health service and I am very, very, very careful about voting to advance LB 338 at this time. Thank you.

SPEAKER BARRETT: Thank you. Senator Haberman, please.

SENATOR HABERMAN: I call the question.

SPEAKER BARRETT: Senator Haberman moves the previous question. Do I see five hands? I do. The question before the body then, shall debate cease? Those in favor vote aye, opposed nay.

Shall the debate now close? Have you all voted? Record, please.

CLERK: 18 ayes, 12 nays to cease debate, Mr. President.

SPEAKER BARRETT: Debate does not close. Senator Nelson, further discussion on LB 338.

SENATOR NELSON: Mr. Speaker and members of the body, I don't want to belabor this and to go on and on but I have some real reservations on this and the bottom dollar here. For example, it talks about home health services. I think our educational service units, our schools, most all of our communities that do have a hospital or so on do have home health services. Our extension services are bringing us nutritional information and so on. I just really have reservations about this. I know the need is there but when we talk about the services and the potential that this bill can offer, there is no way is a public health nurse going to even make a slight dent in the need or the services and I see this as kind of duplication. And the six regions, what are you...for the services that are described here, this could go into a two or \$3 million project, I guess, if the need was answered and the need is out there. To give you a little idea of the Grand Island City Health Department, which is still being maintained outstate and apparently about one of the very few if Hastings and North Platte and Kearney discontinue their services. They have a budget of 300,000 supported primarily 50 percent tax on the county, 50 percent tax on the city and about 150,000 of that amount is license fees, service fees, contracted fees. They also receive a \$25,000 federal grant and plus a \$20,000 AIDS program which is very successful out there. So I just wonder if it's a cup of coffee that's not going to do much good for the needs that are out there or if this is, you know, adding another department, another service that is being duplicated by services that are now provided. Thank you.

SPEAKER BARRETT: Thank you. Senator Smith, followed by Senators Wesely, Hefner and Lynch.

SENATOR SMITH: Thank you, Mr. President. I have some more questions that I have to ask and I suppose probably the best person to ask again is Senator Lynch.

SENATOR LYNCH: Yes, ma'am.

SPEAKER BARRETT: Senator Lynch.

SENATOR SMITH: Senator Lynch, would this be an autonomous...I don't know what you want to call it, agency? Is that what you want to call it?

SENATOR LYNCH: No, ma'am, it would be part of the de...can you hear me now? This really doesn't work too good. Howard probably broke it over the weekend. This does not...this is not an independent agency from other state agencies. This is a State Department of Health responsibility.

SENATOR SMITH: Okay, now I guess the question that I have is it goes back to duplication again. When I'm looking at the pink fiscal note here it talks about LB 338 establishes a community public service...so on and so forth, then it gets down to the fact that each region would be served by a core team consisting of...and then it names what these would be. And the services that these people would offer would be community nursing services, home health services, disease prevention and control, health education and environment and health services, or environmental health services. Are you speaking about the fact that this is only one team for each region that's going to provide all of this, including home health services?

SENATOR LYNCH: No. No, this team would not provide home health services. They couldn't. This would help...

SENATOR SMITH: It says it right in your...right here.

SENATOR LYNCH: The team could recommend that home health services be provided where they're not being provided. But the team, themselves, I'm sure wouldn't provide those home health services. This is probably not unlike and it should not be unlike what now happens in the Department of Health and local health agencies where they contract with private agencies for the services at no additional state or local dollars, and so forth.

SENATOR SMITH: Okay, you should look at that and see once if that...that says what you're saying.

SENATOR LYNCH: You know...

SENATOR SMITH: The next question that I have is then if that's the case...now you brought me to my next question and thank you for that. Because Senator Rod Johnson came back and visited with me and I had thought of the same thing and I have a concern about how this does fit in with the current...what we do have in place as far as county health departments, regional health departments by the handout that we have from Senator Wesely.

SENATOR LYNCH: Yes.

SENATOR SMITH: We have a number of those already in existence. How will that fit in the scheme?

SENATOR LYNCH: That's in case people haven't had a chance...Senator Haberman, he's gone? I wonder if he read this.

SENATOR SMITH: Talk fast or else I will have to take my time back.

SENATOR LYNCH: Well, if I talked too fast...

SENATOR SMITH: Hurry up.

SENATOR LYNCH: ...I would go on television. There is a page identified here, community nursing, home health services, disease prevention and control, health education and environmental health. All of the existing types of programs now in existence are identified so we know what not to overlap or duplicate...

SENATOR SMITH: Not to provide.

SENATOR LYNCH: ...and, in fact, where they exist. As you can see, the State Department of Health under community nursing; local health departments have it, State Department of Health has that program in Chase, Hayes, Dundee and Hitchcock Counties. Schools are providing nursing, right? We're not going to duplicate that. Educational service units are...

SENATOR SMITH: All right, thank you. Thank you, Senator Lynch.

SENATOR LYNCH: ...and go right on down the line. So we know exactly what's out there.

SENATOR SMITH: All right, my next question is then will there

be put in place...and I understand you have a fee structure. That's how their agencies do it, that's how they pay staff. There's something about being able to charge fees and is that based on their ability to pay, and so on? And would they then hire people in this...in this division to do those services?

SENATOR LYNCH: Yes.

SENATOR SMITH: And that's how they're paid, by the fee?

SENATOR LYNCH: Is this working yet?

SENATOR SMITH: Yes.

SENATOR LYNCH: All right. Yeah, fees should be charged and we shouldn't only decide to provide a service just to expect public cost to pick up all of the costs and charge. I would expect that most of the things that would be an unmet need could, in fact, be...if not paid for, at least largely paid for through fees and that's as it should be. So in the bill there has to be authorization to charge fees.

SENATOR SMITH: Yeah, but who will they...will they arrange for additional staff to do this kind of...

SENATOR LYNCH: Oh, sure.

SENATOR SMITH: ...home health kinds of things and then they're paid by the fee?

SENATOR LYNCH: If you have to provide that service, they would have to provide staff.

SENATOR SMITH: Other than the core staff?

SENATOR LYNCH: Oh, yes, other than the core staff, yeah.

SENATOR SMITH: Okay, now it's different than what I thought I heard you say on the last question. I guess, basically, the thing that...I guess what does bother me a little bit is when I look at the...at your A bill and you can't help that, that's what they come up with themselves, the fiscal note, I should say...

SENATOR LYNCH: Yeah.

SPEAKER BARRETT: One minute.

SENATOR SMITH: ...the fact that over about a million of that is going to stay right in the Department of Health for administrative costs and I always hate to see this kind of thing. They're saying that they're going to have to...when I look here, a health program administrator, two years from now it's going to be more that. It's 28,000 without any fringes, I would assume, and for the typists, \$76,129, evidently that's new, six new typists to take care of this program. I guess that I need to have you do some more explaining and I think that we need to have this thing drawn up a little bit tighter before I am totally in support of it, although I believe the concept is very good. The final thing that I would say, Senator Lynch, I have a concern about the fact that if they're going to establish staff that can do some of these things by contracting or by paying with fees, we do have a nursing shortage in rural Nebraska which I'm just putting a plug in for Senator Nelson and the bill that we have coming up, 357, I believe...

SPEAKER BARRETT: Time has expired.

SENATOR SMITH: ...about the nursing program that we do need to put in place to help support this.

SPEAKER BARRETT: Thank you. Motion on the desk, Mr. Clerk.

CLERK: Mr. President, Senator Haberman would move to indefinitely postpone the bill. Senator Wesely, as Chair of the committee, would have the option to lay the bill over, Mr. President.

SPEAKER BARRETT: Senator Wesely, do you wish...

SENATOR WESELY: I want it taken up.

SPEAKER BARRETT: Take it up at this point?

SENATOR WESELY: You bet.

SPEAKER BARRETT: Thank you. Senator Haberman, on your motion, please.

SENATOR HABERMAN: Mr. President and members of the body, what

we have heard this morning is that the majority of the senators are in favor of the concept of what the legislation addresses. However, we have had many, many questions as to the actual mechanics of how it's going to work, what it's going to cost, who is it going to help and it's so broadly written that I don't feel those questions are going to go away. I feel that possibly if we IPP this bill today and then next year if Senator Lynch and Senator Wesely wish to come in with the same type of legislation, tighten it down considerably, show the steps that would be taken, and how things are to be happening, I, for one, would support the legislation. We have discussed here a remark made that if they don't do what their supposed to do, we will cut off their funding. I can see it now if they don't do what they're supposed to do, they're going to come back and say, you didn't give us enough money. Give us some more money and we can solve all these problems, because once you start giving money to someone, you all know that it's practically hell trying to take it away from them. So although the concept would help my district in western Nebraska, I cannot support legislation that is written so loose and broad and so nonspecific as LB 338. So I ask you to support the IPP motion. Thank you, Mr. President.

SPEAKER BARRETT: Thank you. Senator Wesely, you have the opportunity to respond.

SENATOR WESELY: Thank you. Mr. Speaker and members, if this wasn't such a sad situation, it would be very amusing to me, frankly, because before you stands the Chairman of the Health Committee and I have been Chairman now this is my fifth year. I'm from Lincoln, Nebraska. I have three people that live outside the city limits in my district. This bill does nothing for me. The Vice Chairman of the committee, Senator Dan Lynch from Omaha, was the one that Chaired this study and came back with a piece of legislation. This bill does nothing for him. We're both standing here trying to argue with you about, from our perspectives of long service on the Health Committee and we've studied in detail for a full year and have followed up with further research in the following years what is a big gap in the service area in public health in this state. We have come back with a proposal that emphasizes local control to allow local areas to determine what's in their own best interest to meet their public health needs and the very people you would assume would welcome this proposal, the rural, conservative, local control oriented individuals are now standing up and fighting us on this piece of legislation. I find it amazing and

amusing. If you want to kill the bill, if you want to stop this effort, then go right ahead, but I think you will be making a serious mistake. It won't hurt me and it won't hurt Senator Lynch and it won't hurt very many of us in this Legislature from the urban areas. We've got our programs and they'll just continue like they are, but this state will be hurt. The whole state will be hurt and we care about the whole state because when you have a sick child because they couldn't afford to get immunized in western Nebraska, that child is a child that we all care about and we share in the suffering. And a child that can't get the sort of public education to help them understand how to take care of themselves so they don't get sick in schools or in other situations, that child is a child I care about. I don't care where that child is in this state. But you ought to care too. And I don't understand the idea of killing this bill. You ought to withdraw the kill motion, Senator Haberman. You've got specific problems with the bill, we'll deal with specific problems. You've got general concerns about the bill, we'll try to answer your questions. I think we can find the solutions to your concerns. We've spent a lot of time on this issue. There is an answer to these different concerns that you have and I find it very interesting to have the discussion that we're having and I think it's fine. I don't mind going on and we can take more time with this because public health is that important to this state. We don't have in place the public health system that we should have. We don't have the services there in many areas of the state that we should have. We're trying to do something about that problem. There is a cost associated with this at six hundred some thousand dollars. It's a small price to pay, I think, to take care of people to make sure that they stay healthy. That's really all we're talking about. We've blown this thing far up out of proportion in terms of the specifics. There are concerns here that really aren't needed. I think that you're not going to find abortion and referrals and whatever as part of this. That's not the intent. You're not going to find duplication of services in this bill that some people are concerned about because that's not the intent. Now, maybe some of these things that we have intent with don't end up happening but I can tell you right now that the whole plan is to have in place services that aren't now being met. We understand what Senator Smith talked about when you have in place home health services and area agency on aging. We don't want to duplicate that. What we're trying to do is come up with a whole different idea and we've done it before in the Family Support Act. We passed that bill and that program put into place a

system where people fall through the cracks, we have a place to take care of them. And we find that the bureaucracy sometimes just doesn't work and we found a way to deal with that. This is the same way. We don't want to set up a whole system where you've got to interplay and every "t" is crossed and "i" dotted. We're trying to find a way on the local level to sit down and talk to one another; the area agencies on aging, the local health departments, the doctors, the hospitals, the different people involved, and let's work together and find out what that area of the state needs and where we find that need being unmet this bill will help provide for that. I don't think that's unreasonable. I don't think that there is a problem.

SPEAKER BARRETT: One minute.

SENATOR WESELY: And I do think, as I said, as Senator Haberman said, I'm in a dream world when I say this Legislature won't stop a program. This Legislature will have the final discussion on the budget. The plans of these areas have to be submitted to the Health Department and approved and I think it's an excellent way to go. I'll give the rest of my time to Senator Smith.

SPEAKER BARRETT: Senator Smith, 40 seconds.

SENATOR SMITH: Thank you, Senator Wesely. I would just say that I see the concept as being very good. And I also see that Senator Dan Lynch and Senator Wesely are willing to talk with us about the concerns that we may have, if we still have some, and I do have a few. And I think that they're willing to work this out with us. I don't think that we should support an IPP at this time. I think this is too good an idea for us just to drop right here. We need to talk about it and get this thing worked out if we can. I will not support an IPP.

SPEAKER BARRETT: Thank you. Discussion now on the motion to indefinitely postpone. Senator Hefner, would you care to discuss it? Followed by Senator Lynch.

SENATOR HEFNER: Mr. President and members of the body, Senator Haberman, I didn't realize you were going to put an IPP motion up right away, but I think we need to talk about it. Like most of the speakers have said, the concept is good. I believe that the concept is good because I represent a predominantly rural area and we do have a few problems out there. But whether we have enough problems to go this far, I don't know. I'm

concerned about the duplication of services. Senator Lynch and Senator Wesely have said it won't be a duplication of services and I hope that it will not be, because it costs enough to do it the first time. But as I analyze the fiscal note, I notice that this is for the staff and for administration only. My concern is what is the rest of the program going to cost? I think we could look down the road and see probably another million or two in the next couple of years. And so the program is going to be very expensive. The fiscal note says a little over 600,000 now, about 700,000 next year, and maybe...maybe a million or two in the following years. Senator Wesely says he wants to help the rural areas and we do need a little more help out there. But the local hospitals, the regional hospitals, the local doctors are...I think they're doing a good job. We have some local hospitals that are providing home health care nurses. They're supervising them and putting them on a schedule. We also have the area on aging. We have the nurses in our schools and so we're taking care of quite a few of these things right now. And so I believe what I would like to see is that we just hold this bill and discuss it a little more and maybe we can work out some of the compromises to it.

SPEAKER BARRETT: Thank you. Senator Lynch, followed by Senators Pirsch, Lamb and Dierks.

SENATOR LYNCH: Mr. Chairman and members, I'm concerned that we're talking about things being good ideas, we probably shouldn't consider them because we're not sure what they cost and that's not true in this case. We're getting right now what the total budget is for the State Department of Health, how much of that is General Fund revenues. You know, they contract for an awful lot of services and there is quite a bit, just like with highways, federal and other county monies in some cases involved. And this is, in fact, as was raised by Senator Scofield, you know, what else is happening out there and this is, in fact, part of the whole. This kind of...this kind of a legislation is vital and important to the development of a rural health concern which we'll be discussing next. One without the other probably won't work so I guess if we're shooting down concepts, that's the next one to go. This should be given a chance to work. This is...there is an obvious unmet need if you would just simply turn to this page again. For example, they have on that five areas of interest for public health; community nursing, home health services, disease prevention and control, health education, environmental health. If you look under

health education, we've got local public health departments, state departments of health, area agents on aging, community action agencies, hospitals. Health associations, there are a number of them; American Cancer Society, diabetes, Heart Association, Lung Association, Arthritis Association, cystic fibrosis, Easter Seals, March of Dimes, muscular dystrophy, kidney, multiple sclerosis and prevention of blindness, myasthenia gravis, you know, the whole thing is listed there. We know who is out there, but, see, that's the beautiful thing about this. We know who is out there. We also know who is not being served. And, in fact, unfortunately for those that don't want to recognize the need, I can understand that. In Senator Haberman's district, he's already getting some state funds on a demonstration project in his county. I guess he doesn't have to worry about it anymore. He's being taken care of. There's a lot of the rest of you that don't have those counties in your regions that aren't. So maybe that's the reason he's not concerned, or maybe, hopefully, he knows the difference. I'm not sure. All I can say is that there is no overlapping or duplication and never was intended to be. There are people being left unserved. There is a public health need. At the present time, this state spends nothing, zero, zero on public health. And, as I told you when I opened, I'm not suggesting we spend it because we're not spending anything at all, I'm suggesting we spend it because there is an obvious unmet need. You know, this is yours, it's not mine. If you can go back home and justify the fact that there will be people left unserved, I guess that's your conscience, not mine. I'm not going to worry about that. But it would bother me, I guess. Just because we've got it in our areas and Don has it in his areas and some of the rest of you have some of it doesn't mean we shouldn't recognize...we shouldn't recognize it on that need and do something about it. I would just like to humbly suggest that because this is an important part of the whole, it's an important part of our next consideration on rural health, it will be part of our consideration on the nursing shortage and program, all of it ties together. They should all move. They all should be considered and a consensus should be developed and parts of this may go, parts of it may not and maybe none of it will go if, in fact, some of the other programs and recommendations can fit. But this is no different than a lot of other things where good ideas develop, important unmet needs are suggested to be met and unless you keep them on the floor so they can be discussed as part of the whole and understood so all of us can understand and support them in good faith, it really

can, in fact, jeopardize...

SPEAKER BARRETT: One minute.

SENATOR LYNCH: ...the other bills that we have for consideration on, in fact, public health and rural health. I would like to simply suggest that it would not be in the best interest of anybody in this state to routinely kill this, especially based on the arguments that I have heard so far. This is not a broad issue. There's a song in South Pacific and this is done only because of what the song says, not because I say and I don't say this out of disrespect, "as broad as a broad should be broad". Everybody in that show that was a girl weighed no more than a 105 pounds, I think, so I'm not sure what they meant by the song. But this is something like we're talking about now. I'm not sure we know what's in the song or what we're even talking about. Give it a chance to work. I think, in fact, it should be given a chance to live. I hope you oppose...I hope you oppose the kill motion.

SPEAKER BARRETT: Thank you. Senator Pirsch.

SENATOR PIRSCH: Thank you, Mr. Speaker. I have been trying to think my way through this as people have been talking this morning and am still quite unclear as to what effect this will make on the health care across the state and eventually I guess I would like Senator Lynch or Senator Wesely to respond. But, as I understand it, the money in the fiscal note is salaries, essentially, salaries and expenses for the Advisory Committee. Is that correct, Senator Lynch? Just a simple yes or no.

SENATOR LYNCH: Sorry, Senator Pirsch, I wasn't listening.

SENATOR PIRSCH: The 659, next year 698,000 is essentially for salaries of the health nurses, the health educators, the environmental health scientists and the typists in each of these regions and then one health program administrator in Lincoln, I suppose.

SENATOR LYNCH: Yes, ma'am, plus...

SENATOR PIRSCH: Okay.

SENATOR LYNCH: ...\$24,999 for operating expenses. Yes, plus that, that's one of the changes.

SENATOR PIRSCH: For what...for lights, heat, etcetera? Or...

SENATOR LYNCH: I would guess so. Hopefully not for inoculations.

SENATOR PIRSCH: So we would set up offices.

SENATOR LYNCH: Yes.

SENATOR PIRSCH: And then...and then the other money, of course, if for the expenses for the advisory boards that meet in everyone of these areas. And I guess I'm trying to work through the fact that what this money goes for really is another layer of bureaucracy and I can't quite understand why the Health Department does not have these kinds of expertise already on board in the department. Not one penny of this will actually go for immunizations or go for health care services but will go for salaries of those who will establish offices in these various regions and then, as I understand it, do the various things that they think need to be done or contract with the various agencies which, of course, will create more demands for the actual health service money that's necessary to accomplish what they come up with. I don't...I don't see how it's going to, for instance, address the physician recruiting. We have a special area that is trying to find physicians for local areas. I don't see how it will do any more than what we should have available in the Department of Health right now and maybe you could clarify that for me.

SENATOR LYNCH: Mr. President and members, yes. Right now it's my understanding under the Department of Health rules and regulations the only services they can contract for is home health care, nothing else. As far as the staff doing nothing except administering, obviously, the whole...the public health nurse would be providing a lot of service. So there is, in fact, service involved along with this. But, right now, the Health Department of Nebraska is not authorized to provide any service, with the exception...with the exception of home health care.

SENATOR PIRSCH: Why...why do we need this...these other layers of bureaucracy in the regions themselves then?

PRESIDENT NICHOL PRESIDING

PRESIDENT: One minute.

SENATOR PIRSCH: Can't they work with the existing agencies that are set up in all of these locations?

SENATOR LYNCH: Sure, as long as you give them this authority in this bill. But, see, you haven't given them that authority so they can't...

SENATOR PIRSCH: But we don't have to give them this much authority to have them contract.

SENATOR LYNCH: What do you mean by this much authority?

SENATOR PIRSCH: Well, we are establishing another bureaucracy to give...

SENATOR LYNCH: No, we're not.

SENATOR PIRSCH: ...the authority.

SENATOR LYNCH: No, we're just...we're expanding the responsibility of the Department of Health to provide service in the areas now unserved, just like it's now being provided in every other area, in most cases by the local jurisdictions and some other folks and there aren't enough people in these areas to do this by themselves. So it's a matter of serving people that can't help themselves, don't have the means to do it or not. You can complicate it as much as you want to by talking about layers of responsibility but this doesn't add a layer at all, it just extends the responsibility of an existing level of government responsibility to include areas. Now they can't because you prohibit that, Senator Pirsch...

PRESIDENT: Time is up.

SENATOR LYNCH: ...in the law. And this would provide that authority to help those folks.

SENATOR PIRSCH: Is my time up? I still have a lot of questions and I guess I will listen further to the debate. Thank you.

PRESIDENT: All right, thank you. Senator Lamb, please, followed by Senator Dierks.

SENATOR LAMB: Mr. President and members, I will not be supporting the kill motion, however, I do have some concerns in regard to rural health that I am not sure this bill addresses. And one of my concerns is the fact that many of the hospitals have financial problems out in the state and some of the people involved that assist them indicate that part of the problem is excessive regulation by the state. I am wondering if this will provide some relief to those hospitals or will it, on the other hand, provide what might be considered some competition which would make it more difficult for those hospitals to stay in business? Those things are not clear to me at this point and certainly I'm not going to vote to kill this bill at this point but I think there are some legitimate concerns in regard to the bill that need to be answered sometime before it passes on Final Reading.

PRESIDENT: Thank you. Senator Dierks, then Senator Elmer.

SENATOR DIERKS: Mr. President and members of the body, this bill, I believe, was brought to you or to us by people with very honorable intentions. There is nobody that would intentionally, I believe, include language that would call for abortion counseling or this type of thing. I know this has been what people are talking about. I know I wouldn't put up with it. I know Senator Lynch wouldn't put up with it. There are some problems that I have with the bill. Some of the language is a little bit fuzzy and I really think that before we offer to kill this bill, which would really be a boon, I think, to rural Nebraska, provided it's worded right and provided that the...certain amendments are made, before we do that I would like to see us at least have the chance to make those amendments and make the changes that would make this bill more acceptable to all of us. So I would not support the kill motion and I would like to, at this time, give the rest of my time to Senator Wesely who has some suggestions about possible amendments.

PRESIDENT: Senator Wesely, you have almost four minutes.

SENATOR WESELY: Thank you, Senator Dierks. In the discussion, I...you know, sometimes we take a lot of time discussing a bill and you think, geez, you know, why did we do that? And, of course, those of us that introduced the bill think it's perfect and feel comfortable with it and those of you who are asking questions are very concerned and so what happens is you have to

bring this out and you've got to ask questions. You've got to decide, you know, where are people concerned? What is the language that bothers them? I have picked up a lot from the discussion and my sense is the following, that the intent I think, hopefully, you understand where Senator Lynch and I and the committee are coming from. The intent is one I hope everybody could agree to that people out there that can't afford to get health care access or don't have the advice or the expertise out there ought to be able to get it. You know, that's just the right thing to do. So I hope we're not arguing that point. The semantics of the bill, the question of coordination Senator Scofield and others have raised, Senator Smith, are legitimate and I think there is a way to draft language to deal with some of that. We have an Advisory Council involved here. The suggestion would be to again deal with that council and having them make sure they consult with the local hospital that Senator Lamb talks about, consult with the local area agency on aging, have down, you know, the direction from us that we don't want them, as they develop this report, to do it in isolation. That's clearly not our intent anyway, but we can just make it a little clearer that these people will be talked to and discuss what's happening now and what's in place now and have that as part of the bill as they develop the plan. So, number one, we can do that, a consultation requirement and we can easily do that. And the second thing is we're not out to duplicate any existing services. I mean, if they're in place now, obviously, that's not where we're heading. They're there. We could easily add language to this bill that says that you don't have services that duplicate existing programs or existing services and then you move in and you fill the gaps, just like we talked about. It's simple to deal with, I think, at least a couple of those problems. Senator Labedz's problem is about the abortion thing. If she has some specific language that she can come back to us with, you know, we'll certainly look at it because that isn't our intent to get into that area anyway. So all of the specific problems, all the concerns that are there I know are sincere, I know are legitimate and I think there is an answer to each and everyone of them. So I would ask you to reject the kill motion. We're almost out of time this morning. Let's...we'll come back to it tomorrow and in the meantime we'll go to work on this and if you come back to us as we get done this morning and have specific things you want to see in the bill, let us know about it and when we come back to it on General File we'll work with you on it. I think this is too good an issue, too important an initiative to lose it and to not

move forward on it. We held back on it a couple years ago. We shouldn't hold back on it any longer. We have a serious problem out there, some serious concerns that have yet to be addressed and this is the bill to do it. So let's work toward answering the problems and not creating a greater problem by just dropping the issue and not going forward.

PRESIDENT: Thank you. Senator Owen Elmer, please, then Senator Hartnett.

SENATOR ELMER: Thank you, Mr. President. I'm listening to the debate with considerable interest this morning and I have mixed emotions. We have bureaucracies in abundance and people out there have a tendency to look at a new bureaucracy as salaried people being paid by their taxes that really is not too necessary. We have been talking about rural health concerns. I would like to know really what specific things that this bill would do to help some of those concerns. I can see a state office being set up in Scottsbluff or North Platte and still would require someone to drive perhaps 100 and 150 miles. If they're not able to afford their local health care, they can little afford to drive to get it for a 100 and 150 miles. It seems that this money might be better directed to those local communities for these kinds of things through their hospitals or doctors that are already there. Maybe some of those questions could be answered but I don't think I want to kill it but I really don't think I want to advance it either. Thank you.

PRESIDENT: Thank you. Senator Hartnett, then Senator Lynch, please.

SENATOR HARTNETT: Mr. President and members of the body, I guess I haven't talked about this bill and I usually leave the health issues up to the experts, Senator Wesely and Senator Lynch, but maybe Senator Wesely can answer the question for me but I maybe will ask him or Senator Lynch because with the duplication of services and a couple of weeks ago, I think it was right after the 1st of January, I was up in...my sister-in-law up in Senator Conway's area was elected to the county commissioners and I went up for the swearing in and it happened to be the day of, you know, where kids are getting shots and so what you're saying is that that still will be a function of the counties that this will not take over and so forth. Is that true?

SENATOR WESELY: That's correct, yes, Senator Hartnett.

SENATOR HARTNETT: Okay, the second question...the second question I have for you or Senator Lynch is can you find the expertise of the people that you have listed in here because I think we have some bills coming later on to deal with the, you know, with the health...with the health care and nursing and so forth that you have listed and how does that salary that you have listed there compare with what they're making right now?

SENATOR WESELY: I think that shouldn't be any problem but the budget was put together by the Health Department, they know the salary levels. They have had to hire these people and so I feel very comfortable with that.

SENATOR HARTNETT: Okay. My third observation and it was...deals with an issue that I have a great deal of personal feeling with. Are we starting something like we did when ESUs, the Educational Service Units that came in back a few years ago before my time and I...and it's just, you know, they were supposed to do a job and it...all it did is add another layer, you know, to the educational things that...and so that is my...that's a concern that I have in the back of my mind. Are we just starting something that starts out kind of like a little puppy? We were talking about dog bills earlier (laughter) and it ends up in...

SENATOR WESELY: (inaudible) dog.

SENATOR HARTNETT: ...in a large dog. So are we starting it out...and I shouldn't use the dog at this...because I see where you people are coming, maybe the dog is the wrong connotation. But I just am concerned that we're starting out with a small budget figure and it's going to grow and, you know, so forth. That's my concern. You don't have to answer that, Senator Wesely, but...

SENATOR WESELY: I would like to, if you don't mind. Could I respond to that?

SENATOR HARTNETT: Yeah, sure.

SENATOR WESELY: Because it's a legitimate question. The ESUs are local in nature, created by us, but still local. This would be an adjunct of the State Department of Health funded by state

funds and so we have much more of an oversight than we do over the ESUs and the budget and what have you. And, in addition, the other option to not having the local advisory councils in this region will be just to give the money directly to the Health Department and tell them to hire people and go do this. Well, our sense is that it's better for the rest of the state to not do that, to have the local advice and the local input and so that's why we set up those advisory councils. If you don't want them, we would just take the money and give it to the Health Department, but I don't think that's what people should do.

SENATOR HARTNETT: Thank you, Don.

SENATOR HARTNETT: And, Senator Lynch, I think you had...I don't know if you wanted to respond to that too, but...

PRESIDENT: Senator Lynch, please, then Senator Lindsay.

SENATOR LYNCH: Yeah, just to react. A long time ago when we set up our local programs for retardation in Douglas County we were the first ones that did it and we were going to do it in Douglas County. Well, we recognized that in Cass County and Sarpy and Dodge and in Washington they had folks who were also retarded and couldn't afford nothing. They couldn't afford it. So we created a five-county effort voluntarily. Douglas County paid 88 percent of the cost. We did that voluntarily. And why? Because we simply wanted to share our resources with those people that had less than we had. The result of that was it worked out so well and we did that. We didn't have...we had one person from each county on the advisory committee, just one. I was the only one for 15 years. But we still paid 88 percent of the cost because we thought that was fair, because we had the resources. Cass County paid one percent. I'm not sure what the others paid right now. We didn't have any problem with that. It was sort of trying to help our neighbor share, in fact, in a needed service that they couldn't afford to provide themselves. When you boil it all down that's all this is. There are counties out there that don't have nothing, that need something. We're not creating new agencies at all, we're just adding to their responsibilities so they can take care of those folks...

PRESIDENT: Half a minute.

SENATOR LYNCH: ...and it seems to me that that's all this does. So if you don't understand that, I don't know what we can say.

That's about it, folks. If you know more than we know, fine, but don't vote against it because you don't know out of ignorance. Vote out of knowledge and understanding. Read the bill. Understand what it's supposed to serve and who it's supposed to serve. It ain't going to help me a bit. I would hope you would vote against that ill-timed motion to kill.

PRESIDENT: Time is up. Senator Lynch, your time. The question has been called. Do I see five hands? I do. The question is, shall debate cease? All those in favor vote aye, opposed nay. Record, Mr. Clerk, please.

CLERK: 25 ayes, 0 nays to cease debate, Mr. President.

PRESIDENT: Debate has ceased. Senator Haberman, would you like to close on your motion to indefinitely postpone?

SENATOR HABERMAN: Mr. President and members of the body...

PRESIDENT: Just a moment, sir.

SENATOR HABERMAN: ...I would thank...would like to thank my friend, Senator Lynch from Omaha and my friend, Senator Wesely from Lincoln, for their endeavor for introducing this legislation to help us folks out in western Nebraska. It seems as though that's the flavor the bill has taken as the remark was made there are some counties out there that need something. You are absolutely right, but this bill isn't what we need. This bill is not what we need. And then Senator Wesely now has said, well, now wait a minute, folks, don't kill my bill, let's sit down and talk about this, work it out and amend it so you do like it. Now that didn't happen until an IPP got up on the bill, then Senator Wesely decided maybe we better talk, stop and take another look. I will agree with that, if it doesn't be IPP'd before we advance the legislation, I hope nobody will say, well, let's just advance it to the next step and we'll work everything out then. We all know what happens when we do that. We never get it worked out. So if the IPP fails, I would suggest when this comes up again that we have all of the questions answered, amendments prepared and we go from there. Thank you, Mr. President.

PRESIDENT: Thank you. The question is, shall the bill be indefinitely postponed? All those in favor vote aye, opposed nay. Record, Mr. Clerk, please.

February 6, 1989

LB 70, 155, 177, 195, 198, 209, 238
254, 338, 357A, 773
LR 25

CLERK: 5 ayes, 23 nays, Mr. President, on the motion to indefinitely postpone.

PRESIDENT: The motion fails. Do you have anything for the record, Mr. Clerk?

CLERK: I do, Mr. President. Notice of hearings from the Agriculture Committee. That's signed by Senator Rod Johnson as Chair.

New A bill, LB 357A, by Senator Nelson. (Read by title for the first time. See page 605 of the Legislative Journal.)

Enrollment and Review reports LB 195, LB 198, and LB 209 to Select File with E & R amendments attached on each. Those are signed by Senator Lindsay. (See page 606 of the Legislative Journal.)

Transportation Committee would offer LB 155 to General File with amendments. That's signed by Senator Lamb. (See page 608 of the Legislative Journal.)

LR 25, Mr. President, is offered by the Appropriations Committee. (Read brief description of the resolution. See pages 607-08 of the Legislative Journal.) That will be laid over.

I have amendments to be printed to LB 70 from Senator Hall; Senator Moore to LB 177; Senator Coordsen to LB 238, and Senator Baack to LB 254. That's all that I have, Mr. President. (See pages 609-10 of the Legislative Journal.)

PRESIDENT: Senator Dennis Byars, would you step to your microphone and say something about adjourning tomorrow, February 7th, until nine o'clock, but wait just a minute, the Clerk has something.

CLERK: Excuse me, Senator. Mr. President, I have amendments to be printed to LB 773. That's offered by Senator Korshoj.

PRESIDENT: Are you ready to adjourn now? Now, Senator Byars.

SENATOR BYARS: I would move that we adjourn this body until nine o'clock on February the 7th, 1989.

February 7, 1989

LB 36, 38, 45, 46, 51, 53, 60
79, 123, 145, 168, 159, 189, 190
207, 237, 273, 308, 338, 410, 414
418, 431, 449, 458, 506, 706, 733

LB 36, LB 38, LB 53, LB 79, LB 123, LB 190, LB 51, LB 60,
LB 189, LB 207, LB 45, LB 168, and LB 169.)

Retirement Systems reports LB 46 to General File; LB 308,
General File; LB 145, General File with amendments; LB 237,
General File with amendments; LB 418, General File with
amendments; LB 506, General File with amendments. Those are all
signed by Senator Haberman as Chair. (See pages 635-40 of the
Legislative Journal.)

Health Committee reports LB 449 to General File with amendments;
LB 733, General File with amendments. Those are signed by
Senator Wesely as Chair. Business and Labor reports LB 410 to
General File; LB 414, General File. Those are signed by Senator
Coordsen as Chair. Banking Committee reports LB 431 to General
File; LB 706, General File. Those are signed by Senator Landis
as Chair. (See page 637 of the Legislative Journal.)

Mr. President, Senator Rogers has amendments to be printed to
LB 273; Senator Labedz to LB 338; Senator Smith to LB 338; and
Senator Nelson to LB 458. That's all that I have,
Mr. President. (See pages 637-38 of the Legislative Journal.)

SPEAKER BARRETT: Thank you. The Chair recognizes Senator
Conway. Would you care to adjourn us, Mr. Conway.

SENATOR CONWAY: Mr. Speaker, members, I move that we adjourn
until 9:00 a.m., February 8th.

SPEAKER BARRETT: Thank you. You've heard the motion to adjourn
until tomorrow morning at nine o'clock. Those in favor say aye.
Opposed no. Carried, we are adjourned.

Proofed by: Arleen McCrory
Arleen McCrory

SPEAKER BARRETT: Thank you, Mr. President and members of the Legislature. On behalf of the Unicameral, I want to take this opportunity to welcome each and everyone of you people who are visiting with us today representing various student FFA organizations across the State of Nebraska. It is particularly nice to have vocational student organizations such as this to visit with us, to interact with us, to shadow us, and to observe your Legislature in action. We will not take the time to introduce each of you individually, but I do want to take this opportunity to again say, welcome, we are delighted that you are here. We hope that your day is meaningful and we hope you go home this evening full of good things to say about the Nebraska Legislature. We look forward to visiting with you at luncheon as well, and now in an effort to observe the rules of the Legislature, I would hope that you can all recess now to either the north balcony or to the east balcony to observe our legislative process from those vantage points. Thank you again for coming and being with us.

PRESIDENT: And thank you, Speaker Barrett. Should like to introduce the doctor of the day, please. He is a guest of Senator Hannibal. He is from Omaha. His name is Robert Beer, and, Doctor, would you please rise. And thank you for taking care of us today, Doctor. We appreciate your being here. Move on to General File, LB 338.

ASSISTANT CLERK: Thank you, Mr. President. LB 338 was introduced by the Health and Human Services Committee. (Read title.) The bill was referred to the Health and Human Services Committee. They reported the bill back to General File. The bill was considered yesterday. Mr. President, I now have an amendment from Senator Labrdz, and that amendment is found on page 638 of the Journal.

PRESIDENT: Senator Wesely, do you wish to go back on the bill and bring us up-to-date on it, please?

SENATOR WESELY: Yes, if I could.

PRESIDENT: Yes.

SENATOR WESELY: Mr. President and members of the Legislature, LB 338, as you recall, is a bill introduced by the Health and Human Services Committee. It follows an interim study conducted and chaired by Senator Lynch back a couple of years ago, which

resulted in the introduction of LB 506 a couple of years ago dealing with this topic. That bill was advanced and then held by the Legislature and it was examined further and now refined into LB 338. The bill was introduced again by the committee, advanced, and when we discussed this on General File a couple of days ago, Senator Labeledz and Senator Smith and a few other senators had some questions. We have been working in the meantime with the senators. Those amendments are about to be offered, and both Senator Lynch and I feel comfortable with the amendments that have been printed in the Journal and would like to proceed in dealing with those amendments and answering those questions, and I think then quickly moving to vote the bill to advance it so that we don't spend quite as much time as we did the last time on this issue. Important as it is, I think the questions that have been raised are answered in part by these amendments and we feel very good about the cooperation we have had with the other senators involved.

PRESIDENT: Senator Smith, please. Okay, Senator Smith, before you do, we have an amendment, that we will take that up now. Thank you, Senator Smith.

CLERK: Mr. President, Senator Labeledz would move to amend the bill and the amendment is on page 638 of the Journal.

PRESIDENT: Thank you. Senator Labeledz, please.

SENATOR LABEDZ: Thank you, Mr. President. This amendment addresses the serious concerns that I have about this bill. As mentioned during the earlier debate, the definition of community public health services is completely open-ended. Nothing that anyone could think of as a health service is excluded. On page 2, line 24, it says, "Such services shall include, but not be limited to,..." that makes me very, very uncomfortable because I could not support something that I thought could put the force of government behind promotion of facilitation of abortion or school-based birth control clinics. Senator Lynch and Senator Wesely have stated more than once during the debate that the things I am concerned about are not intended to be included in this bill. I know they are very sincere and I appreciate that, but their intent and the way in which the legislation might ultimately become to be implemented are two different things. This amendment gives me and others a measure of assurance that the bill will carry out the intent of the sponsors as they presented it. I think it is extremely

important to deal with this now, rather than facing a problem at a later time. I ask for your support for this amendment, and the amendment is as follows, and I think it is on page 638, but the most important part of the amendment is as follows, the "Community public health services shall not include the performance of or counseling or referral for abortions or school-based or school-linked services providing distribution of or counseling or referral for contraceptives." I urge the adoption of the amendment.

PRESIDENT: Thank you. Senator Smith, did you wish to talk about the Labeledz amendment.

SENATOR SMITH: Mr. Speaker, I didn't intend to speak about this amendment, but I do want to go ahead and indicate my support for it. I will be voting with Senator Labeledz on this issue.

PRESIDENT: Thank you. Senator Wesely, please, then Senator Lynch.

SENATOR WESELY: Thank you, Mr. President. Just quickly, we are agreeable to this amendment. It was never the intent to have these types of services included in the bill, and if it makes Senator Labeledz and other senators comfortable with that specifically excluded, we have no problem with that. This is a public health services bill and it wasn't really ever planned to go into this area whatsoever. So there should be no problem with this amendment.

PRESIDENT: Thank you. Senator Lynch, followed by Senator Hefner.

SENATOR LYNCH: Mr. President, members, I would just like to also support the amendment as recommended by Senator Labeledz. I think this would, in fact, in language in the statutes and in this particular legislation clear the air, and I support it.

PRESIDENT: Thank you. Senator Hefner, then Senator Beck.

SENATOR HEFNER: Mr. President and members of the body, I just want to offer my support to this amendment. So many times here in the Legislature we draft bills, we pass bills, but we sometimes are unclear on what our intent is, and so I commend Senator Labeledz for bringing this amendment to us because this clearly states what our intent is in this field. I don't think

that we want to, or at least I don't want to promote abortions in a bill such as this. I don't really know whether I am going to support this or not yet, so I would urge you to support this amendment. It would certainly spell out the intentions of this bill a lot better.

PRESIDENT: Thank you. Senator Beck, please.

SENATOR BECK: Mr. Chairman and members of the body, I, too, would rise in support of Senator Labedz's amendment. This is a comprehensive program that we are talking about, and it needs in some areas perhaps to be, I don't want to use the word "limited" in a negative way, but I think Senator Labedz's amendment is an excellent one, and I would urge all the members to support this at this time. Thank you.

PRESIDENT: Thank you. Senator Labedz, would you like to close on your motion, please?

SENATOR LABEDZ: No closing, Mr. President, but I do thank the senators that stood up and supported the amendment. Thank you.

PRESIDENT: Thank you. The question is the adoption of the Labedz amendment. All those in favor vote aye, opposed nay. Record, Mr. Clerk, please.

ASSISTANT CLERK: 28 ayes, 0 nays, on the adoption of the amendment, Mr. President.

PRESIDENT: The amendment is adopted. Do you have anything else on it, Mr. Clerk?

ASSISTANT CLERK: Yes, I do. The next amendment I have is from Senator Smith. It is found on page 638.

PRESIDENT: Thank you. Senator Smith, please.

SENATOR SMITH: Thank you, Mr. President. Members of the body, I have said before I came down here when I have talked with any the people in my district, I have told them that I was going to be doing two things this session. I was going to talk about the fact or look at all issues concerning if we mandate something, we fund it, and that rather than starting new programs, I would support funding those that are presently in existence. The other one was that I would look very carefully at each piece of

legislation as it came to me as to how that would impact on a tax increase for the taxpayers of the State of Nebraska. That is why I have had a concern about this piece of legislation. I felt that it was too wide, too broad. It was like a shell which could be developed into a mountain over time, if we didn't do some things to try to restrict it. So for those reasons, I have some amendments that you will find in your black book, and I don't remember the page number. You have a copy of the amendment, though, that has been passed out to all of you, and it is what you will see printed, page 6...I can't read that far, 638, thank you. Okay, what this will do, my amendment is a series of little amendments to the bill, and if you follow in your bill book, you can see what we are doing here. The first thing we will do is to insert the following new section, which will be a Section 10, and it will say, "Provide shall mean the actual furnishing of services, the coordination of services furnished by other public or private agencies or corporations, or the contracting for services furnished by other public or private agencies or corporations." My reason for that is the fact that I think we need to define what we mean by the word "provide". The word "provide" is used in here, that they can provide services. I want a definition of what "to provide" means. On page 2, line 16, strike "14" and insert "15", which makes the renumbering then. On page 6, line 17 after the period insert "Such services shall not duplicate existing health services being provided by public and private providers within the region." My purpose for that is assuring us that this is not something new that is going to be placed out there that is going to be in competition with what is already existing. On page 7, the fourth amendment will be to strike line 5, or excuse me, on line 5, strike "17" and insert "18"; and in line 24 after the word "departments" insert "and other health care providers." On page 8, line 18, after the word "director" insert "based upon recommendations made by the county boards within the region." I want this to be with input by the local people, with the people that are the best qualified to serve on the advisory councils, who understand the issues, who are not just someone that for some political reason was able to be appointed to this position, and who just rubber stamps. I want these people to be very informed people, and I think that the local people will be the ones that will be the most knowledgeable about that. And then, finally, number six, you just have to renumber the remaining sections accordingly. I will also have another amendment which we are preparing. We were looking and trying to figure out how we would do this, and I have the support, my understanding, of

both Senator Wesely and Senator Lynch, which will place a cap on the amount of money that can be spent for this program, if you want to call it that, because my concern is when I spoke up...when I first began to speak, and that is that this thing could grow and become a mushroom, and so I think what we need to do is cap it. If their intent is simply that we are going to have these teams out there, that they are going to be coordinated and they are going to be providing some services to folks that are not already being provided, we do need those things in our areas, and so based on that, I could support this piece of legislation if my amendments are adopted.

PRESIDENT: Thank you. Senator Wesely, please, then Senator Lynch.

SENATOR WESELY: Thank you. Mr. President and members, I appreciate very much Senator Smith's sincere desire to deal with this issue. I think many raised questions. We heard those questions and have tried to respond with these amendments by Senator Smith. Again, what she has done is help clarify that we will have local input, the county boards will help determine who is the advisory committees; that we will work with the health care providers, we will not duplicate what they are already providing; that if there is already in place a service out there meeting a need, we are not going to be there trying to do the same thing; we are going to try to fill the gaps under this legislation. It all makes sense. I think there is, obviously, in keeping with the original intent of the bill, no problem with these amendments. They will help clarify and I don't think there should be any doubt that these should be adopted. I would ask for support for the amendments.

PRESIDENT: Thank you. Senator Lynch, please.

SENATOR LYNCH: Mr. President and members, I, too, would stand and support the recommendations in the form of amendments by Senator Smith. I think it would, again, clarify in the statute and through this amendment the scope and, in fact, the limitation for this responsibility. Good idea, I support the amendments.

PRESIDENT: Thank you. Senator Smith, would you like to close on your amendment?

SENATOR SMITH: Yes, I would like to. I think Senator Warner

was asking me a question. Would you like to ask that question. The cap, that will be the next one coming up and it is going to be 850,000. I would like to just clarify a statement that I made. Senator Withem has a real concern about what I consider a mushroom to be, and I would just say to you that I must have made a mistake when I spoke, Senator Withem, I meant it will mushroom, it won't grow like a mushroom. I would just ask for support for the amendment. Thank you.

PRESIDENT: The question is the adoption of the Smith amendment. All those in favor vote aye, opposed nay. Record, Mr. Clerk, please.

CLERK: 28 ayes, 0 nays, Mr. President, on adoption of Senator Smith's amendment.

PRESIDENT: The Smith amendment is adopted.

CLERK: Mr. President, Senator Smith would move to amend the bill. (See Smith amendment on page 644 of the Legislative Journal.)

PRESIDENT: Senator Smith, please.

SENATOR SMITH: Thank you, Mr. President. Members, this is the amendment that I said I would place which will cap the amount of money or the growth in the program, and it simply states that the cap on the program shall be at \$850,000, which I think allows enough room; if presently they are asking for six hundred, and what, fifty-nine, or something like that, thousand dollars, that will allow for some growth based on increased costs, those sorts of things, but I do believe we need to place a cap, and I am placing this with a good intent that we don't want to see this program mushroom, and I would ask for your support.

PRESIDENT: Thank you. Senator Wesely, please.

SENATOR WESELY: Thank you. Mr. President and members, I know that some of you were very concerned about the potential growth of this effort, and it was never intended by Senator Lynch or myself or the committee for this to become a major delivery system, that it, in fact, is going to do exactly what we want it to do, to come in their with their core team to work with current providers in the current situation, to coordinate among them to

fill the gaps and to meet that particular need we have identified. I think this is a very reasonable cap. We have done it before in the family support program that we passed, and some other efforts out there have had caps placed on them. They have worked. And if this alleviates the concern that is there, I think it is terrific. It never was the intent to do more than this is calling for anyway, so I would support the amendment.

PRESIDENT: Thank you. Senator Smith, would you like to close on your amendment, please? Thank you. The question is the adoption of the second Smith amendment. All those in favor vote aye, opposed nay. Record, Mr. Clerk, please.

CLERK: 27 ayes, 0 nays, Mr. President, on the adoption of Senator Smith's amendment.

PRESIDENT: The second Smith amendment is also adopted. Now we are back to the bill. Senator Wesely, are you going to...we are going to speak on the advancement of the bill now.

SENATOR WESELY: No, are we ready to...I will close. I don't need to speak any further I don't think.

PRESIDENT: All right, that will be fine.

SENATOR WESELY: Ready for that. Okay, Mr. President and members, again the legislation, we have worked on with Senator Smith and Senator Labedz. We have answered a lot of the concerns. I hope you feel comfortable now. I think you should be. This is a good piece of legislation to help rural Nebraska get public health services. I move for the advancement of the bill.

PRESIDENT: The question is the advancement of the bill. All those in favor vote aye, opposed nay. Senator Wesely, please.

SENATOR WESELY: Yeah, I will ask for a call of the house, Mr. President.

PRESIDENT: Thank you. The question is, shall the house go under call? All those in favor vote aye, opposed nay. Record, Mr. Clerk, please.

CLERK: 12 ayes, 0 nays, Mr. President, to go under call.

PRESIDENT: The house is under call. Will you please return to your desks and record your presence. Those not in the Chamber, please return to the Chamber and record your presence. Unauthorized personnel, please leave the floor. Please look up to see if your light is on, and if it isn't, please turn it on. Thank you. A roll call has been requested, so we will be taking a roll call in a minute. Looking for Senator Ashford, Senator Baack, Senator Warner, Senator Chambers, Senator Goodrich, Senator Langford, Senator Hall. We are looking for Senator Goodrich now and Senator Chambers. Senator Wesely, I understand Senator Chambers is on his way and they are looking for Senator Goodrich. All right, we will go ahead with the roll call vote, and the question is the advancement of LB 338. Mr. Clerk, please.

CLERK: (Roll call vote taken. See page 644 of the Legislative Journal.) 26 ayes, 14 nays, Mr. President, on the advancement of the bill.

PRESIDENT: LB 338 advances. Move on to LB 378. The call is raised.

CLERK: Mr. President, LB 378 was a bill that was introduced by Senators Schellpeper and Dierks. (Read title.) The bill was introduced on January 12, referred to the Health Committee. The bill was advanced to General File. I do have committee amendments pending, Mr. President. (See page 499 of the Legislative Journal.)

PRESIDENT: Senator Wesely, the committee amendments, please.

SENATOR WESELY: Thank you, Mr. President and members. LB 378 is a bill brought to us by two members of the Health and Human Services Committee, Senator Schellpeper and Senator Dierks. It would create an Office of Rural Health under the Department of Health, and the committee amendments clarify the bill in allowing for the Office of Rural Health to charge a fee for providing assistance to a community. Of course, that would be determined by the office in conjunction with the community but would allow for that action. In addition, the advisory committee that is created under the bill would be increased by three members, a physician, an optometrist, and a physician's assistant would be included, and also there is a sunset on the advisory committee so that, hopefully, we can deal with this problem and see some progress made within a five-year period.

February 9, 1989

LB 74, 155, 238, 263, 338, 378, 391
398, 499
LR 29

PRESIDENT NICHOL PRESIDING

PRESIDENT: Good morning, ladies and gentlemen. Welcome to the George W. Norris Legislative Chamber. We have with us today, as chaplain of the day, Reverend Jim McGaffin, who is with the Victory Outreach in Omaha, Nebraska. He is in Senator Lynch's district. Reverend McGaffin. Would you please rise for the invocation.

REVEREND MCGAFFIN: (Prayer offered.)

PRESIDENT: Senator Lynch, for what purpose do you rise?

SENATOR LYNCH: Request personal privilege, just for a private comment, if I could. I wanted to mention that Reverend McGaffin is the son of Jim McGaffin, who was WOW News Director for a long time, TV, in Omaha. And many of you knew Jim, and I thought I should mention that. So you might remember and recognize more of his mother than his father in Reverend McGaffin. We're sure pleased to have you here today, Reverend.

PRESIDENT: Okay, thank you. Roll call, please.

CLERK: I have a quorum present, Mr. President.

PRESIDENT: Thank you. Any corrections to the Journal today?

CLERK: No corrections, Mr. President.

PRESIDENT: Any messages, reports or announcements?

CLERK: Mr. President, your Committee on Enrollment and Review respectfully reports they have carefully examined and reviewed LB 338 and recommend that same be placed on Select File with E & R amendments attached; LB 378, Select File with E & R; LB 391, Select File with E & R; LB 74, Select File; LB 398, Select File; LB 499, Select File with E & R amendments; LB 238, Select File with E & R; and LB 263, Select File. All signed by Senator Lindsay as Chair. (See pages 654-56 of the Legislative Journal.)

Mr. President, Senator Wehrbein would like to print amendments to LB 155 in the Journal. New resolution, LR 29, offered by Senator Langford. (Read brief summary of resolution. See pages 656-55 of the Journal.) That will be laid over,

February 13, 1989 LB 175A, 177A, 261A, 284A, 338

Opposed no. Carried, the bill is advanced. Mr. Clerk.

CLERK: LB 177A, Senator, I have no amendments to the bill.

SPEAKER BARRETT: Senator Lindsay.

SENATOR LINDSAY: Mr. President, I move that LB 177A be advanced to E & R Final.

SPEAKER BARRETT: Shall LB 177A be advanced? All in favor say aye. A request for a machine vote on 177A. Those in favor vote aye, opposed nay. Please record.

CLERK: 25 ayes, 3 nays, Mr. President, on the advancement of 177A.

SPEAKER BARRETT: LB 177A is advanced. LB 261A.

CLERK: LB 261A, Senator, I have no amendments to the bill.

SPEAKER BARRETT: Senator Lindsay.

SENATOR LINDSAY: Mr. President, I move that LB 261A be advanced.

SPEAKER BARRETT: Shall 261A be advanced? All in favor say aye. Opposed no. Carried, the bill is advanced. LB 284A.

CLERK: LB 284A, Senator, no amendments to the bill.

SPEAKER BARRETT: Senator Lindsay.

SENATOR LINDSAY: Mr. President, I move that LB 284A be advanced.

SPEAKER BARRETT: Shall LB 284A be advanced? All in favor say aye. Opposed no. Ayes have it, the bill is advanced. LB 338.

CLERK: LB 338, Mr. President, has E & R amendments.

SPEAKER BARRETT: Senator Lindsay.

SENATOR LINDSAY: Mr. President, I move that the E & R amendments to LB 338 be adopted.

SPEAKER BARRETT: Shall the E & R amendments be adopted to 338? Those in favor say aye. Opposed no. They are adopted.

CLERK: Nothing further, Senator.

SPEAKER BARRETT: Senator Lindsay.

SENATOR LINDSAY: Mr. President, I move that LB 338, as amended, be advanced.

SPEAKER BARRETT: Shall the bill, as amended, be advanced? Those in favor say aye. Opposed no. Ayes have it, carried. LB 378.

CLERK: LB 378, Senator, does have E & R amendments.

SPEAKER BARRETT: Senator Lindsay.

SENATOR LINDSAY: Mr. President, I move that the E & R amendments to LB 378 be adopted.

SPEAKER BARRETT: Shall the E & R amendments be adopted? All in favor say aye. Opposed no. Carried, they are adopted.

CLERK: Nothing further, Senator.

SPEAKER BARRETT: Senator Lindsay.

SENATOR LINDSAY: Mr. President, I move that LB 378, as amended, be advanced.

SPEAKER BARRETT: Shall 378, as amended, be advanced? All in favor say aye. Opposed no. Ayes have it, the bill is advanced. LB 391.

CLERK: LP 391, Senator, has E & R amendments.

SPEAKER BARRETT: Senator Lindsay.

SENATOR LINDSAY: Mr. President, I move that the E & R amendments to LB 391 be adopted.

SPEAKER BARRETT: Shall the E & R amendments be adopted? All in favor say aye. Opposed no. Ayes have it, carried.

February 15, 1989 LB 57, 58, 70, 74, 94, 97, 115
116, 126, 133, 142, 156, 175A, 177A
208, 229, 230, 233, 251, 255, 256
261A, 263, 267, 273, 281, 284A, 295
338, 378, 391, 398, 416, 443, 458
459, 499, 502

SPEAKER BARRETT PRESIDING

SPEAKER BARRETT: Welcome to the George W. Norris Legislative Chamber. Please rise for the opening prayer. Our Chaplain for the day is Father Daniel Sieker, of Blessed Sacrament in Lincoln. Father Sieker.

FATHER SIEKER: (Prayer offered.)

SPEAKER BARRETT: Thank you, Father Sieker. Please come back again. Roll call.

CLERK: I have a quorum present, Mr. President.

SPEAKER BARRETT: Thank you. Corrections to the Journal.

CLERK: I have no corrections, Mr. President.

SPEAKER BARRETT: Any reports, messages, or announcements?

CLERK: Mr. President, your Committee on Enrollment and Review respectfully reports they have carefully examined and reviewed LB 502 and recommend that same be placed on Select File, LB 281 Select File, LB 416 Select File, LB 443 Select File, those signed by Senator Lindsay as Chair. Mr. President, your Committee on Enrollment and Review reports LB 74 as correctly engrossed; LB 116, LB 175A, LB 177A, LB 208, LB 261A, LB 263, LB 267, LB 273, LB 284A, LB 338, LB 378, LB 391, LB 398, LB 458, LB 459, and LB 499, all reported correctly engrossed, all signed by Senator Lindsay. (See pages 746-47 of the Legislative Journal.)

Mr. President, a communication from the Governor to the Clerk. (Read. Re: LB 57, LB 94, LB 97, LB 126, LB 133, LB 229, LB 230, LB 233, LB 251, LB 255, LB 295, LB 58, LB 70, LB 115, LB 142, LB 156, LB 256. See page 748 of the Legislative Journal.)

are, let's let kids know what the rules are about this bypass procedure, let's understand that if they go to the school nurse, they learn about it as well so that they know what their rights are. Now my guess is the right to know that Senator Labedz supports ends with 769 and does not endorse Senator Lynch's right to know because they are conceptually different. My guess is she is going to stand up and oppose this amendment. It is the same idea, by the way, that happened a couple of years ago when Senator Labedz spoke on behalf of a bill that put in some credentials for people who were identifying or giving advice to or counseling pregnant women about family planning and abortion, and she wanted to put in the statutes some special terms and qualifications and credentials. The motion was made to apply that language to the pro-life counselors who also have open counseling sessions, the notion that if, in fact, these credentials make sense, let's do them for everybody who is out there giving information to young girls. No, no, no, that wasn't acceptable. Senator Labedz, Senator Hall fought that amendment trying to adopt this generalized rule of good credentials, good information, the burden was borne on only one side of the ledger. Senator Labedz, also, in LB 338 just this year, among others, spoke about the need to put into our public health law language that says, gosh, you can't use this public health law to give information that would include abortion among other things. The right to know comes to an end when it doesn't enforce the message that Senator Labedz believes in and the pro-life organizations. The right to know is not something in which, by the way, she is willing to endorse this by having people learn through LB 338, through the public health system what available forms of medical assistance there are. My guess is this one isn't going to meet it. My guess is that there was an attempt, as there was in this case, like there was, they attempted to stonewall the counselors who argue the pro-life counseling circumstances, that they should have no credentials, unlike the ones who counsel on, you might say, the other side of the issue. The purpose of 769 is not to assist parents, and it is not to assist children. It is part of a nationwide strategy that has at its heart a simple very heartfelt belief, and that national strategy has one arm that is litigation, one arm that is legislation, and one arm that is agitation, some of it violent. The goal of that nationwide strategy is to rescind a constitutional right to privacy for all women. That is the goal. I do not share that goal and, frankly, these arguments at the edges are meant to be forms of harassment and to continue to make sure that pot boils. And while accommodations might be

provided to the minor individual, the minor woman, girl, who is going through this very traumatic experience, and it might be argued that possibly this is encouraging the minor to go the way of the judicial bypass rather than the notification, but I really don't think...I think that is too speculative. I think what we have got here, and I agree with Senator Landis, and I agree with Senator Labedz in a lot of what she says, and I agree with Senator Landis on what he said about LB 338. I think it is important that in our society that we educate our children about birth control, that we educate our children about the alternatives that are available including adoption, and adoption should be very high on the list. But what we are doing by Senator Lynch's amendment I think is taking a real solid middle ground on this issue. We are encouraging dialogue. I think we have to separate ourselves from the polar sides of this issue and look at what is best for our society, both the unborn and the born, the person who is giving birth to this child, hopefully. And I think that Senator Lynch is getting at that issue, and I understand Senator Labedz's concern possibly about the effect on the constitutionality of the bill. She has worked hard and long on this bill and feels very strongly about it and I respect that, but I think Senator Lynch has really hit at something here, and I think...remember, the Supreme Court is looking at this case, the Missouri case, there are going to be changes in the law. I don't think we need to worry too much at this stage about what is constitutional or what is not constitutional because this bill is going to be challenged anyway, and I think that what we ought to do is to adopt good public policy, is adopt good public policy, and I think the byword should be dialogue, and the dialogue should start at the earliest possible point in this process. And I think Senator Lynch in both of his amendments has hit at this. Now maybe there are other ways of doing it and maybe this is not the most perfect way, but I really commend him on this because I think he has taken a solid middle ground. I think we, as a body, should not worry so much about what lobbyists on both sides of this issue tell us, but I think we should look at it and read the words that are printed there because I think they are very meaningful, and I support it. I hope we all put this amendment on and not worry about the constitutionality, not worry about the lobbyists on either side, but try to adopt a good solid public policy. Thank you.

SPEAKER BARRETT: Senator Labedz, on the Lynch amendment.

March 22, 1990

LB 338, 642, 931
LR 383

SPEAKER BARRETT: Senator Lindsay.

SENATOR LINDSAY: Were there no E & R amendments? Mr. President, I move that LB 931 be advanced to E & R for Engrossing.

SPEAKER BARRETT: There are E & R.

SENATOR LINDSAY: There are E & R. I move the adoption of the E & R amendments.

SPEAKER BARRETT: Are you certain?

SENATOR LINDSAY: I think that will be the motion.

SPEAKER BARRETT: Thank you. Any discussion? Shall the E & R amendments be adopted? All in favor say aye. Opposed no. Carried. They are adopted.

ASSISTANT CLERK: Mr. President, I have nothing further on the bill.

SPEAKER BARRETT: Any discussion on the advancement of the bill? Shall LB 931 be advanced? All in favor say aye. Opposed no. Carried. The bill is advanced. Mr. Clerk, have you items for the record?

ASSISTANT CLERK: Yes, I do, Mr. President, three items. I have amendments to LB 338 to be printed in the Journal. (See pages 1591-94 of the Legislative Journal.)

Explanation of vote from Senator Scofield. (See page 1594 regarding LB 642.) And a request from Senator Labeledz to add her name as co-introducer to LR 383.

SPEAKER BARRETT: Thank you. Before asking Senator Morrissey to adjourn us, I want to take a moment to thank you very much for two very good days' work. Most appreciative. I hope we can come back Tuesday and start where we left off today. Thank you very much, it's appreciated. Senator Morrissey.

SENATOR MORRISSEY: Yes, Mr. Speaker, members, I move we adjourn until Tuesday, March 27, at 9:00 a.m.

March 29, 1990

LB 163, 163A, 164, 164A, 187, 187A, 259
259A, 260, 260A, 272A, 313, 313A, 338
488, 488A, 503, 503A, 520, 520A, 536
567, 567A, 662, 898, 899, 1031, 1125
1126, 1170, 1220

morning visiting in the south balcony. While the Legislature is in session and capable of transacting business, I propose to sign and I do sign LB 520, LB 520A, LB 567, and LB 567A. Senator Lynch, please check in. Senator Byars. Senator Schimek, please. Senator Labedz. Members will return to your seats for a roll call vote. Mr. Clerk.

CLERK: (Roll call vote taken. See pages 1713-14 of the Legislative Journal.) 14 ayes, 33 nays, Mr. President, on the motion to return the bill.

SPEAKER BARRETT: Motion fails. Mr. Clerk, have you a priority motion?

CLERK: I do, Mr. President. May I read some items?

SPEAKER BARRETT: Proceed.

CLERK: Mr. President, amendments to be printed to LB 338 by the Health and Human Services Committee. (See pages 1714-17 of the Legislative Journal.)

Messages that bills read on Final Reading this morning have been presented to the Governor. (Re: LB 1031, LB 1125, LB 1170, LB 536, LB 1220, LB 1126, LB 898, LB 899, LB 163, LB 163A, LB 164, LB 164A, LB 187, LB 187A, LB 259, LB 259A, LB 260, LB 260A, LB 272A, LB 313, LB 313A, LB 488, LB 488A, LB 503, LB 503A. See page 1714 of the Legislative Journal.)

And LB 272A has been reported correctly enrolled, Mr. President. That is all that I have.

SPEAKER BARRETT: To the motion.

CLERK: Mr. President, the first motion, Senator Hall would move to recess until one-thirty, Mr. President.

SPEAKER BARRETT: You have heard the motion to recess until one-thirty. All in favor say aye. Opposed no. Carried. We are recessed.

RECESS