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Health and Human Services Committee February 6, 2026
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HARDIN: Welcome to the Health and Human Services Committee. I'm Senator Brian Hardin, District 48. And I serve as chair of the committee. The committee will take up the bills in the order posted. This public hearing today is your opportunity to be a part of the legislative process and to express your position on the proposed legislation before us. If you're planning to testify today, please fill out one of the green testifier sheets that are on the table in these little rooms off to the side. Be sure to print clearly. Fill it out completely. Please move to the front row to be ready to testify. When it's your turn to come forward, give the testifier sheet to the page. If you do not wish to testify but would like to indicate your position on a bill, there are also yellow sign-in sheets on that same table. These sheets will be included as an exhibit in the official hearing record. When you come up to testify, please speak clearly into the microphone. Tell us your name, and spell your first and last name to ensure we get an accurate record. We'll begin each bill hearing today with the introducer's opening statement, followed by proponents of the bill, then opponents, and finally by anyone speaking in the neutral capacity. We'll finish with a closing statement by the introducer if they wish to give one. We'll be using a three-minute light system for all testifiers. When you begin your testimony, the light on the table will be green. When the light is yellow, you have one minute remaining. And when you have a red light, it means finish up real quick. Also, committee members may come and go during the hearing. This has nothing to do with the importance of the bills being heard. It's just part of the process, as senators may have to introduce bills in other committees. A few final items to facilitate today's hearing. If you have handouts or copies of your testimony, please bring up at least a dozen copies and give those to the page. Please note that thumb drives, CDs, DVDs, oversized documents, books, lists of signatures, and similar items will not be accepted as exhibits for the record. Props, charts, other visual aids cannot be used simply because they cannot be transcribed. Please silence or turn off your cell phones. Verbal outbursts or applause are not permitted in the hearing room. Such behavior may be cause for you to be asked to leave the hearing. Finally, committee procedures for all committees state that written position comments on a bill to be included in the record must be submitted by 8 a.m. the day of the hearing. The only acceptable method of submission is via the Legislature's website at legislature.nebraska.gov [SIC]. Written position letters will be included in the official hearing record, but only those testifying in person before the committee will be included on the committee statement. You may submit a position comment for the record or testify

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in person, not both. I will now have the committee members with us today introduce themselves, starting with Senator Riepe.

RIEPE: Thank you, Chairman. And thank all of you for spending a Friday afternoon, a beautiful day with us. I-- I'm sure you'll be re-- very rewarding. I'm Merv Riepe. I represent District 12, which is Omaha, Millard, and the fine, little town of Ralston.

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

G. MEYER: Good afternoon. I'm Glen Meyer. I represent District 17. It-- be-- it would be Dakota, Thurston, Wayne, and the southern part of Dixon County.

QUICK: Good afternoon. Dan Quick, District 35: Grand Island, Nebraska.

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

HARDIN: Also assisting the committee today: to my left is, is our committee research analyst, Bryson Bartels; to my far left is our committee clerk, Barb Dorn. Our pages for the committee today are--

SYDNEY COCHRAN: Hi. I am Sydney. And I am a sophomore studying history at UNL.

DEMET GEDIK: Hi. My name's Demet. I'm a student at UNL. I'm a senior, and I study political science.

HARDIN: With that, we will begin today's hearings with LB914. It's by someone named Hardin.

FREDRICKSON: All right. Chair Hardin, we're ready when you are.

HARDIN: Thank you, Vice Chairman Fredrickson. And good afternoon, fellow senators of the Health and Human Services Committee. I am Senator Brian Hardin. For the record, that is B-r-i-a-n H-a-r-d-i-n. And I represent the Banner, Kimball, and Scotts Bluff Counties of the 48th Legislative District in western Nebraska. I'm here today to introduce LB914 on behalf of the Nebraska Academy of Physician Assistants. LB914 repeals Section 38-2053 of Nebraska Statute, which automatically holds physicians liable for every negligent act or omission of a physician assistant regardless of the physician's involvement in the patient's care. This statute reflects an outdated

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model of PA practice. Today, physician assistants are licensed professionals with their own malpractice coverage, who routinely manage pat-- patients as part of modern, team-based care. LB914 provides that PAs are responsible for the care they personally provide while physicians and physicians' groups remain fully liable for their own actions under standard malpractice law. This bill does not reduce patient protections, change supervision requirements, or expand scope of practice. It removes an unnecessary legal deterrent that can discourage physician-PA collaboration, particularly in rural and underserved areas, and better aligns Nebraska law with how care is delivered today. I respectfully ask for the committee's consideration of LB914. There will, again, be professionals following me that can answer the hard questions, but I'll do my best to answer any questions you may have at this time.

FREDRICKSON: Thank you, Chair Hardin. Are there questions from the committee? Senator Riepe.

RIEPE: Thank you, Chairman. I'm in hopes that the trial attorneys will show up. My experience is if there's a lawsuit, they're going to go for the deepest pocket. And if there's a working relationship with any level of supervision, whether that physician wants to be liable, if he's an employer or if he's in a supervisory role, the trial attorneys-- I don't mean to speak for them. I'm not one of them. But they'd be fools not to go after everyone. But do you have a response to that? Are we going to have trial attorneys here, you think?

HARDIN: I don't know if they're--

RIEPE: Or they're too busy maybe.

HARDIN: --they're behind me or not. Is anyone nodding back there?

RIEPE: No.

HARDIN: Oh. OK.

RIEPE: I see-- a couple smiling, but.

HARDIN: OK. Well, that's probably them, so. OK.

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

FREDRICKSON: Are there questions? Seeing none. Thank you, Senator Hardin. We will now take proponents for LB914. Welcome.

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BETHANY BERG: Hi. Excuse me. Good afternoon. My name is Bethany Berg, B-e-t-h-a-n-y; Berg, B-e-r-g. And I'm a physician assistant and a legislative chair for the Nebraska Academy of Physician Assistants. I'm here today in support of LB914 on behalf of the Nebraska Academy of PAs. I'm also here to offer a letter of support from the Nebraska Hospital Association that-- have given to the committee. Current Nebraska law automatically assigns physician liability for every negligent act or omission of a PA even in situations where the physician never saw the patient or participated in the care. That framework no longer reflects modern PA practice or team-based care. Physician assistants are licensed professionals, nationally certified, and required to carry their own malpractice insurance. LB914 simply aligns responsibility with the clinician who provides the care while preserving physician accountability for their own actions under existing malpractice law. This bill does not alter PA supervision requirements or limit a patient's ability to seek legal recourse. What it does is remove an outdated statutory barrier that can discourage physician-PA collaboration and make it harder to staff rural and underserved settings. NAPA continues to hear from PAs that finding a collaborative physician can be challenging, and this would remove one of the deterrents to that. LB914 modernizes Nebraska law in a way that supports access to care, maintains patient protections, and reflects the realities of today's health care workforce. The Nebraska Academy of PAs respectfully-- respectfully asks for your support of LB914.

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

RIEPE: Thank you, Chairman. Thank you for being here. As a physician's assistant, are you protected by the state cap limit of malpractice if you get sued? I think it's, what-- is it \$2 million, \$2.5 million, something like-- somebody here will know. Are you protected by that as-- in your, in your policies?

BETHANY BERG: I believe-- I don't want to speak "miscorrectly"-- like, would that be referring to, like, the Excess Liability Fund?

RIEPE: Yes.

BETHANY BERG: So the Excess Liability Fund under the Nebraska Medical-- or, Nebraska Hospital Medical Liability Act continues to operate exactly as it does today. Physicians, hospitals, and certified, registered nurse anesthetists participate in the fund, but LB914 does not alter the fund eligibil-- eligibility, coverage, or

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structure. It addresses a separate PA issue because we-- currently, PAs are not directly in the fund because we have a relationship with physicians, if I'm stating that correctly.

RIEPE: Do you expect that your association will be applying to get into that fund?

BETHANY BERG: That is not our current plan.

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

FREDRICKSON: Are there questions from the committee? Senator Meyer.

G. MEYER: Thank you, Vice Chair Fredrickson. From an insurance premium standpoint-- and perhaps you can't answer this. Maybe a, maybe a-- if there's a doctor behind you that, that might be able to. With a separation of liability, will there be-- and I-- this is probably a silly question to ask-- would there be an opportunity for a diminished insurance premium for the doctors? I would assume no, but it's-- assuming liability for the PAs under their, their supervision that it probably elevates their liability exposure.

BETHANY BERG: From all the--

G. MEYER: And, and you might not be able to answer that--

BETHANY BERG: I-- from what-- we have done research, like, through our national organization, and all the data that we can find says that it shouldn't result in a change in cost. It also depends in terms of if you're talking about a private practice or a hospital system in terms of cost for malpractice, because sometimes, like, hospital systems are more, like, a larger umbrella policy versus, like, each individual. So I don't know specifics for, like, a private practice. But from all the data we've gathered, there was no difference in cost.

G. MEYER: And a-- just, just briefly, are you responsible for your own premiums with regard to malpractice or, or your liability or do-- does your employer or the clinic and/or hospital that you're involved in, do they pick that up as part of your compensation?

BETHANY BERG: I believe it's part of-- like, your employer takes care of it unless you would own the practice yourself.

G. MEYER: OK. Thank you.

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FREDRICKSON: Are there questions? I have a couple. So I, I-- I'm a little naive here. So currently in the statutes, is-- are, are PAs required to have a supervisory physician?

BETHANY BERG: Mm-hmm.

FREDRICKSON: OK. And so this bill would eliminate physician liability should there be negligence on the PA's behalf. Would it also eliminate the need for supervision?

BETHANY BERG: No. Uh-uh.

FREDRICKSON: No. So there would still be that physician-PA relationship.

BETHANY BERG: Mm-hmm.

FREDRICKSON: It would just say that physician is not liable--

BETHANY BERG: If I-- like, if I was the one that saw the patient and the physician never met them, the physician assistant should be the one facing repercussions.

FREDRICKSON: OK. And then the PAs, I'm assuming, would then have their own liability insurance.

BETHANY BERG: Potentially, yes. And it really just depends on-- I feel like a lot of times it becomes, like, a clinic-wide policy, but yes. Then we could-- we would carry our own malpractice if needed. Mm-hmm.

FREDRICKSON: OK. Are there questions? Seeing none. Thank you for being here.

BETHANY BERG: Mm-hmm.

FREDRICKSON: Next proponent for LB914. Seeing none. We'll move on to opponents for LB914. Seeing none. Anyone here to testify in the neutral capacity for LB914? Seeing-- oh-- nope. Seeing none. Senator Hardin, if you want to come close. We did have some online comments on LB914. We had 3 proponents, 0 opponents, and 1 in the neutral capacity.

HARDIN: Thank you. One clarification I just got is that, that fund that you were referring to, Senator Riepe, is perhaps a bit of turf that the physicians may not want the PAs to participate in.

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RIEPE: I think that's [INAUDIBLE].

HARDIN: And so-- anyway. Yes, I think at the heart of this, you're, you're not talking about these professionals going out there without the ability to have liability coverage. They would have liability coverage of their own. They already practically do, and that's kind of what is bringing this up. And there's a certain way in which this is just kind of cleaning this up to make it align with reality.

FREDRICKSON: Any questions? Senator Riepe.

RIEPE: Thank you. Along that line, I did have a conversation with the primary carrier of-- for physicians through the Nebraska Medical Association.

HARDIN: OK.

RIEPE: And you're right. They are pretty restrictive about who they will and, and tend to cover.

HARDIN: OK.

RIEPE: I also would ask for a little clarification because I believe that physician assistant that was in front of us-- or just in front you that said that the-- there is-- is it physician oversight or physician supervision? Did I hear that? Well, if you get-- you know, there's a nexus of liability here if you get oversight. That physician may not want to have liability, but if, if that physician is responsible for oversight, he or she may very well have it just by virtue of being oversight.

HARDIN: And I think you're right. And we find that not just in this space medically, right, but we also find that with, for example, psychologists overseeing therapists, and so on and so forth. It's, it's a common pattern. As someone in the insurance world, I look at that and go, yep, that's a common thing, that whoever has that oversight also bears responsibility. But that's why they also carry their own. But to the earlier point that was asked, should that not alleviate some of the premium on the physician performing that oversight, given that there's another layer of coverage underneath [INAUDIBLE]. I don't know what those differences would be. Hopefully they're meaningful differences, so.

RIEPE: Well, I'm sure it'll sort itself out. OK. Thank you. Thank you very much, Chairman.

FREDRICKSON: Senator Hansen.

HANSEN: Thank you, Vice Chair. I'm confused why there's only one testifier here. Like, I would think the physicians would come out here and be totally excited about this because now they have less liability. And I'm wondering-- and this is probably a question I should have asked earlier, is what preempted this? Why, why, why now put all the liability on yourself instead of somebody else? I, I, I don't understand--

HARDIN: Well, I-- what's interesting is I think they're already-- the PAs are already doing it. They're already going out and getting their own liability. And so it's, it's the kind of thing where-- I, I don't know the answer to your question. I think maybe they're just not as organized as, I don't know, midwives.

HANSEN: All right. Keep bringing them up. This is great.

HARDIN: Free press. So.

HANSEN: OK. Well, I, I, I-- I don't know. I'm just-- OK. That mu-- that must be the case. There must be a-- you must already carry the liability insurance or as-- I would think as a physician assistant, unless you're gonna-- unless this is, you know, a preemptive action towards something else, like, we wanna practice on our own now, or something-- I don't understand why they--

HARDIN: I have not heard--

HANSEN: --would even wanna do this.

HARDIN: I've not heard that.

HANSEN: OK.

HARDIN: I, I have not heard that it's that sort of thing. Forgive me, I'll go off script a little bit. And as we have these 407-oriented discussions, I guess I would just say we're always constantly saying, how do we cool the medical desert? And in that context, we're always saying, how can a nurse practitioner, how can a PA, how can RNs, so on and so forth, operate at the level at which they are tested, tasked, trained? We send them out of UNMC and UNK with all of these skills, and sometimes they will say, and I don't get to do what I was actually trained to do. And so I think this is a lo-- a logical following that, OK, the insurance liability needs to follow that.

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HANSEN: Sure. Yeah. OK. All right. Thanks.

FREDRICKSON: Thank you, Senator Hansen. Senator Meyer.

G. MEYER: Thank you, Vice Chair. Currently, a PA prescribes on the supervising doctor's script. Is that accurate?

HARDIN: I believe-- I don't know the specific answer to that. I do know that a PA typically does not have the ability to prescribe as high a level of drug as the doctors themselves do.

G. MEYER: OK. Just pure speculation. This might be the first step in an ongoing opportunity to expand perhaps their responsibilities and duties and-- so this might be a first step of that, so. Pure speculation. No question there.

HARDIN: You know, again, I look at it and say the hard part about the medical desert is the likelihood of-- frankly, getting 5,400 RNs replaced is very, very low in Nebraska. And granted, the PAs, nurse practitioners, others as well, we also don't have as many as we need. But the likelihood, I believe, of getting that level of professional in compared to full medical doctors is higher. We've got a better chance of getting those in than we do of getting more doctors.

G. MEYER: So once again, perhaps the first step in a progression.

HARDIN: Perhaps. Perhaps.

G. MEYER: Yep. Perhaps a positive one.

HARDIN: Yes. You know, we don't want anybody to be endangered, right? But I think as we're looking at how do we really do it, the numbers are overwhelming. And when you're-- particularly when I look at the RN numbers that we're facing right now, there's just not enough RNs graduating out of our medical training to ever make up those 5,400 that are still missing. So I look at it and go, somehow we have to cover those bases.

G. MEYER: Thanks.

FREDRICKSON: Other questions? Senator Quick.

QUICK: Yeah. And I-- it just kind of piqued my curiosity when we were talking about this, but when-- are there a certain number of PAs that can actually be supervised by a doctor or is it--

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HARDIN: I don't know what the number is, but yes. I don't think you can be a doctor who signs up and says, I am the doctor who oversees all of the PAs in Nebraska. I don't-- I-- I'm sure that there is a number, I just don't know what it is.

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

FREDRICKSON: Senator Riepe.

RIEPE: Thank you, Chairman. A follow-up question, I guess. My experience with physician assistants, some of them are, like, information technology people before they become that-- that's why I've always kind of favored clinical nurse practitioners, because I like the nursing foundation. But I, I-- and so I'm a little bit-- and I will do some reading to find out what the typical physician assistant, what kind of background training do they have before we turn them loose on patients. And I know they already are, but turn them loose almost on a half step towards total independence. Much like the clinical nurse practitioners have. That's a concern of mine.

HARDIN: I, I think it's a, a good question to ask. And, and frankly, I think that there's going to be a wide variety of what their certifications are.

RIEPE: My guess is too.

HARDIN: And so-- but nonetheless, my, my sense would be-- and forgive me, this is my sense-- that what this is after is to say, OK, if they are out there creating potential liability, they have to have proper insurance for whatever liability they're taking on.

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

FREDRICKSON: Any other questions? Seeing none. Thank you, Senator Hardin. That will close our hearing for LB914. And we will move on to LB955.

HARDIN: Thank you, Vice Chair Fredrickson. And good afternoon, fellow senators of the Health and Human Services Committee. I'm Senator Brian Hardin. For the record, that is B-r-i-a-n H-a-r-d-i-n. And I represent the Banner, Kimball, and Scotts Bluff Counties of the 48th Legislative District in western Nebraska. I'm before you yet again to this time introduce LB955 also on behalf of the Nebraska Academy of Physician Assistants. LB955 deals with collaborative practice agreements, or CPAs, which are formal agreements that allow pharmacists to work

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directly with prescribing clinicians to manage and adjust medication therapy under defined protocols. These agreements are widely used in Nebraska to help patients with chronic conditions, cancer treatment side effects, and complex medication regimens receive timely coordinated care, often without the need for an additional office visit. A recent interpretation of statute by the Board of Pharmacy created uncertainty about whether physician assistants could continue participating in CPAs despite years of safe and effective practice. As a result, some health systems removed PAs from these agreements even when the PA was the health care provider primarily managing the patient. LB955 is a narrow administrative clarification that restores the long-standing ability of physician assistants to participate in CPAs under existing prescribing authority. It reestablishes parity among advanced practice providers and ensures Nebraska law is not standing in the way of care models that improve access, reduce delays, and allow all providers to practice at the fullest extent of their education and training. This bill does not expand scope of practice or reduce oversight. It simply ensures that Nebraska's statute supports team-based care and patient access rather than creating unnecessary barriers. I'll be followed by PAs and pharmacists who can speak to how these CPAs work in practice. I encourage you to save your complicated questions for these professionals. However, if you have small-worded ones, I'll gladly take them.

FREDRICKSON: Thank you, Chair Hardin. Questions from the committee? Seeing none. Thank you. We will now hear from proponents for LB955. Welcome back.

BETHANY BERG: Hi. Good afternoon. My name is Bethany Berg, B-e-t-h-a-n-y B-e-r-g. And I'm a physician assistant and the legislative chair for the Nebraska Academy of PAs. And I'm here today in support of LB955. For many years, physician assistants in Nebraska have participated in collaborative practice agreements with pharmacists as part of team-based care, particularly in primary care, oncology, and chronic disease management. A recent Board of Pharmacy interpretation created uncertainty in statute and led some health es-- health systems to remove PAs from these agreements even when PAs are the clinicians primarily managing the patients. That change did not improve patient safety, but it did create delays in medication adjustments and added administrative burden and forced unnecessary handoffs to physicians who may not know the patient. LB955 restores clarity by explicitly allowing pharmacists to enter collaborative practice agreements with physician assistants who prescribe under existing law. This bill simply restores a proven care model and

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ensures patients receive timely, coordinated treatment from clinicians managing their care. LB955 does not expand PA scope of practice or pharmacist autho-- authority. It is an administrative clarification that aligns statute with long-existing practice. I respectfully ask for your support. And I would also add that NAPA, or the Nebraska Academy of PAs, would welcome the opportunity to engage with the HHS Committee and share more details about our scope of practice, including that the maximum number of PAs one physician can collaborate with is four, that we can prescribe all the same drugs as a physician subject to our collaborative agreement with a physician, and that we are always looking to practice at the highest extent of our education and training.

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

RIEPE: Thank you, Chairman. Thank you again for being here. Who is your employer? Do you mind telling me? Do you have a-- you're, you're in a clinical practice?

BETHANY BERG: Yes. Ye-- I am in clinical practice, yes. Who's my employer? Nebraska Medicine.

RIEPE: Oh, OK. Where I was going was that I wanted to explore if this was a vehicle for someone like CVS Pharmacies, who were looking more and more to set up primary care centers in their pharmacies so that if they combined their pharmacists and then they could use the physician assistant--

BETHANY BERG: Oh.

RIEPE: --as a front--

BETHANY BERG: Mm-hmm.

RIEPE: --they can do it on a lot cheaper model than if they have to have physicians or even clinical nurse practitioners and more-- not just cheaper-- or, less expensive-- let me be kind-- but they will have greater access to a labor pool. I was just curious if-- so if you said CVS, I was not gonna be surprised.

BETHANY BERG: Nope.

RIEPE: OK. And I-- do you mind my asking, what-- can you tell me, if you will-- if I might, Chairman.

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FREDRICKSON: Of course.

RIEPE: Tell me a little bit about-- how did you get into becoming a physician assistant? And was-- you know, kind of give me your background a little bit so I, I understand.

BETHANY BERG: OK. Yeah. I-- I mean, I always wanted to be in health care, I guess. And physician assistant was a nice-- in terms of length of education, the flexibility to change if I wanted to between different specialties and do a lot of on-the-job training is kind of how I landed it-- the PA profession. I've been practicing for 11 years. So been a lot of different--

RIEPE: What did-- did you have a degree--

BETHANY BERG: Mm-hmm.

RIEPE: --when you went in?

BETHANY BERG: Yep. You have to have a bachelor's degree before you apply to PA school. And then most PA programs-- there's four in the state-- are length-- two and a half to three years.

RIEPE: OK.

BETHANY BERG: I think-- I don't-- quote me on the exact number-- I think it's about 1,500 hours of clinical hours in addition to the classroom hours that you take. And if I'm wrong on the number, I apologize-- I can get the exact numbers for you for follow-up too.

RIEPE: Oh, I'm looking at foundation too. What was your undergraduate degree in?

BETHANY BERG: Biology.

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

FREDRICKSON: Thank you. Senator Hansen.

HANSEN: Thank you. So you're able to prescribe controlled substances, right?

BETHANY BERG: Mm-hmm. Yeah.

HANSEN: OK. So what does a collaborative practice agreement look like maybe for, for us? So you enter in one with a pharmacist. You work in

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the pharmacy with them? They-- or it's like you still work where you're at but you have some other kind of agreement to--

BETHANY BERG: Yeah. So like--

HANSEN: --function?

BETHANY BERG: --so the context of this-- like, the collaborative pharmacy agreements, for the-- an example, would be if I worked in endocrinology and took care of diabetic patients. I may see the patient and prescribe them insulin and then I don't see them again for three months. They would be able to, with these agreements, see a pharmacist in between time to change the insulin dose and just message me for, like, hey, this is what we did, versus having to see me again and make another appointment. So-- does that kind of make sense? So I would not be acting as a pharmacist. They would not be doing that. It's just allowing them to do their scope of practice and mine to remove appointments-- or, unnecessary appointments with a PA or a provider they don't need to have if the pharmacist commanded the medication.

HANSEN: Yeah. It's all within your scope of practice, nothing changes. You just have a better collaboration.

BETHANY BERG: Instead of having to send the order to a physician who's never met them, it would go to the provider who's actually been seeing them.

HANSEN: OK. Thanks.

FREDRICKSON: Thank you. Other questions? Senator Meyer.

G. MEYER: Thank you, Vice Chair. My understanding, as, as far as a physician, he writes a script. I can take it to any pharmacist. This doesn't limit a PA to a specific group or anything.

BETHANY BERG: Nope.

G. MEYER: It's still the opportunity to go wherever you care to get your prescription--

BETHANY BERG: Correct.

G. MEYER: --filled. OK.

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BETHANY BERG: Yep.

G. MEYER: Thank you.

FREDRICKSON: Other questions? Senator Riepe.

RIEPE: I have another quick one. Thank you, Chairman. Are you allowed to charge then Medicaid rates and Medicare rates in, in your compensation--

BETHANY BERG: I--

RIEPE: --and billing?

BETHANY BERG: --am not that confident in billing exact practices, so I'd have to follow up with you on that. But I can get more information. But I, I do believe we bill the same way and use the same billing codes that physicians do, but I'm not gonna-- I'd have to get you specifics on billing.

RIEPE: I think Medicare is primarily-- they pay for the code regardless of who provides the service, so.

BETHANY BERG: They-- I, I believe so.

RIEPE: I think that's the answer, but. Thank you, Chairman.

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

BETHANY BERG: Thank you.

FREDRICKSON: Next proponent for LB955. Welcome.

CAROLYN FAYLOR: Hi. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Carolyn Faylor, C-a-r-o-l-y-n F-a-y-l-o-r. And I am testifying in support of LB955 on behalf of Nebraska Medicine and Nebraska Hospital Association. I am a pharmacist and previously served as the manager of our clinic-embedded pharmacy team. LB955 addresses what we believe to be an unintended gap that currently prevents physician assistants from participating in collaborative practice agreements with pharmacists. We believe LB955 is a clarifying bill and respectfully request that physician assistants who prescribe under a collaborative practice agreement with a supervising physician also be permitted to enter into a collaborative practice agreement with a pharmacist. At Nebraska

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Medicine, we have pharmacists embedded in numerous clinics to assist in providing efficient, affordable, and high-quality care. Recognized as valuable members of the health care team, these pharmacists help optimize guideline-directed medical therapy, improve patient adherence and medication access, provide patient education, reach clinical health targets, decrease preventable emergency room visits and hospital readmissions, and streamline transi-- transitions of care. As an example, our primary care pharmacists received approximately 2,500 patient referrals in 2025 to assist with chronic disease state management. Of these patients, pharmacists had significant impact on the improvement of blood glucose and blood pressure control. Additionally, pharmacists strengthen interdisciplinary co-- collaboration and job satisfaction, as evidenced by the results of our annual provider satisfaction survey. At Nebraska Medicine, the bylaws for nurse practitioners and physician assistants are the same. Based on previous understandings of these statutes, physician assistants were historically included in our CPAs, along with physicians and nurse practitioners. Following notification, clarifying the Board of Pharmacy's interpretation of these statutes in the fall of 2024, Nebraska Medicine removed all PAs from our pharmacist collaborative practice agreements. This change has created inequities among advanced practice providers, created delays in patient care, and created additional complexities for patients of PAs who would benefit from pharmacist-led medication management and specialized pharmaceutical care. It is not our intent to change physician assistant or pharmacist scope of practice. Rather, the proposed language of LB955 simply rest-- references the existing statute that allows PAs to prescribe under collaborative practice agreements. Allowing physician assistants to participate in pharmacy collaborative practice agreements will ensure that all eligible patients have the same access and privileges to pharmacist-led pharmaceutical care. Thank you for your consideration and for your commitment to providing Nebraskans with access to safe, effective, and high-quality pharmaceutical care. On behalf of Nebraska Medicine, the Nebraska Hospital Association, we encourage your support of LB955. And with that, I'm happy to answer any questions.

FREDRICKSON: Thank you for your testimony. Are there questions?
Senator Meyer.

G. MEYER: Thank you, Vice Chair. Do-- nurse practitioners, do they prescribe on their own script?

CAROLYN FAYLOR: Yes.

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G. MEYER: They still have some supervision, though, don't they, to a certain extent?

CAROLYN FAYLOR: They are considered independent prescribers.

G. MEYER: OK. So there would be no need to add them as part of this particular bill.

CAROLYN FAYLOR: They are already on our CPAs. And statutes would suggest, because they're independent prescribers, they can be.

G. MEYER: OK. Thank you. I appreciate that.

FREDRICKSON: Senator Riepe.

RIEPE: Thank you, Chairman. Thank you for being here. I'm going down to your last paragraph. And as-- I paraphrase here, someone says-- and I will exclude primary care phar-- I-- our pharmacists receive 2,500 patient referrals. It almost sounds like it's a medical practice as opposed to getting prescription referrals.

CAROLYN FAYLOR: So--

RIEPE: Is, is it-- is that the new position with-- now that everybody's a doctorate in, in the health care field?

CAROLYN FAYLOR: I'll do my best to answer your question.

RIEPE: I'm sorry?

CAROLYN FAYLOR: So with-- I said, I'll do my best to answer your question.

RIEPE: Fair enough.

CAROLYN FAYLOR: So the collaborative practice agreement, the way we use them is our providers-- historically, PAs were included in this, but nurse practitioners and physicians are able to refer patients to pharmacists for their chronic disease state management. So in collaboration with the provider, they would set health goals. So for example, with diabetes, wanting to get their A1C down to, say, seven. The provider would refer the phar-- patient to the pharmacist, and the pharmacist works to adjust their medications over the course of, you know, three months, six months, however long it takes to help those patients meet their clinical outcomes, and then transfers that care

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back to the provider. It is done in collaboration. And the collaborative practice that we have at Nebraska Medicine, all of that practice and changes to medication therapy are documented within the EMR. So it is visible to all of the health care team.

RIEPE: Mm-hmm.

CAROLYN FAYLOR: That is just one example of, of the type of practice.

RIEPE: What were the practicing physicians at on, on this attempt?

CAROLYN FAYLOR: Where are they?

RIEPE: Yeah. As supportive or--

CAROLYN FAYLOR: Yes.

RIEPE: Oh, OK. I'm also-- on one of the pages, it says, phys-- pharmacists can, can-- doesn't say must-- enter written practice agreements, which goes back to my liability concern, but we'll see. Thank you very much. Thank you, Chairman.

CAROLYN FAYLOR: Thank you.

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

CAROLYN FAYLOR: Thank you.

FREDRICKSON: Next proponent ri-- next proponent for LB955. Welcome.

HALEY PERTZBORN: Thank you. Vice Chair Fredrickson and members of the Health and Human Services Committee, my name is Haley Pertzborn, H-a-l-e-y P-e-r-t-z-b-o-r-n. And I'm a licensed pharmacist, lobbyist, and the CEO of the Nebraska Pharmacists Association. Testifying in support of LB955. I'm actually gonna go a little off my testimony just to answer some questions. So PAs have been on these collaborative agreements-- some members had said for almost ten years. It was actually a change of enforcement. I think-- I'm not exactly sure what, what happened behind the scenes, but the Board of Medicine came to the Board of Pharmacy, and the Board of Pharmacy said it can no longer happen. So a lot of our pharmacists had to work around-- find physicians, change how they were practicing for years because of this change in enforcement. The statute's pretty clear that an independent prescriber needs to be on the CPA. However, that wa-- hadn't been enforced in a long, long time, so that's where this bill is coming

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from, to allow a practice that's been happening for quite, quite a-- many, many years. So I just wanted to make that clear. And then I just had some examples, but I think our past testifiers already kind of hit on them. So I will be happy to answer any you guys-- any questions you guys have.

FREDRICKSON: Any questions from the committee? Seeing none. Thank you for being here.

HALEY PERTZBORN: OK.

FREDRICKSON: Next proponent for LB955. Seeing none. We will move on to any opponents for LB955. Seeing none. Is there anyone here to testify in the neutral capacity for LB955? Seeing none. Senator Hardin. While you come up, we had some online comments. We had 6 proponents, 0 opponents, and 0 in the neutral capacity. Floor is yours.

HARDIN: This is a clarification bill. And so the realities have been going on for some time. So any questions?

FREDRICKSON: Questions? Seeing none. Thank you, Chair Hardin.

HARDIN: Thank you.

FREDRICKSON: That will end our hearing for LB955.

HARDIN: The room is going to move around a little bit. We're going to be with Senator Clouse in a moment, LB888. Welcome.

CLOUSE: Thank you. And good afternoon, everyone. I have some handouts here that will enable you to follow along. This will hopefully be short and sweet. You never know.

G. MEYER: Three hours later.

CLOUSE: No. You ready?

HARDIN: Sure.

CLOUSE: OK. Good afternoon, Chairman Hardin and committee members. For the record, my name is Senator Stan Clouse. That's S-t-a-n C-l-o-u-s-e. And I represent District 37, which includes much of Buffalo County, including Kearney, Shelton, and Gibbon. First off, I'd like to thank the Public Service Commission for bringing me to this bill and working with my team throughout this process. So with the--

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what you have before you is a copy of my opening statements and then a couple other documents from statute. Today, I'm introducing LB888, which is to update civil penalty amounts for the violations under the Nebraska Uniform Standards for Modular Housing Units Act and the Uniform Standard Code for Manufacturing Homes and Recreational Vehicles. Public Service Commission serves as the state administrative agency for the Department-- federal Department of Housing and Urban Development's manufactured home program in Nebraska. And in per-- requirements of the program, Public Service Commission's require to match its state civil penalties amounts with the federal equipment. And we have copies of those that I've dispersed for your review. LB888 simply adjusts the current Nebraska law of \$1,000 per violation, with a \$1 million maximum for a series of violations in one year of the original amount to match the current federal law of \$3,650 per violation and \$4,562,282 maximum for a series of violations within one year of the original violation. Federal law also established an annual CPI adjustment. LB888 will es-- establish the same CPI adjustments, ensure continual compliance with the federal manufactured housing program. Commissioner Schram will be testifying behind me or others from the Per-- on the Public Service Commission. And they can di-- discuss more technical aspects of the bill. But in a nutshell, this is what it is. It's just harmonizing what we have and are required by state law with what's required by federal law. So with that, appreciate your time and attention to this matter. And I'll be happy to answer any questions you may have.

HARDIN: Thank you. Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator Clouse. This is funny. I'm kind of looking over at Senator Ballard because him and I are both on the Reference Committee. I'm surprised to see this in HHS. And maybe I'm missing something, but.

CLOUSE: I'm kind of surprised too, but that's OK.

FREDRICKSON: OK.

CLOUSE: I could have been at home by now, just so you know.

FREDRICKSON: Yeah. No, this is not my level of expertise, per se, but-- so, so basically, what you're trying to do is [INAUDIBLE] federal law in terms of modular hou-- housing. OK.

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CLOUSE: Yeah. It just matches federal-- fe-- the Public Service Commission. I attended a, a workshop or a little event they had over the summer talking about how they're responsible for licensing manufactured homes. And they're put the-- they're the ones responsible for the sticker, like, in modular homes, those things. That's under their purview. And so what this does is just match our penalties-- state penalties with what the penalties are at the federal level.

FREDRICKSON: Right. But we're not opening up, like, a public health law or statute or--

CLOUSE: Nope.

FREDRICKSON: OK.

CLOUSE: Simply making it match.

FREDRICKSON: Do you know why we're in HHS?

CLOUSE: Pardon?

FREDRICKSON: Do you know why this is in HHS?

CLOUSE: I have no idea. I just go where I'm told.

FREDRICKSON: All right. Thank you, Senator Clouse.

HARDIN: I might say that neither does HHS know why this is in HHS. So we've definitely had those discussions because we have a record number of bills for a short season. I think we had what, Bryson, 69?

BRYSON BARTELS: 68.

HARDIN: 68. Just 68. So that's several more than we've ever had before. And so believe me, we said, do we really-- and-- so anyway.

CLOUSE: Well, this one should be an easy one.

HARDIN: We're glad you're here.

CLOUSE: Yeah. Thank you.

HARDIN: And this is a, a meaningful thing, so thanks for coming this direction. Questions? Seeing none.

CLOUSE: We'll be sitting over here.

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HARDIN: You'll be sitting over there. Proponents. Welcome.

TIM SCHRAM: Good afternoon, Chair Hardin, members of the Health and Human Services Committee. My name is Tim Schram, T-i-m S-c-h-r-a-m. I represent the commission's third district. And I'm here today on behalf of the Nebraska Public Service Commission to provide testimony in support of LB888. I would like to first thank Senator Clouse for introducing this bill. The commission serves as the state administrative agency for the United States Department of Housing and Urban Development's manufactured home program in Nebraska. As the SAA, the commission is required by 24 CFR 3282.302(b)(3) to match its state civil penalty amounts with the federal equivalent found in 24 CFR 3282.10. The current state penalty amounts are found in Nebraska Revised Statute 75-156(4), listing the maximum civil penalty for the individual offenses at \$1,000 and the maximum civil penalty for any series of violations at \$2 million. The federal equivalent currently lists the maximum civil penalty for individual offenses at \$3,650 and the maximum civil penalties for any related series of violations \$4,562,282. This disparity exists because the federal penalties are adjusted annually under the inflation under the federal Civil Penalties Inflation Adjustment Act. However, the Nebraska penalties have not been updated since 2005. Nebraska's penalties' amounts have been consistently noted by HUD during its annual site visits and program review meetings with the commission. During which, HUD has encouraged the commission to take steps to bring the state penalties into alignment with federal requirements. I'm going to go off script here a little bit. They're going to be here in Nebraska looking at our books and how we're doing things in early April, I was told this morning. LB888 revises the state civil penalty amounts as required under federal regulations. It also permanently aligns these penalties into the future by inserting the federal Civil Penalties Inflation Adjustment Act formula into the Nebraska statute. In doing so, LB888 ensures that Nebraska manufactured home program remains in ongoing compliance with federal requirements and mitigates a risk of potential revocation of Nebraska's authority to operate as the state administrative agency for HUD's manufactured home program. To note, the commission has not assessed a civil penalty under these provisions to date. Additionally, all civil penalty revenues would-- collected would not be retained by our agency but would be deposited to the common school fund consistent with the Nebraska Constitution Article VII, Section 5. I would like to thank the committee for its time today and would be happy to answer any questions.

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HARDIN: Do you know, Mr. Schram-- and maybe there's not an answer to this-- did the HUD visit spur the bill or did the bill's creation spur the HUD visit? I'm just curious.

TIM SCHRAM: Well, in years past, our, our housing director who was here, Steve Kelso, they, they, they review each state's programs every year.

HARDIN: So it's a normal visiting--

TIM SCHRAM: Right. And they, they noted we're not in a line with, with the penalties and fines in, in-- that's consistent with HUD.

HARDIN: OK. Other questions? Thank you.

TIM SCHRAM: Thank you.

HARDIN: Proponents, LB888. Opponents, LB888. Those in the neutral. Senator Clouse.

CLOUSE: I was just going to waive, but then I thought, you know what? I'll just use this opportunity to say that what he talked about was it's never been-- [INAUDIBLE]. And, and Senator Quick, we have those in our area, several of these manufacturers. They're doing a great job for our state, and that reinforces that, but. So I would just encourage your green vote and get it out of this committee and onto the floor.

HARDIN: Any questions?

CLOUSE: Thank you.

HARDIN: Thank you.

CLOUSE: Thank you.

HARDIN: This concludes LB888. Next up will be Senator Hansen, LB1013. We'll do a bit of room shuffling because that's what we do here. Forgive me. I'm going to go back and say we had 0 proponents, 1 opponent, 0 in the neutral on LB888 online. Senator Hansen.

HANSEN: Thank you, Chair Hardin. And yes, my bill should be in HHS and not Urban Affairs. My name is Senator Ben Hansen. That's B-e-n H-a-n-s-e-n. And I represent Cuming, Burt, Washington, and parts of Stanton Counties in Legislative District 16. I am here to introduce

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LB1013. LB1013 is a simple bill that allows for flexibility to use youth rehabilitation and treatment center facilities to house either boys or girls, but not both simultaneously. Current statute limits the Kearney facility to only boys, thus preventing the state from adjusting to changing population needs. The Department of Health and Human Services has been given a responsibility to evaluate and run these facilities in a way that best fits the needs of the boys and girls within the, within the programs. LB1013 is simply allowing DHHS to adapt to the needs as they present themselves and act accordingly. I would like to note that, following me, you will be hearing from Dr. Alyssa Bish from the Department of Health and Human Services. As the director of Division for, for-- of Children and Family Services, she will be able to answer more specific questions regarding the reasoning behind this legislation. So with that, I will ask your, your support of LB1013. And happy to answer any questions to the best of my ability.

HARDIN: Questions? Senator Quick.

QUICK: Yeah. Thank you, Chairman. So I remember-- you know, like-- when I was here the last time and we had the, the Geneva incident where we moved the girls. How did that-- was there, like, an emergency situation where we allowed buo-- both boys and girls at the Kearney facility? Do you remember?

HANSEN: I will defer those kind of questions to the following testimony behind me.

QUICK: OK. All right.

HARDIN: Other questions? Senator Riepe.

RIEPE: Thank you, Chairman. Thank you for being here, Senator Hansen. My question gets to be is on the introduction statement that says, to house either, either boys or girls, but not both simultaneously. And I'm thinking I agree on the housing side. I'm just not sure that we should be that restrictive on the programming side. Is that--

HANSEN: I'm sure there's reasonings behind that and-- maybe future plans, possibly, for facilities, but-- which I'm sure people behind me will--

RIEPE: Was this the agency requestment-- request for this particular language?

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HANSEN: Yes.

RIEPE: Oh, OK. Then we'll find out later.

HANSEN: Yes.

RIEPE: Thank you.

HARDIN: Other questions? Will you stick around?

HANSEN: I have nowhere else to go.

HARDIN: Very well. Proponents, LB1013. Welcome.

ALYSSA BISH: Thank you. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Dr. Alyssa Bish, A-l-y-s-s-a B-i-s-h. And I am the director of the Division of Children and Family Services in the Department of Health and Human Services. I am here to testify in support of LB1013. Thank you, Senator Hansen, for introducing this bill on behalf of the department. This bill was introduced to support youth safety, treatment effectiveness, and the long-term sustainability of Nebraska's youth rehabilitation and treatment centers. This legislation maintains the statutory requirement that youth at YRTC Kearney receive care in a single-sex treatment setting, along with ensuring facility safety and appropriate gender separation. LB1013 enables the department to designate which treatment spaces are used for youth based on safety considerations, treatment programming, and facility design. This flexibility allows the department to assign youth to spaces that best support supervision, therapeutic services, and daily operations rather than having those assignments permanently tied to specific locations in statute. This approach supports long-term planning and responsible use of facilities. As buildings are improved, repurposed, or replaced, the department is able to continue providing safe and effective treatment while maintaining all required safeguards. In addition, LB1013 upholds existing provisions related to emergency situations and reinforces the requirement for safe and appropriate separation during such events. We respectfully request that the committee advance the bill to General File. Thank you for your time. I'd be happy to answer all of your questions on this bill.

HARDIN: Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Director Bish, for being here and for your testimony. OK. So I remember-- I learned about

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this bill-- I think it was right before session started. And it seems pretty straightforward, just kind of changing the allowable gender in a facility. Since I've heard that there's a lot of plans about some movement of, of residents of these facilities-- so I just want to kind of-- so my understanding is the plan is to move youth-- the Department of Corrections are planning to move some youth from Omaha-- from one of their facilities to other facilities and that YRTC Kearney, which is currently boys, will go to Omaha. Is that--

ALYSSA BISH: Correct.

FREDRICKSON: --accurate? OK. And then YRTC Hastings, which is currently female, the plan is to move them to YRTC Kearney once the boys leave?

ALYSSA BISH: Correct.

FREDRICKSON: OK. And then Whitehall, which is boys, will go to YRTC Hastings?

ALYSSA BISH: Correct.

FREDRICKSON: OK. So I guess my, my question is-- that's a lot of movement. And I know with a lot of these locations, there, there are specific programming. So for example, I know at Whitehall, there's, there's essentially, like, a functioning high school. There's practical job training, opportunities, whether that's woodworking, et cetera. My understanding is that currently Hastings does not have that infrastructure there. So for the boys that move from Whitehall to Hastings, are they going to lose out on that type of programming?

ALYSSA BISH: No. We are going to move the programming with the appropriate populations as they move. And then also just a note, Hastings was originally designed as a PRTF, which is what Whitehall is. And so that location is still being used appropriately for the programming that we want there. And then NCYF, which is where the boys would be moving to, was originally built to be a YRTC. Also very fitting the structure of what our therapeutic needs will be for that programming as well.

FREDRICKSON: So there won't be any changes in the programming that the residents currently receive?

ALYSSA BISH: Correct.

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FREDRICKSON: OK. And what about workforce? Like, I'm just thinking, like, Kearney, Hastings-- people are based in these locations, populations shifting. What, what does the departments kind of envision that will look like?

ALYSSA BISH: Yeah. Great question. Our workforce does an incredible job with the work they do, and it's really important that we care for them and our population as well. And so not just within YRTC but across our entire DHHS agency, we have about 500 vacancies and things that might be appropriate for people that can't move because they're location dependent, while also noting that each of these locations will still have programming that needs the current people that are working there, just they might be serving a different sex. But the same type of programming. So there will be a lot of movement, but we are working with our workforce to ensure that they find a role that would be appropriate for them.

FREDRICKSON: So if you are currently working at Hastings, for example, and, and you're, like, a shop instructor, woodworking instructor, your job will still be available?

ALYSSA BISH: We will-- if the, if the need is there, yes, it will still be available.

FREDRICKSON: And if the need's not there?

ALYSSA BISH: We will do our best to work with them with the vacancies we have within the department to help find them something that would be appropriate.

FREDRICKSON: OK. I have a little concern about that. My other concern I have too is-- so I'm sure you've seen in the news there's been a, a lot of recent reports of some of our residents being survivors of assault from, from, from staff members. And with-- whenever we sort of move youth around or vulnerable youth, I certainly have concerns about safety and, and sort of the capacity to keep these individuals safe. Can, can you speak a little bit towards that with, with all this movement, staffing? How, how are we going to ensure that these young people are in fact safe throughout all this?

ALYSSA BISH: That's a great question. Their safety is our top priority. And so this will not be a sudden move but a gradual process. And so pending that this legislation goes through, we would not just, like, pick up the boys and move them to NCYF. We would start hiring in

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May, slow-- training small units and transferring small amounts of youth at a time until that facility was ready to completely make that transition. We did that successfully when we had YRTC Lincoln. We had the runway to really ensure our staff were trained well. They understood the therapeutic model. We could sure-- ensure it was evidence based. And then we moved youth to the facility. The same process will be used when moving all the other youth, ensuring that the right people are there, programming is set in place before a youth ever enters that new facility to best meet their needs.

FREDRICKSON: So is it-- would, would it be fair to say-- is, is-- does the department plan to not make any moves until the infrastructure, the staff, everything is in fact in place in the new location?

ALYSSA BISH: The-- if we had enough staff for maybe six youth from Kearney to move to Omaha, we might move them because we have the staff to make sure that programming is acceptable. But if I don't have the staff in Omaha, I'm not going to risk their safety and move them.

FREDRICKSON: OK. OK. Thank you.

ALYSSA BISH: Mm-hmm.

HARDIN: Other questions? Senator Riepe.

RIEPE: Thank you, Chairman. I'm, I'm going to play back what I think I heard. It sounded to me like the whole process of these numerous moves will be sequential in order, that while you won't bring-- let's pick on Kearney and Wayne-- that-- the unit there-- that if you bring them in bit at a time when your staffing matches up in programming, that could be over a significant period of time. That could be six months or a year of-- [INAUDIBLE] because you don't know exactly how it's gonna match up yet.

ALYSSA BISH: So our timeline right now would be we would start recruiting for the Omaha location beginning in May and start those transitions. I think it'd be fully transitioned by the end of the year in 2026, but the biggest thing will be hiring staff in Omaha. And then once Omaha is fully staffed-- we have great staff at Kearney. And so that move from Hastings to Kearney and Whitehall to Hastings, we have people in those locations. So it's really the staffing in Omaha that's most critical, and that will be the first move.

RIEPE: If you have training in Omaha, what, what is the length of that training? Is that three months, six months?

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ALYSSA BISH: I can follow up with you on that. I don't know exactly all the training that we're going to do, but it, it is a lengthy process to ensure that we have the right staff there. I believe it's several months.

RIEPE: Wouldn't it be the same training if you were bringing in a new employee into Kearney as it exists today?

ALYSSA BISH: Yes.

RIEPE: So the programming should be already prepared. It's just a matter of getting the people and getting them trained.

ALYSSA BISH: Yep. So as you were saying that, I was actually thinking if we're starting in May with hopes of moving in July, it would be three months. Plus their probationary period.

RIEPE: OK. OK. Thank you.

HARDIN: Senator Quick.

QUICK: Yeah. Thank you, Chairman. So I, I know-- I think you've probably heard me ask Senator Hansen that question. So back when I served before, we had the whole thing with Geneva and, and with the girls to-- they were in the same facility. How was, how was that allowed to happen? Do we have an emergency clause--

ALYSSA BISH: Yes. It happened before I was here, but there is in statute a clause for an emergency. If we are at capacity and have nowhere to put people safely, they can be in the same space, but that is not our-- ideal or what we want to have for our youth.

QUICK: Yeah. Because I-- we had real concerns about that when that happened. And we'd actually been working-- I've been to the YRTC in Kearney several times. I also vitted-- visited the YRTC in Geneva. But I know one of the, the biggest concerns was, was still staff training at that time, because-- I know there were staff assaults and that-- I think some-- whether it was talking to staff or talking to people in the community, but they didn't feel like this training was appropriate by the time they would move them. They were moving them too-- quickly-- through too quickly. And so that's what was resulting in some of the staff assaults, you know, someone who wasn't really ready to go in with, with the, the juveniles. So I do have some real concerns about moving staff and hiring new staff and making sure they're properly trained and making sure these kids are rec--

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receiving the programming that they actually need to have good outcomes. So I don't know if you want to-- it's not really a question, but maybe you can address some of that.

ALYSSA BISH: No, I really appreciate your concern and just everyone asking such great questions. I think one of the benefits about these moves is that, first of all, NCYF-- so the Omaha location allows for single-capacity rooms. And so right now in Kearney, it's barracks style. So it's like a dorm. Like, there's rows of beds and it's not safe, especially when we have really high census numbers, for all of our youth to be in one space. But having their own separate room I think will not only help with assaults and just giving them their own space but also just the programming that they are doing. Also, when we're really focused on our youth, of the population that's currently in Kearney, which is our boys, 75-plus percent of them are actually from the Omaha-Lancaster area. And so moving them to Omaha allows them to be closer to their family, to have more connection to where they are from, and also help us to reintegrate them back into the community when that is appropriate. It also keeps them closer to judges if they need to appear in court and we're not transporting them three hours for a 20-minute court hearing and then three hours back. And so when we're really focused on the youth in this decision, this really allows us to have capacity to ensure their safety, better therapeutic programming, and then also space for them and they're not, like, on top of each other in these really, really small rooms.

QUICK: OK. And I know I've met with Director Corsi when they first come and talked to me about the moves, and one of my concerns was-- I, I, I get it. There's 75% of the kids maybe from Lincoln or Omaha, but they-- still at 25% of kids are from rural Nebraska. And they're still going to be-- they're going to be far-- further away from where they were needed to, to get their help. I also-- one of my concerns is still with the staff because we-- what I've been hearing is is that they've been told they won't have a position. So I, I would like reassurances that, that there's still going to be-- there's going to be-- working with those staff to make sure they have some position somewhere.

ALYSSA BISH: Our chief human resource officer has been on this since the beginning to make sure we're notifying staff, helping them find the right placement for them, and then also just ensuring we have the right programming needs for all of our youth at all of our facilities.

QUICK: OK. All right. Thank you.

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HARDIN: Senator Freder-- Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for answering all of our, our questions.

ALYSSA BISH: Of course.

FREDRICKSON: I appreciate you being here. So that made me think of a couple of things. One is, do we know where the DCYC residents-- the plan is to place those individuals at this point?

ALYSSA BISH: Yes. I'm speaking a bit out of my depth here, but they do have a location that honors, like, sight and sound and will be for-- I think it's 11 juveniles that would be in that location until either their sentence is over or they move to the general population. And that's also why we're waiting until later to ensure that they-- the juveniles that are with probation have appropriate housing locations before we would move to NCYF.

FREDRICKSON: And that-- the new location is also in Omaha?

ALYSSA BISH: I am not 100% sure on that for corrections.

FREDRICKSON: OK. So that's something-- I know that's maybe out of-- that's something-- a, a question maybe for the Department of Corrections. I was looking at the Governor's proposal for this as well. So currently, all of our YRTC's are Rule 10 schools.

ALYSSA BISH: Mm-hmm.

FREDRICKSON: It appears that he would want to change them to Rule 18 schools. Is that your understanding as well?

ALYSSA BISH: Yes.

FREDRICKSON: OK. Can you share more about that? I, I mean, Rule 10 schools have a lot less than Rule-- or-- I'm sorry-- Rule 18 schools I believe have a lot less than Rule 10 schools in terms of instruction, staffing ratio, availability of options. So are all the, the youth who are residing in YRTC's going to just have significantly less education?

ALYSSA BISH: No. They will not have significantly less education. So Rule 18 allows a student who is-- so Whitehall currently is a Rule 18. Those youth still take classes from their school of origin. And so one benefit of Rule 18 is it's from your school of origin. You might be

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taking specific classes at your school. You go to YRTC and you might be meeting mid semester, but that's not what you were learning at your current school. And so in some ways, there really is a benefit to Rule 18 because it's your core curriculum. And when you exit the YRTC, you're going back to what you're familiar to to help them stay on track with their credits. To your point, Rule 10 is an accreditation, which means there are var-- a lot of specifics around teachers, curriculum, et cetera. It-- of course we want our students to have great education. And for Hastings, for example, with our female population, we have, on-- at times more teachers than we have youth that are there. Because when it's accredited, you can't have, for example, one teacher who maybe teaches multiple subjects. It would just be the one. And so we do want to ensure that all of our students have access to quality education. We want to help them complete their degrees, complete classes. This move has not happened at this time, but we are exploring the Rule 18 to help youth have a connection to their school.

FREDRICKSON: So how-- and how would that be facil-- would this-- would they be then taking, like, online classes? Would it be-- I mean, how, how-- what's the infrastructure? How is this actually operationalized?

ALYSSA BISH: So it could be that they're taking online classes. We would be working with their home schools to see what that could look like. We have a meeting with NDE next week, so I'm sure we can speak more to that. But it really would be facilitated with their school that best meets the needs of that youth.

FREDRICKSON: OK. And so the teachers that currently work at the Rule 10 schools, like Whitehall or the YRTCs, they will be let go or--

ALYSSA BISH: I'm not sure. Depends. If, if Rule 18 is where we go, then there might not be as need for as many teachers. If that's not where we go, then there's still certainly a need because we'll be Rule 10.

FREDRICKSON: Thank you.

HARDIN: Other questions? Senator Riepe.

RIEPE: Quick one. My recall is that YRTC in Kearney does have a, a certified school. Maybe you covered that.

ALYSSA BISH: Yes. Rule 10.

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RIEPE: Will they-- that same faculty be brought-- attempted to be brought into the Omaha community to, to serve these same students or do you-- are you going to have to start over possibly fresh?

ALYSSA BISH: Well, we would still have our female population that would be at Kearney. And so Rule 10 would still be there. We would still need teachers to teach the female population.

RIEPE: OK. So you're going to try to keep those-- retain those for the school there and then have another accredited school, if you will, in Omaha. OK. OK. Thank you.

HARDIN: Senator Quick.

QUICK: Yeah. Thank you, Chairman. So with this-- and-- so my understanding too is that the Hastings facility, so you're gonna move the, the, the boys from Whitehall. But then there's also talk that they would be-- for substance abuse facility for girls. Now, if, if we're saying that they can only have, you know, one gender at that facility, how is that going to work when you have both genders at that facility for substance abuse?

ALYSSA BISH: Great question. So Whitehall is a PRTF, not a YRTC. So that's one distinction. And then also we have-- it's not called a cottage, but-- maybe it is called a cottage. We're building a new 12-bed cottage, and so there would be, like-- they would be in a separate, essentially, like, building. They're not in the same unit, but they would be on the same campus. But the distinction there is they are a PRTF, not a YRTC.

QUICK: OK. And so for, for most of us-- can you explain what the PRTF is?

ALYSSA BISH: Yes. Our-- all these acronyms in government and whatnot, I'm like, OK. A psychiatric residential treatment facility. And so that is for very specific programming. So that is for substance use currently or youth who sexually harm. And so it's a very targeted, therapeutic approach to help a very time-limited period of time, whereas our youth rehabilitation treatment centers-- that is also therapeutic programming, but it's not specific to just those two types of needs.

QUICK: OK. And then I know that used to be-- the Hastings fa-- facility used to be the substance abuse for-- and I, I thought it was just strictly boys at that time-- that received substance abuse. And

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so is there, there-- that-- that's not currently happening right now, right? There's no subs-- substance abuse or do they still do that?

ALYSSA BISH: Correct. Right now, Hastings is just a YRTC. So what you just described is taking place at Whitehall, which is here in Lincoln. When we move Whitehall to Hastings, that treatment will be available to both male and females, which currently we don't have for females at the Hastings location.

QUICK: OK. So-- I'm sorry I'm asking all these questions, but-- so for-- we currently have no staff that will provide that in Hastings for substance abuse or for the, the juveniles who come from Whitehall. I don't, I don't understand how we're going to get enough staff to, to provide services for those juveniles unless all the staff from Lincoln comes to, to Hastings, so. And-- to make sure that those kids are receiving the, the proper help that they need.

ALYSSA BISH: Mm-hmm.

QUICK: So.

ALYSSA BISH: We do have therapists in different types of positions that are needed for both populations at all of those locations. And to your point, we will be hiring new staff in different locations. And the Hastings area has really built up in a lot of those spaces. And so I do feel confident we can find what we need to meet the needs of our youth for that. And again, I just wanna reiterate, none of these moves will happen if we do not have the right stuff there for the safety and success of our kids.

QUICK: OK. Yeah. I'm just concerned because the continuity of care, making sure that that's-- those kids aren't just starting all over again and now you've really set them back a little bit. So the-- that's just my concerns.

HARDIN: Senator Ballard.

BALLARD: Thank you, Chair. Thank you for being here, Director.

ALYSSA BISH: Yeah.

BALLARD: Do you have a sense-- you mentioned the cottages. Do you have a sense of what is needed for new buildings, new fitting of infrastructure for the movement of the-- these youth? Did you have, like, a sense each, each location, what's needed to fit--

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ALYSSA BISH: Sure. So you're wanting to know, like, what the bed capacity is at each of those--

BALLARD: Bed capacity, yeah.

ALYSSA BISH: Sure.

BALLARD: If you need any upgrades to, to current facilities.

ALYSSA BISH: Sure. So I'll read you my numbers. So currently at Kearney, we have 75 males there. And we can honestly have a population that can go well over 100 sometimes. And so by moving to the Omaha location, we will have 76 single rooms and 143 double-occupancy rooms if needed. At Hastings, we currently have bed capacity of 24. It'll be moving to 36, which allows for both the male and the female population to be there for the PRTF. For Lincoln, we currently have 13, with capacity of 20. And then Whitehall currently has capacity for 24, But that's moving to the Hastings', and so that will essentially wash out. Plus the extra 12 for the female.

BALLARD: OK. So there is going to be some upgrades to these facilities--

ALYSSA BISH: Yes. And so-- and-- why the-- boys moving from Kearney to NCYF, they have single rooms and they no longer have barracks. By the Hastings girls moving to Kearney, they also have single rooms. And it will be a 48 single-room, state-of-the-art facility for our females with room to grow if needed. And then that Hastings location will have-- there-- a new cottage for the girls, plus cottages for the boys for the PRTF. So in a sense in terms of building structure, by eliminating the Kearney could only serve boys, you're allowing both sex to have upgrades to their current locations to meet the growing population needs that we have for males and females.

BALLARD: OK. Thank you.

HARDIN: So help me out with a few different pieces, if you don't mind. Hastings. You said it a little bit earlier, but I just wanted to re-emphasize it. With the new cottage that's being built, for the first time, we will have facilities for both male and female. Is that right?

ALYSSA BISH: That's correct.

HARDIN: OK. Do we know what's gonna happen to Whitehall--

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ALYSSA BISH: We don't.

HARDIN: --once it's vacated? OK. Just curious.

ALYSSA BISH: But to note, Whitehall currently does not have all of its accommodations met, and so it would cost more to fix Whitehall than it would to just--

HARDIN: I think Whitehall is worth something like, what, 1.5 and is demanding, what, 4.5 million in repairs?

ALYSSA BISH: You got it.

HARDIN: I see. So Kearney has a new 48-bed facility that's almost done. Is that right?

ALYSSA BISH: Correct.

HARDIN: And about when will that be ready to go?

ALYSSA BISH: This spring.

HARDIN: OK. And so the current facility in Kearney is on more than one floor. It's two floors. It's got stairs. Is that right?

ALYSSA BISH: Mm-hmm.

HARDIN: What-- what's going to happen to that old facility when the new one is finished? The girls would be moved there from Hastings. What will happen to that old facility in Kearney?

ALYSSA BISH: We'll no longer need the old facility. But if we ever at any point had capacity issues, we would have that extra space. But we want them in the state-of-the-art facility that's being built right now.

HARDIN: OK.

ALYSSA BISH: And if females are there, we have more than enough capacity.

HARDIN: And so that new facility that's being built is-- help me understand. It's better why? It's-- you were saying earlier it's, it's not barracks style.

ALYSSA BISH: Right. It's single rooms.

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HARDIN: It's single rooms.

ALYSSA BISH: So imagine having a hard day and then when you go to sleep at night, you're with 80 other people all in the same space. But now you have a place that's just yours that you get to go to and, like, decompress and, like, really focus on why you're there.

HARDIN: OK.

ALYSSA BISH: It's just one of many reasons why this will be safer for our youth and safer for our staff.

HARDIN: OK. Other questions? Senator Fredrickson.

FREDRICKSON: I have one more. Yes. Thank you, Chair Hardin. Thank you again for entertaining my questions. So I'm, I'm looking at the bill's fiscal note. It's zero, of course. And I certainly-- I mean, that makes sense in the sense that the bill itself only changes the allowable gender at a facility. Obviously, this bill is required in order to sort of set in motion a number of different moves. Do we have any sense of what this is going to cost to shift around all these folks?

ALYSSA BISH: So-- good question. It actually-- so currently, the NCYF facility is owned by the Department of Corrections. By DHHS renting our own state building, it actually will save around \$6 million. More-- most of that funding is on the corrections side. We need to pay for a building regardless because we need the capacity regardless. So in terms of funding, it's kind of a wash. But it does save the Department of Corrections \$6 million.

FREDRICKSON: OK. Last question, I believe, for now is--

ALYSSA BISH: I'm here all day. What time is it? We got a couple hours.

FREDRICKSON: The-- I know. And it's a Friday too. But so-- wha-- is-- what's the plan for communication with youths' families? So for example, if a, if a child is being moved, for exa-- you know, when will family be notified? I-- in some cases, I imagine the courts might need to have notification as well. Do-- is-- has that been sort of teased out yet?

ALYSSA BISH: Great question. Everybody will be notified. I'll make sure there is ample timing for everyone to know. It hasn't started yet because this bill hinges on a lot for us to even make those moves.

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FREDRICKSON: Got it. OK. Thank you.

HARDIN: Seeing no other questions. Thank you.

ALYSSA BISH: Thank you. Have a good Friday.

HARDIN: Proponents, LB1013. Opponents, LB1013. Welcome.

JAY WILSON: Thank you, sir. Good afternoon, everybody. My name is Jay Wilson, J-a-y W-i-l-s-o-n. I'm the president of the Fraternal Order of Police Lodge 88 in Nebraska, covering protective services. I am wholly opposed to this bill and the movement of facilities that this will cause. Our lodge is compo-- compri-- comp-- we have both state corrections officers and DHH specialist who are both going to be heavily affected by this bill. This bill is a precursor to the large-scale movements that DHHS is planning to have in the coming months, possibly years, to change locations for their clients as well as the programs. The intention behind this movement, I believe, is well-mannered, but there is a, a couple issues I have to-- I need to address. First and foremost, removing the Nebraska corrections-- youth facility from corrections. It is the only youth facility that corrections has to ha-- has its incarcerated youth. There are plans to move the incarcerated youth to the re-- reception and treatment center, but I am not certain moving children to a maximum security prison-- excuse me-- where child predators are also housed is the best interest for these incarcerated youth. On top of that, giving NCYF to DHHS will for-- force 48 FOP members to displace their careers to other facilities, given only the choices of Community Corrections Center of Omaha and Omaha Correctional Center. As I am certain there are not 48 open positions between these two facilities, layoffs and bumping less senior employees will begin to happen as well, which mea-- which means years of correctional experience being lost. Secondly, as the DHHS movements take place, these fil-- facilities are all widespread throughout the state of Nebraska. Any employee who would like to continue having a job with DHHS will be burdened either by having to move cities with their family, stay at, at, at their location but take on different programs they are unfamiliar with, drive now excessive amount of-- excessive amount to available facilities, or be transferred to facilities within their area that they are uncomfortable with. Is it possible to put a pin in this movement for three years and for corrections to retain their facility? The new facility being built that Nebraska State Penitentiary will be mostly moving to should be built by then, leaving a large amounts of housing available or-- available of space and possibly housing for all

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Whitehall to move into, as well as plenty of buildings left over for programming. Thank you.

HARDIN: Thank you.

JAY WILSON: Sir.

HARDIN: Questions? Senator Fredrickson.

JAY WILSON: Sir.

FREDRICKSON: Thank you, Chair Hardin.

HARDIN: OK.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here. I just want to make sure I got that right. You, you said you were here representing-- is it the Fraternal Order of the Police? Is it--

JAY WILSON: Yeah.

FREDRICKSON: Did I get that right? OK.

JAY WILSON: I am the president of Lodge 88. Yes, sir.

FREDRICKSON: OK. I, I want to be sure I, I heard you correctly. So i-- is the current plan-- it's to move young-- youth into a maximum security facility with sexual predators?

JAY WILSON: That is correct, sir. Yes. From, from what I gather, I would-- had a meeting-- I just had a meeting yesterday with DHHS supervisors-- or, heads after two weeks of not knowing what was going on to, to finally have a talk with them per WebEx, but-- anyway. The, the goal-- I believe the Director of Corrections is gonna move them to the reception and treatment center and, and to the old SNF, which is a separate building-- or-- I mean-- sti-- it's still in the same building. But yes. With, with a, a maximum men's prison. That's-- doesn't sound good. Now, my concern with that, if, if you don't mind--

FREDRICKSON: Yeah.

JAY WILSON: --is-- I mean, they'll be separated, security will keep everybody in check, you know, keep them-- to the best of their ability. But what happens, God forbid, if there's a riot, a fire, a tornado, emergency evacuation, and now we have these youth mixed in with, with the other population, the, the grown men, so. It's--

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that's-- that to me doesn't-- it's a recipe for disaster, if you want my personal opinion. Well, I guess I just gave it to you, but.

FREDRICKSON: Do you believe that RTC has the capacity to keep these kids safe in that type of context?

JAY WILSON: The-- I would say yes and no. You know, I, I-- like I said, it's, it's-- it-- the building they're going to use is, is secured and, and they have the rooms and stuff. But again, if there's a-- an emergency, you've got to evacuate, things are going to go bad-- possibly go bad. Worst-case scenario. That's the type of person I am. And I, I look out the-- for the best interests not only for the staff but for the individuals we're overseeing, you know, so. It, it doesn't sound good. And then not only that, it puts our staff members at a different level because now we're overseeing grown adults and then you got to separate that to, to youth, which are handled with care. And, and for, for the grown men, we use TAPs, which is specialized, you know, to put-- go hands-on if necessary. Or the OC spray that we use. I don't know if we can use that on youth. I mean, there's a, there's a whole lot of different things that, that-- there, there-- they want to put in our, our staff members' heads.

FREDRICKSON: Well, yeah. I think that be-- to be a question for DOC whether or not the staff has the training to-- but I guess my other thought too is-- you know, we just heard from the director about pro-- no interruptions in programming. Does RTC have the ability to provide the type-- like, the type of programming discussed?

JAY WILSON: I-- that I don't know. I mea-- I mean, we, we have different programs there, but it's not youth specific, shall I say. I mean, they have schools and, and so on and so forth, libraries, workshops, and stuff like that. But I'm-- I don't know--

FREDRICKSON: For, for, for adults?

JAY WILSON: For adults, yes.

FREDRICKSON: I've got a first grader. I-- there's, there's a bit of a difference between-- yeah. Yeah.

JAY WILSON: I mean-- yeah. And I don't mean any insults with-- I'm just-- I-- I'm about as real as it gets, so.

FREDRICKSON: OK. I appreciate that. Thank you.

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JAY WILSON: Sir.

HARDIN: I appreciate what you're sharing with us, because obviously we're not there and we deeply appreciate law enforcement and correctional officers everywhere.

JAY WILSON: Thank you, sir.

HARDIN: I wanted to just share a little bit of information that you, you may not be aware of. We did meet as a, a committee with Corrections Director Jeffreys this week.

JAY WILSON: OK.

HARDIN: And he's very much in favor of this whole transition.

JAY WILSON: OK.

HARDIN: And so part of the issue woul-- as I recall is that these youth that we're talking about that would be potentially endangered, I'm told they will be kept separate. They're-- they won't just be cut loose into the main population, which we all would agree would be a bad thing. I used to be a prison chaplain, so I look at it and go, uh-oh.

JAY WILSON: Right.

HARDIN: And so I, I look at that and go, this is a-- this is a troubling thing. As I also understand, they're looking at the timing of this. And I think the majority of those, I think it might be 18 kids.

JAY WILSON: OK.

HARDIN: Most of those are going to be older or even released by then. Not all. I think it leaves about a half a dozen of them.

JAY WILSON: OK.

HARDIN: And so those half a dozen are particularly who we're talking about being segregated from the rest. And so I just kind of wanted to bring that piece of it up.

JAY WILSON: For sure.

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HARDIN: Tell me about-- what, what are you-- what are you hearing from officers? Because at the end of the day-- you, you brought up 48 people. At any time, you are-- or someone is messing with your livelihood.

JAY WILSON: Absolutely.

HARDIN: It-- it's a hard thing.

JAY WILSON: Yes, sir.

HARDIN: And so wha-- what are people thinking? Are they looking at it and going, gee, do I want to move from here to there? Because I'm sure that would be an opportunity, right, that they would say, would you move from this town in Nebraska to this town or city in Nebraska? Share kind of what you're hearing then.

JAY WILSON: OK. So for, for the NCYF staff members that are going to be moved out of-- there's 48 of them, OK? And CCCO and OCC, they don't have that much room to absorb those people. So they're either going to have to-- and tho-- those are the only two facilities they've picked for, for them to go to. And, and like I mentioned, they, they have bumping rights. Meaning the less senior people there, they, they can bump them out of their position so they have a job. But-- and tha-- and that-- as you know, the morale's going to go way down. All kinds of people are stressed out at all those facilities. Not to mention, from what I gather, Whitehall will be shut down, i-- is the word I got. I've, I've been wrong before, but that's what I was told, so. And as far as the other facilities for, for the YRTC's, you know, they're stressed out because now they're gonna have different type clientele coming in there, per se. And-- again, you know-- I did have-- my trustee that works at Whitehall said there's seven fa-- or, seven, seven staff there that would be willing to move to Hastings, which, which is pretty big as far as I'm concerned to just up and move there. But then will they have a position there is, is the next thing. And, and I-- well, I don't-- that-- we'll go from there, I guess, but.

HARDIN: OK. Other questions? Senator Quick.

QUICK: Yeah. A-- and I don't know if you know the answer to this question, but do you know the, the ages of the, the population at the Omaha facility right now?

JAY WILSON: I, I do not.

QUICK: OK. Because I know that-- I know they're talking about there'll be some that will age out or age into maybe an adult facility, but we also have kids-- or, juveniles who maybe are coming into the facility as well, so. I-- you know, I'm not sure we're gonna see maybe the big reduction that they're talking about because there's always maybe some juveniles who are-- who get tr-- who are going to get in trouble and are going to end up in that facility, so. I don't know if, if that's what you would-- could see too or if-- what you're-- think of that.

JAY WILSON: Well, I, I would hope they put the older ones in there. I mean, if that's who they're going to put in there. But it's still, it's still just concerning for, for everybody, you know. Again, like I said, the, the use of force-- and-- I don't-- it's just my verbiage from corrections-- is, is going to be different than-- from, from a youth facility to a maximum prison, you know. I, I, I don't know how that's going to look yet. You know, I don't think-- I don't know if they know how it's going to look like yet, but. You know, it's, it's just concerning.

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

JAY WILSON: Sir.

HARDIN: How has-- granted, there's a lot of things that are in-- that are dynamic here. And so what's communication been like for your perspective?

JAY WILSON: Meaning?

HARDIN: I mean have they communicated a lot? I mean are they sharing what they have and what they know? Is it frequent, infrequent? Kind of what's happening from your perspective as, as FOP.

JAY WILSON: From DHHS side, I just heard from them yesterday.

HARDIN: OK. So you did not know anything about any of this before yesterday?

JAY WILSON: Oh, no. I knew, I knew about parts of it. Ms. [INAUDIBLE], she called me from Corrections to let me-- inform me about NCYF. I wanna say it was January 16 or 19. I can't remember the exact date, but she said that they, they, they meant to talk to me before, but the media got a hold of it. You know, I-- in Corrections, you-- the word, word spreads fast. And obviously, it went to the news. So they, they felt bad about that. As far as DHHS, you know, I, I-- it took me until

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yesterday to finally get a meeting with them. So-- I mean, I get it. We all have different things going on, myself included. You know, I oversee over 1,500 members, plus 22 different facilities. So it's, it's a, it's a busy life out there, so.

HARDIN: OK. Any other questions? Senator Quick.

QUICK: Yeah. Yeah. Thank you, Chairman. So how many sta-- staff would you have at, like, Whitehall altogether?

JAY WILSON: At Whitehall, I'd say-- God, I would have to guess. I'd probably say 30 or so. I, I could be wrong.

QUICK: OK.

JAY WILSON: It's, it's not real big, but.

QUICK: Yeah. And how many staff at the Omaha facility?

JAY WILSON: Oh, I, I couldn't tell you right off the top of my head, so.

QUICK: All right. All right. Thank you.

JAY WILSON: Sir.

HARDIN: All right. Seeing no other questions. Thank you.

JAY WILSON: Sir. Thank you.

HARDIN: Those in opposition, LB1013. Welcome.

LUKE MOLZER: Hello. My name is Luke Molzer, L-u-k-e M-o-l-z-e-r. I am representing Whitehall PRTF. So I have a prepared statement as best to articulate the collective opinion of me and my coworkers. And any comments will probably be conjecture of my own beyond that. So thank you for the opportunity to speak. My name is Luke Molzer. And I am speaking on behalf of the team members at Whitehall PRTF here in Lincoln. We are unanimously in opposition to this bill because it includes the proposal to shut down our facility and transfer our patient population to YRTC facilities in Omaha, Hastings, and Kearney. The reasons we oppose this bill can be summarized in three main points. First, the proposal includes not only the movement of our clients-- which are an all-male population-- it also is proposing the transfer of the female population in Hastings to one in Kearney. The

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YRTC facility in Kearney has been under investigation for alleged sexual assault of the clients by staff. And given that female populations tend to be at a higher risk of this type of abuse, we think that this move creates more risk for an already vulnerable population. One only has to google YRTC Kearney to see the long history of problems at this facility. Second, the closure of Whitehall PRTF means the ending of therapeutic treatment interventions for the young male population of Nebraskans that we serve. These young men are often coming to us from a circuit of detention facilities or less-than-ideal home environments, which compound and exacerbate maladaptive prosocial behaviors. Our goal is to help remediate as much as we can the problematic behaviors and mindsets that contribute to the antisocial and self-destructive trends these boys have found themselves struggling with. Often a challenge faced by our team of clinicians, management, and direct care staff is to guide these youth towards-- youth towards returning to the Nebraska communities they come from or wish to be a part of by means of reshaping their mindsets and impulses, which, again, are often compounded or encouraged by purely punitive detention paradigms. Lastly, this proposal of closer-- closure obviously affects the 68 members of the Whitehall team. This includes working mothers-- oh. This includes-- sorry. I lost my page for a second. This includes working mothers and fathers with families they are providing for, career clinicians who have dica-- dedicated time, money, and energy into being a source of counseling for the young men we serve, and young adults who have a passion for serving their communities by being a source of insight and supportive encouragement alongside being solid supports that hold these youth accountable in their times of distress-- distressed behavior. The proposal of closure has come as a blind side to people who have long-term intentions of building careers around this work, and they may find themselves suddenly thrown back into a job market with no financial compensation for this and little guarantee of future employment. Thank you for your time.

HARDIN: Thank you. Questions? Senator Quick.

QUICK: Yeah. Thank you, Chairman. So the staff makeup at Whitehall, can you talk a little bit about that? So is there so many counselors, so many-- you know.

LUKE MOLZER: Yeah.

QUICK: And does that 68-- does that include also the, the, the FOP staff that are there, or is that--

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LUKE MOLZER: We hav-- I believe we have at least two different-- the, you know, unions that cover the, the workforce there.

QUICK: OK.

LUKE MOLZER: And then-- yeah, our workforce consist of therapist, direct care staff, our management teams, case management, janitorial, a bunch of different things. Yeah.

QUICK: OK. OK. And-- so I know that question's come to others about timing-- and have you been talked to by DHHS?

LUKE MOLZER: I, I have no idea the timeline of this proposal. No.

QUICK: OK. OK. And then I know some of the concerns and-- because I, I dealt mostly with the YRTC facility before on staff training. And I don't know if you saw some of the same things there, but I know in, in Kearney there was a lot of concerns about moving staff through too quickly and not getting the proper training. And I don't know if you see that at Whitehall or not, but.

LUKE MOLZER: I, I can-- again, I can only speak to my personal experience. And I know-- but I, I do know that, like, staff that we have that come from YRTC facilities, they prefer our work environment because it is a little-- I think it's just less aggressive in terms of the handling of the youth interventions there. The, the treatment paradigms are just a little different. I, I can't speak to what the training at YRTC is or how it differs. I know we are full de-escalation in terms of de-- deregulating any aggressive behavior. And we seem to be successful in using those interventions, so.

RIEPE: OK. All right. Thank you.

LUKE MOLZER: Mm-hmm.

HARDIN: Senator Riepe.

RIEPE: Thank you, Chairman. What's the number of staff, nonadministrative there at Whitehall?

LUKE MOLZER: Nonadministrative?

RIEPE: Yeah. Approximately.

LUKE MOLZER: I, I guess 60-- probably 64.

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RIEPE: OK. So it's--

LUKE MOLZER: I don't know what exactly is defined as administrative in this--

RIEPE: --it's not a small number.

LUKE MOLZER: Yeah.

RIEPE: OK. My other question is, is, it your assumption or statement that the treatment that's currently provided at Whitehall cannot be replicated in a different location?

LUKE MOLZER: Cannot be replica-- I mean, it, it--

RIEPE: I mean, that-- they, they must be going after-- working off of evidence-based standard of care and stuff, so.

LUKE MOLZER: Yes. I, I-- well, again, I think another speaker identified that the di-- the YRTC is a youth rehabilitation treatment center, whereas we are a psychiatric residential treatment facility. So to my knowledge, we treat more so from a counseling perspective and have an informed staff of, like, psychiatrist and clinical psychologist who have, you know, de-- degrees in how human behavior works and are able to mitigate problematic behavior rather than just purely be a sort of disciplinary environment.

RIEPE: OK. OK. Thank you, Chairman.

HARDIN: Other questions? Seeing none. Thank you.

LUKE MOLZER: Thank you.

HARDIN: Opposition, LB1013. Welcome.

ROLF HOLBROOK: Good afternoon. My name is Rolf Holbrook. I'm a independent licensed mental health practitioner.

HARDIN: Can you spell your name for us?

ROLF HOLBROOK: R-o-l-f H-o-l-b-r-o-o-k.

HARDIN: Thank you.

ROLF HOLBROOK: I'm a clinical master social worker, a provisionally licensed drug and alcohol counselor. I am one of the employees at

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Whitehall. The one thing that Luke did not cover is, in the last five years of my employment with Whitehall, Whitehall has provided clinical services to all of the youth facilities in the state of Nebraska. And so my big question for DHHS and for you guys is, how are we gonna maintain a clinical staff large enough to be able to support our other youth facilities when they are in need? So. And that is it. That's all I got. Every single person behind me back there, all the, all the therapists have provided treatment for youth in these other facilities. And I know that there's only one position available there for current clinicians to move out there, which means that all of the experience for the specific programs that are run at Whitehall will be lost, so. As far as clinical stuff.

HARDIN: OK. Senator Riepe.

RIEPE: Thank you, Chairman. When you say that, is that on-site consultation, programming? So do you-- from Whitehall [INAUDIBLE] individuals go to various-- it's not just a phone cons-- consultation?

ROLF HOLBROOK: So we have done in person and we have also done remote in the past five years, so.

RIEPE: What, what percentage of your-- say in a month's time, what percentage would be spent traveling around to these various facilities? Half, quarter?

ROLF HOLBROOK: Previously, when I was covering for Kearney, I would do one day a week where I was going out to help with them. And currently, I'm still covering for Kearney even though they are supposedly fully staffed. I had a caseload of four youth. And then we had an additional fifth youth that another therapist was covering.

RIEPE: OK. Thank you.

HARDIN: Yes. Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here and for testifying. I'm kind of digesting all this. And I'm starting to get messages from people that work in all these facilities. So I'm learning a lot right now. OK. So currently, the clinical staff at Whitehall provides clinical services for youth at all the YRTC's. Part of that's, I'm assuming, telehealth? Is that-- or--

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ROLF HOLBROOK: We have been providing-- over the last five years, every single facility we've helped cover. And we are actively covering four clients right now for Kearney.

FREDRICKSON: OK. And does that include site-- like, do you-- is there in person as well travel to Kearney for those visits?

ROLF HOLBROOK: If need be, yes, we will go in person.

FREDRICKSON: OK. If this whole plan goes into place, what does that mean for the clinical staff?

ROLF HOLBROOK: To my knowledge, most of us will move on to other facilities. I've already given my notice, and I will be working at a different agency in March.

FREDRICKSON: When you say moving to other facilities, meaning you're no longer gonna--

ROLF HOLBROOK: We will no longer be DHHS employees. Most of us do not want to move out of Lincoln, Nebraska to provide therapeutic services.

FREDRICKSON: So who will be providing these services?

ROLF HOLBROOK: That would be a great question for DHHS.

FREDRICKSON: OK. Thank you.

HARDIN: Senator Meyer, did you have a question?

G. MEYER: I, I did just briefly. Thank you, Chair. About how many clients does one therapist serve?

ROLF HOLBROOK: Typically, about four on average. And that number can go all the way up to five or six. While I was helping cover Kearney at one point, I think I had seven or eight. And the big problem with that is the YRTC clients do not require as many hours per week as the PRTF clients. So the PRTF clients require a lot more hours of service.

G. MEYER: Essentially based on what their particular needs are individually, so. You might be a-- with three and you might be with seven or eight, depending on what their immediate per hour needs are, so-- or, per daily needs are.

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ROLF HOLBROOK: Yeah. The minimum is two individual sessions and a family session, to answer your question. So three hours minimum per client at, at Whitehall.

G. MEYER: Thank you.

HARDIN: Senator Quick.

QUICK: Yeah. Thank you, Chairman. And I know you mentioned earlier that-- the-- maybe, and maybe I misheard that-- only one st-- sta-- or, one counselor or staff was looking to move to Hastings.

ROLF HOLBROOK: To my knowledge, there's only one position available. They will need a social worker out there, which means our social worker could move out there if she wants to. My-- to my understanding, she does not want to.

QUICK: So there was no-- they're saying there's no positions for, for the positions that you have.

ROLF HOLBROOK: They do have clinical staff out there. I am worried that, one, they do not have enough and, two, they definitely do not have the specific training that would be needed for the Youth That Sexually Harm Program.

QUICK: And-- so one other question too. So the, the fa-- I've never been to Whitehall, so I don't know how-- what the fa-- how the facility is set up. But the facility they're gonna use in Hastings-- I don't know how much you know about that facility, but is it--

ROLF HOLBROOK: We have been out there and we have assisted them already.

QUICK: OK. Is it set up in a way that it would, would work there compared to what you have been doing at Whitehall?

ROLF HOLBROOK: If that facility existed in Lincoln, it would probably be a wonderful facility to run the program in.

QUICK: OK. All right. Thank you.

HARDIN: Other questions? Seeing none. Thank you. Pro-- opponents, LB1013. Welcome.

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ALEX JOHNSON: Hello there. My name is Alex Johnson, A-l-e-x J-o-h-n-s-o-n. I'm a youth security supervisor at the youth rehabilitation and treatment center in Kearney. However, I'm off the clock. I'm using vacation to be here today. I appreciate you guys spending my-- your vacation with me. Well, my vacation, but. I'm going to jump right into this. In recent weeks of media reviews, it's become apparent that we're experiencing the same issue with the public that I regularly listen-- that I regularly see on my campus. People are willing and able to identify problems and restrict them but very resistant to doing the work to create real and lasting solutions. This is the same problem that we've seen over decades in the United States, where it's really easy to correct problems in people, but, when it comes to rehabilitation, people step out the room. And I'm speaking in opposition of this proposed bill, but, more accurately, I'm opposed to the direction it sends juvenile justice in the state of Nebraska. The highlights of this bill are keeping Douglas County youth closer to their families and reducing state spending. But the question hiding within this is whether we're looking to prioritize money or these youth. I don't have the information available to me to speak on the money aspect, though I assume having a vacant \$30 million facility in Douglas County makes it a pretty clear-cut case. If you as our elected representatives choose money, I can't fault you. It'll be popular with your constituents and an easy sell. As someone who works with these youth each day, I have a responsibility to point out reality. If you think moving these youth from the safest facility in Nebraska to a correctional facility in Douglas County that uses 500% the confinement time per issuance that we currently do is what's best for them, you're woefully mistaken. If abuse is your concern, I implore you to watch those confinement hours closely, as abuse of that nature can hide within daily operations. The proposed legislation is a further step towards corrections and making confined youth more comfortable in a system they already see themselves as bound for. Comfort is a demon of progress and change, and I cannot emphasize enough how definitively I do not want youth to be comfortable in jail. To this point, the state of Nebraska has funded juvenile justice very well. We're invested in this and have an opportunity. We can stand with the rest of the United States and peddle the idea that reform of this system is a pipe dream or we can use the well-established systems within our state to promote change that many states couldn't dream of. If you think I'm exaggerating, I'd encourage you to look at what staffing of these facilities looks like elsewhere. Outside of the West Coast, Colorado, and Connecticut, it doesn't get better than here. I'll say it again: you have a choice. You can choose to save money. It's the path of

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least resistance. Do keep in mind no amount of money saved will buy legacy. I've made it my life's mission to help people who are the hardest to reach, and I'm clearly passionate about my work in the land of misfit toys. If you're willing to stand with me on this, there's a unique opportunity in front of us. This system is starving for progress, and Nebraska has the courage to lead it.

HARDIN: Thank you. Questions? Senator Quick.

QUICK: Yeah. Thank you, Chairman. So how long have you worked at the YRTC in Kearney?

ALEX JOHNSON: I have been in juvenile justice for 11 years total. I spent ten years at YRTC. Spent a year down in Texas as well. So I'm familiar with what other states look like.

QUICK: OK. So you would have been there when, when I was in the Legislature the last time. And I'd come out to visit several times out to, to, to, to the Kearney facility. And one of the concerns that I was hearing from, from staff was a bi-- was a-- they weren't receiving the training-- some weren't receiving the training and being pushed into-- out into-- with the juveniles too soon and not being able to-- and I think that was resulting in some of the staff assaults, and maybe that's the result of what's happened recently too. So I don't know if you can talk about those issues.

ALEX JOHNSON: I would love to talk about those issues. To be honest, being here and speaking on this, it might be flying close to the sun on my part in my capacity, but to me it's needed. As far as your concerns of training leading to assaults leading to issues at facilities, that's my main concern when you're talking about essentially starting, what, four or five different facilities from zero. I mean, you'll have the staff that stay. You'll have your regular turnover that you have to deal with, and then you'll have to deal with the issue of staff in Omaha going, we didn't sign up to do treatment. You'll have the issue of the staff in Kearney going, we didn't sign up to deal with girls. You'll have the staff elsewhere-- over and over and again. And with that, to your point again, one of the things we deal with at YRTC Kearney is-- with staffing being an issue, we have separate units. When staffing becomes an issue, I have to put the staff that are usually working in one u-- unit with one group of kids into a different unit with a different group of kids that have a different treatment plan. And now I'm expected to uphold the expectations of that unit even though I don't know a thing that's

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going on in there on a regular basis. That's demoralizing. The place that we work, like-- as I'm sure you can imagine, obtaining morale and keeping culture is the golden ticket. It's very difficult to do when you have risk of being punched in the face.

QUICK: Thank you.

HARDIN: Senator Meyer.

G. MEYER: Thank you, Chair Hardin. We've heard a good deal of your experience and the negative outcomes of, of this particular move if it goes forward. Is there any way to improve it to where it would work? Is there any, any way to make this function given the moves that are proposed? Is there any way to make this workable, in your opinion?

ALEX JOHNSON: I absolu-- I think there's always a way to make it workable. To me, the best way I can explain it for you is the goal of corrections is to create militaristic style. To do it best, you have a structure for every single hour, every single minute of every day. And then if your clients are refusing that structure, then they can take the consequence or the other opportunity. But that structure doesn't bleed over into their real life, so it's not treatment. I'm not giving them structure for their actual life. If I want them to have actual, livable expectations, then some of the fear towards putting youth back into the community needs to be pulled back. Some of the fear towards doing actual treatment with youth needs to be pulled back. If-- do you guys have time for an example? I, I had a case manager at a-- that I worked with for a while. And we had a kid he sent on an [INAUDIBLE] into the community. Kid ran from the [INAUDIBLE]. I'm talking-- this case manager's 23 years old. Young kid. Talked with him on the back of the-- back of our administration building, and he's beating himself up. I shouldn't have sent him, he wasn't ready, all this and this. That kid was as ready as he was ever going to be. And I looked at him and I go, Cole, to be honest with you, man, you can beat yourself up all you want to. And I know that the facility would rather you not take that risk with that youth, but the alternative is you send him back to the community and he screws it up there. That-- you did exactly what you needed to do for that youth, and anybody who tells you otherwise is out of touch. There's no two ways about this. And that's what we continue to run into, is our ideas of rehabilitating these youth are correctional. We need to fix this problem. We need to make sure that it can't happen again. But that's depriving them of the possibility of the opportunity for responsibility. They need responsibility.

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G. MEYER: Is-- are the changes that are being proposed and projected, will that particular type of treatment, that particular type of discipline not be in the new facility they're moving to? Or, or is your primary concern that you're going to have to build up to that again? Is, is that the primary concern? Or is your concern that the, the discipline and the, the practices that you've had success with are not going to be continued in the next facility?

ALEX JOHNSON: They absolutely can be continued in the next facility. My concern is that, with the setting that you're putting them in, they won't be. And from working in the area for ten years, I can almost guarantee you that they won't be. It'll be easier to-- when you have individualized rooms, it's a lot easier to put kids in individualized rooms as a solution to a problem rather than working with them, rather than coming up with solutions, rather than teaching social skills.

G. MEYER: OK. I appreciate your viewpoint. Thank you.

ALEX JOHNSON: Absolutely.

HARDIN: Senator Riepe.

RIEPE: Thank you, Chairman. And thank you for your insight. I do agree with your-- getting and keeping a positive, huge culture. It's critical to everything that you do. One of the questions that I have-- I know we talk about the advantages of a single room kind of thing, and yet-- and I know in the Omaha facility we're talking about-- which it maybe becomes true-- of making them semi-private so that you-- while on one hand it's an advantage to have them single, but it seems like we're ready to give them up to a disadvantage out of necessity. Is that fair to say?

ALEX JOHNSON: Yeah.

RIEPE: Yeah.

ALEX JOHNSON: So, so what I see with that is-- again, you're adding, you're adding structure of the single room and you're removing opportunity to create issue, which is great from a safety perspective, but it's also correctional because you're removing the opportunity for them to demonstrate social skills with their peers all the time. We run into it all the time at YRTC. Little leeway again. We had an issue with a cake in a unit a couple days ago. Caused a fight in the unit over a birthday. Staff's response was, well, we'll just get rid of the cake. Well, that's not rehabilitational. That's correctional. We can

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correct the problem for you. But if we want to be rehabilitational, we need to teach the social skills to deal with the situation appropriately. We need to put it in your hands. And again, I, I know it seems farfetched, but adding a singular room for every single youth and giving-- by all means, they need opportunity to escape each other once in a while, but you're making it a lot easier for staff to use a correctional approach to these situations. And they will. I've, I've seen how it goes. They will.

RIEPE: On those single rooms, are-- just out of curiosity, are they then-- they could secure that room so that almost makes it a de facto cell?

ALEX JOHNSON: I am not sure how it's going to work over in their facilities. I know that one of the benefits we have at YRTC is we have our open units and then we also have a secure unit with rooms that lock. So we can operate in the best of both worlds. When the need is there for youth, we can put them into a room that they're sleeping by themselves. And there's also an open floor in the secure unit area. If we have youth that are higher need, higher security risk, we can treat it as a much nearer correctional environment if need be. We can kind of bridge that gap.

HARDIN: Given that the--

RIEPE: Yeah. That's a real dilemma. Thank you. Thank you, Chairman.

HARDIN: Given that the Omaha facility, as I understand, was originally built to be a YRTC, I-- have you been there? Because I have not been there.

ALEX JOHNSON: I have not.

HARDIN: And so I'm, I'm just curious because you-- you're asking a good question. What's waiting for those boys if they move over to Omaha? And so I'm just looking at it saying it was originally built for that purpose. And so it just makes me wonder, you know, how, how is it different? I understand it's-- I think it's one floor compared to two.

ALEX JOHNSON: Gotcha.

HARDIN: Is that right? And so-- anyway--

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ALEX JOHNSON: I guess-- I'll, I'll tell you this. When I worked down in Texas, we had the same thing where each, each pod-- it was a lot more correch-- correctional mindset. And they had a full-on control room for any door that opened in the facility.

HARDIN: OK.

ALEX JOHNSON: So it was, it was-- theoretically in Texas. This was not TJJD. This was a community corrections program. This was a step below TJJD. And this was still a full-on correctional facility. And again, like, that-- I will say that they did better as far as their staff space in that area. Was not a closed door. You had to set limits with youth and they had to respect those limits. It-- I'm not going to say it's all lost from being able to have that level of control. Initially, when we built the fence at YRTC, I thought we would lose staff's ability to set limits as far what happens when youth are outside. It's been a benefit. I hated the idea initially. But it's been great, honestly, in a lot of aspects. It doesn't, doesn't make the campus prettier, but.

HARDIN: OK. Very good. Other questions? Senator Quick.

QUICK: Have-- had-- DHHS, had they talked to the staff about what would, what would be happening going forward?

ALEX JOHNSON: I don't feel like anyone has confidence in what's going to happen going forward. There's-- there hasn't really been a firm plan in place at all. Most of staff feel like they're speculating on anything that will happen, which puts me in a bind because, as supervisor, I'm training staff on boundaries, obviously, with what's currently going on. And I'm talking to them about setting boundaries with youth as far as what's going on in the media because they all know. And I'm having to do the trainings going, you guys aren't addressing this with the youth. If they, if they ask you about it, they're going to find out about it. And your response is, until you move, we're treating you here. We're under the assumption you're going to complete your program here. And until we see the sky falling, we'll continue to assume the sun's coming up tomorrow.

QUICK: They-- has that-- have there been any talks with staff about, do you want to move to Omaha? Do you want to move to another facility?

ALEX JOHNSON: Not in an official capacity. There's been musings, but there's, there's been no plan set in place as to what that looks like.

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Nobody knows if they're getting a severance package or whether their job's being eliminated or whether they're expected to relocate, what that looks like. We-- no.

QUICK: OK. All right. Thank you.

HARDIN: OK. Seeing no other questions. Thank you.

ALEX JOHNSON: Appreciate y'all.

HARDIN: Opposition, LB1013. Welcome.

TIM ROYERS: Good afternoon, Chair Hardin, members of the Health and Human Services Committee. For the record, my name is Tim, T-i-m; Royers, R-o-y-e-r-s. I am the president of the Nebraska State Education Association. I am here on behalf of our members to testify in opposition to LB1013. It may surprise some members of this committee to find that we would be here weighing in on this bill. While most folks assume we only represent educators in our PK-12 school districts, we are proud to represent educators in other spaces across the state, from our higher ed institutions to our correctional and youth facilities. I'm here to speak with the full voice and weight of our 23,000 members, but I would encourage you to ask any specific questions you may have when two of our members who teach in one of the facilities that would be impacted by this bill come up and testify themselves. What seems like an innocuous change you've clearly heard from other opponent testifiers actually is a necessary legal adjustment so a substantial realignment can go into motion in the coming school year. The two questions we would ask this commit-- to-- committee to consider are, first, whether this change is good for the educators we are-- we represent and, second, and even more importantly, whether it's good for youth. The answer to tho-- to both of those questions, in our opinion, is an emphatic no. In the best-case scenario, educators will be reassigned to new facilities and forced to move halfway across the state. While we certainly acknowledge manas-- management's right of assignment, it is a fundamentally different beast in this case compared to, say, a school district. You know, if my school district reassigns me to another high school, for example, that might add ten minutes to my commute. If a teacher is reassigned from Kearney to Omaha, they're gonna have to uproot their whole life. In the worst-case scenario, we are looking at a reduction in the number of educators serving our youth, which is problematic for a number of reasons. And candidly, given how the educators of McCook were treated when that facility change took place,

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I have zero faith in how the educators will be treated if this change goes through. And I'd be happy to elaborate on that further. The intended changes to the youth facilities will undoubtedly have a negative impact on the students we are supposed to be serving. If rehabilitation is our goal, education must remain at the forefront of our decision-making. Yet this proposal would set in motion changes that would put kids in physically compromised environments and reduce direct contact with educators. While that may help satisfy a column on a spreadsheet today, it will lead to substantial costs on our state in the future as we fail to set these kids up for a successful life once their time in our facilities is concluded. Please continue to prioritize the rehabilitative and educational outcomes of the kids we are serving and do not advance LB1013. Thank you. And I'm happy to answer any questions you may have.

HARDIN: Thank you. Questions? Senator Quick.

QUICK: Yeah. Thank you, Chairman. So I know Senator Fredrickson had mentioned this earlier, but can you explain, like, the Rule 10-- Rule 10 and Rule 18 schools and how that--

TIM ROYERS: Yeah. I-- I'll, I'll admit I'm not very familiar with Rule 18 because it's, it's a fairly-- for our lens, a fairly-- but Rule 10 is-- I mean, that's essentially the same rules that I would follow in Millard West, right? I mean, that's-- you're talking about the same accreditation expectations, which, again, goes back to when the conversation did occur previously, a much greater depth of curriculum, services offered to those kids. And I think it's the statement of our commitment-- our current commitment to education and rehabilitation that we hold those facilities to the same accreditation standards as our public-- as our public schools. I think that's valuable. The concern that I have about Rule 18 and the characterization you heard even on the proponent testimony is it will allow them to maintain some degree of connection to the home school because there's greater latitude given. I haven't seen that play out in practice, right? I've seen-- I've seen that on the, on the K-12 side when we've tried to do some measure of that for students facing long-term suspension, where they try-- it doesn't work. They don't maintain a connection to the home school. Educational outcomes actually go down. And ultimately, when we did try it for students facing long-term suspension and expulsion, they concluded it wasn't a viable way to maintain educational outcomes and it's better if you prioritize face-to-face, direct instruction with other educators in another facility than trying to maintain some degree of connection with their home school.

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QUICK: OK. And one other question. So you-- I, I know-- this isn't about the McCook facility, but you mentioned that. And I didn't realize-- you have educators in--

TIM ROYERS: We did.

QUICK: --adult facilities too? I mean--

TIM ROYERS: A number. So the, the total, the total bargaining unit is both for educators under the Department of Corrections and educators under the Department of Health and Human Services, yes.

QUICK: OK.

TIM ROYERS: They're, they're under the auspices of a single bargaining unit.

QUICK: So, so what happened to the educators at the McCook fa-- what-- they weren't given an opportunity to move or--

TIM ROYERS: Well-- and I think that's where it's very important to-- when you heard the proponent characterization of, you know, we can find other roles, other roles in that case was, do you want to learn how to train to be a guard? Or do you want to go get your CDL so you can drive for us? I think it was-- the implication from what you heard was, we'll find other educator-- we'll find other education jobs for these folks. That's not even what happened. And I'm-- not to denigrate-- that's not to denigrate guards or drivers, but that's-- to ask a teacher if they want to become a guard is as nonsensical as asking a guard if they want to go get trained to become a teacher. That's, that's not moving them to a comparable role. And so-- and, and again, ultimately, there was really no, I would say, even acknowledgement of, of the impact it was gonna do to their families to try and uproot them, you know, hundreds of miles way to another space as well.

QUICK: OK. All right. Thank you.

HARDIN: Other questions? Seeing none. Thank you.

TIM ROYERS: Thank you for your consideration.

HARDIN: LB1013, those in opposition. Welcome.

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TRICIA JACOBSEN: Hi. All right. Good afternoon, members of Health and Human Service Committee. Thank you for the opportunity to speak today. My name is Tricia Jacobsen, T-r-i-c-i-a J-a-c-o-b-s-e-n. I'm here as a teacher from the YRTC in Kearney. I am here respectfully but strongly here to urge you to oppose LB1013 and the Governor's budget proposal. Governor Pillen's budget proposal is to cut \$22 million this year from the DHHS budget. Potentially, LB1013 shifts the smaller female population from Hastings YRTC to Kearney YRTC, which in turn will cut jobs-- namely teachers-- at YRTC Kearney to help balance this budget proposal. It is deeply concerning that these budget cuts being presented as fiscally responsible fall on the youth services and on central Nebraska communities. Asking incarcerated youth to receive less education and treatment and asking central Nebraska to absorb further economic strain while adding a proposed \$23.8 million to the capital construction project raises serious questions about how we're defining necessity. Budget decisions reflect values, and these choices place the burden on vulnerable youth and regional communities rather than sharing it equitably-- equitably. That priority shows clearly in how this proposal, LB1013, restructures youth facilities. As you've heard, under the plan, the boys housed at YRTC Kearney will go to NCYF in Omaha. The girls in Hastings will move to Kearney. Whitehall moves to Hastings. You already heard all that. Whitehall obviously has two separate treatment programs: the chemical dependency and then the sex offender treatment. They will be placed at a facility designed and operated for one program. I know we heard that there's another housing unit being built, but you're still having to be inside one building one at a time to get the treatment that they need. Making Hastings work and viable for two separate programs are going to require renovation and very specific training, which also adds costs. The NCYF facility does not currently have enough classroom space to educate an additional 90 to 110 youth. Governor Pillen's proposal budget is giving \$2 million to renovate NCYF. So again, more money is being spent to create another facility when one already exists. This increasing cost and implementation challenges rather-- or, implementation challenges rather than reducing them. At the same time, Omaha Public Schools continues to face a challenging-- challenges recruiting and retaining teachers. This proposal depends on hiring educators in an already strained labor market while cutting dedicated teachers at YRTC Kearney, who have already provided structure, consistency, and stability, often for youth who have never rec-- experienced any of those things. Cutting teachers in Kearney while attempting to recreate that educational programming elsewhere undermines rehabilitation and increases the likelihood of recidivism,

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which ultimately costs the state more. Again, these are real and avoidable costs that undermine the claim that this proposal saves money. The argument that most youth also need to be in YRTC in Omaha because they're mostly from Omaha is also not supported by the data. From August to current, the percentage of youth from Omaha ranged from 39% to 45% of the youth in Kearney. Those youth come from all across Nebraska to YRTC Kearney. Kearney's central location allows for more equitable access for families statewide. Moving the facility to Omaha would increase travel burdens for families from central and western Nebraska while the youth and families from Omaha will, again, have no extra burden. It is also important to be clear about who these youth are. Many are involved in serious and generational gang violence. For this population, distance from negative influences and familiarity is often critical part of treatment. Distance from their home environment is not a barrier for treatment, but it actually supports rehabilitation.

HARDIN: Ms. Jacobsen, we're in the red. So can I have you summarize things a bit? We're in the red.

TRICIA JACOBSEN: Oh, OK. Sorry. I guess what I'm-- my biggest concern too is central Nebraska. We've already lost a ton of jobs with the whole Tyson thing closing. I know people think that there's 1,000 teaching jobs out there, but here's the reality: central Nebraska-- no, there's not. There's about 30 applicants for every teaching job. They're going to move us somewhere. We don't know where. And like someone said-- Ms. Bish also said that, oh, we'll just go-- we'll change you. We will move you. There are not teaching jobs to be moved in DHHS. I will have to move my whole entire family and house and sell it to go to Omaha. Not fair. Not OK. And-- let's see what else.

HARDIN: Can I-- you said that-- upfront that you're a teacher at YRTC Kearney.

TRICIA JACOBSEN: Mm-hmm.

HARDIN: Are you here on your behalf--

TRICIA JACOBSEN: Yes.

HARDIN: --or representing the YRTC?

TRICIA JACOBSEN: Well, on my behalf and for my fellow teachers. Absolutely. And the te-- and the teachers at Whitehall, YRTC-- White-- you know, Hastings, all that. Yeah.

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HARDIN: OK. All right. Questions?

QUICK: I just have one.

HARDIN: Yes.

QUICK: Thank you. So I had the opportunity to, like I said, visit the YRTC in Kearney. And I know-- we got to go visit some of the classrooms, talk to some of the teachers, and, and talk to some of the, the kids there that were attending classes. And I know along with-- you build those relationships with those kids and your-- and that continuity of care. So I don't know if you want to address some of that-- a little bit of that, but.

TRICIA JACOBSEN: Well, it is [INAUDIBLE] because what they're proposing, as you heard, between the Rule 18, the Rule 10, all of that good stuff, they're wanting to teach off a computer. So can I eliminate some ten teachers from Kearney so I can teach off of a computer? I mean, maybe, because they still have to get credit. They are going back to a home school. That's terrible. That's terrible-- what do you call it-- business. It's not good for kids. And so yes, through your relationship with kids and how-- and giving them hope and inspiration every day because you are face-to-face with them. These kids haven't been in school for a while. They-- a lot of them for years. They've been on the run. So us being one-on-one and being able to see how they-- their deficits and what they're missing is vital. A, a computer cannot do that, but a human being can. And so we do have a lot of kids that graduate from YRTC in Kearney. If you're Rule 18, you will not graduate kids from Kearney, Hastings, or Lincoln. That will then go back to the home school district and then they will-- hopefully, they go back to school and graduate. Typically, they will not. You know, a lot of kids are very, very happy and very proud that they actually finished an education, and we helped see that done.

QUICK: All right. Thank you.

TRICIA JACOBSEN: Mm-hmm.

HARDIN: Other questions? Seeing none. Thank you. LB1013, those in opposition. Welcome.

LISA IRWIN: Thank you. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Lisa, L-i-s-a; Irwin, I-r-w-i-n. I am a media specialist at West Kearney High School, which is part of the youth rehabilitation and treatment center,

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Kearney. I am here today to express my concerns about LB1013. While the bill appears reasonable-- in that it allows the state to use YRTC facilities to house either males or females-- it also introduces worrisome implications for the education programs we provide our youth. My conster-- concerns stem from the discussions surrounding LB1013. First, I am concerned that the bill may ultimately lead to a reduction in the number of certified teachers employed across the Department of Health and Human Services' schools. Additionally, I am troubled by the lack of adequate classroom space at the proposed Omaha facility which-- that is expected to serve male youth transferring from YRTC Kearney. A reduction in certified teaching staff and limited instructional space would significantly restrict access to in-person, teacher-led instruction. As a result, instruction would rely on online learning platforms. Youth will spend extended periods working independently at computers, progressing through lessons by passively scrolling through screens, clicking response after response, and advancing through content driven by the platform's design rather than by demonstrated understanding or meaningful learning. This is not the ideal situation for the young people we serve. Our youth arrive with significant academic gaps, documented learning disabilities, and emotional disturbances. Our youth require direct human interaction, not instruction-limited, prerecorded video. They achieve success with clear, scaffolded instruction, guided practice, and frequent real-time feedback. They thrive through consistent, trusting relationships, like those they build with our teachers, who demonstrate exceptional commitment and care. Our teachers create opportunities for discussion and actively engage their students in learning social skills, self-regulation, respectful communication, and how to build healthy relationships with peers and adults. These are not optional enhancements. They are essential life skills for successful reintegration. DHH schools currently use an online learning platform. However, its use is primarily limited to credit recovery or situations where direct teach-- I-- where direct teacher instruction is unavailable. Because the con--

HARDIN: Ms. Irwin, we're in the, in the red. If I can get you to summarize a bit.

LISA IRWIN: OK. I'll just get to my last paragraph. I urge you to keep in mind the strong possibility of a reduction in teaching staff and the consequent replacement of teachers and compu-- with computers. Consider the significant learning and behavioral challenges faced by the youth we serve. I hope you make a decision that protects educational quality, supports rehabilitation, and reaffirms Nebraska's

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commitment to providing meaning-- meaningful education for all youth.
We must give our youth a chance to learn, to grow, and to change.
Thank you.

HARDIN: Thank you. Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here and for your testimony. So you, you mentioned specifically this idea of kind of prerecorded video lessons, et cetera.

LISA IRWIN: Correct.

FREDRICKSON: Kind of getting to what we were learning earlier with-- so is your understanding-- is, is that the type of instructional material that's allowable under, like, a Rule 18 program?

LISA IRWIN: Correct. That is allowable under Rule 18. And when you have a computer lab with co-- students, young people working on computers in a lab, I don't think a teacher even has to be there. You could have another staff-- a security staff in that room with them.

FREDRICKSON: OK. Whereas with Rule 10, as we heard from the previous testifier, there's a lot more--

LISA IRWIN: A teacher would have to be there. It'd have to be directed, directed by a teacher. When students are on online learning, they're canned, they're canned instruction. One size fits all. You can modify them a little bit. You-- the kid can click on, oh, it's-- I, I want it read to me. But it, it goes at a pace. Kids can skip over things. Take a test. Oh, I didn't pass a test. Teacher, back me up so I can try again. Not listen to it again, but click, click, click away. OK, teacher. I'm ready to take this test again. Or a person in charge. OK? OK. So for the third time, I got those questions right. So guess what? I've mastered that unit, but not really.

FREDRICKSON: Right. Right. Thank you.

LISA IRWIN: Mm-hmm.

HARDIN: Other questions? Seeing none. Thank you.

LISA IRWIN: Thank you.

HARDIN: LB1013, those in opposition.

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KATIE NUNGESSER: Good afternoon, Chairperson Hardin and members of the Health and Human Service Committee. My name's Katie Nungesser, spelled K-a-t-i-e N-u-n-g-e-s-s-e-r. And I am representing Voices for Children in opposition of LB1013. Nebraska has a duty to keep youth in the justice system safe, healthy, and supported with programming that helps them grow and thrive. We are in opposition to LB1013 not on its own merits but because it appears to be the only legislation brought to underpin a much larger-- larger plan of moving youth around facilities in Nebraska. We support thoughtful planning for youth facilities based on the interest of children and the safety of communities, and thus we have very serious concerns about these moves that are proposed as they appear within Governor Bill-- Pillen's budget proposal and public reporting and the way the state is approaching them. I just want to say I'm getting a lot of messages back here too about how appreciative people watching are of the questions the committee's been asking. I won't read through my whole written testimony because a lot of it has been covered. You guys have been really engaged, and your questions really aligned with a lot of the questions we had. I think we can all-- I-- I'm trying to find a better word, but it just feels messy. And our heart is with the employees that are scared but also the kids that are in the middle of this and the families that had to read this on the-- in the news. If this was really putting kids first, there would have been some sort of communication, especially after some of the things that have happened in Kearney, to reassure some of these families. It just, it just feels really unstable. We're really concerned about what it's doing to the morale of the staff and the system and what impact that will have on these kids. And that-- another testifier said it perfectly, but we're-- it's in the wrong direction. This is moving us more correctionally, trying to save money. There are a lot of risks that come with, like we said, those individual rooms. There's benefits, but we also know it can lead right back into that correctional mindset with kids and out of that rehabilitative and-- and teaching them those, those skills to back out in the community, so. Through-- the language in the bill doesn't-- though the language does not appear in this bill, it's our understanding that this is a necessary prerequisite to a series of facility moves. So again, that's why we stand in opposition. We have a lot of reservations about how it's being done. We continue to worry about those kids that are going to be moved from NCYF to O-- Lincoln to the Department of Corrections adult facility. I know that it's been painted really pretty, but we are really scared for those kids, what that means for their programming and what that means for their recidivism and just their self-identity

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of trying to return them back into the community after putting them in a maximum security prison at that age, so. Again, I don't wanna harp on everything that we've gone over, but this is a question of values and investment. Nebraska's young people are, are worth it. They're worth our sustained, thoughtful investment and they endure-- deserve that right investment. So we're questioning, why is this happening so fast? Why are partners at the table? Why are families and kids not being talked to? It sounds like staff is just being blindsided by this, so. We have a lot of questions. We stand in opposition. There is a timeline in the back of my testimony that outlines a little bit of YRTC history. We are going to update that to make it a little more thorough. And there will be a testifier after me that has a lot more expertise in the history of our YRTCs. So I'm available if you have any questions, but we're asking that you vote no on LB1013.

HARDIN: Questions? Thank you.

KATIE NUNGESSER: Thanks.

HARDIN: LB1013.

KATHY BIGSBY MOORE: Good afternoon.

HARDIN: Hello.

KATHY BIGSBY MOORE: My name is Kathy Bigsby Moore. That's K-a-t-h-y B-i-g-s-b-y M-o-o-r-e. I am a new face to many of you. There's a couple of you that know that I was around for a very long time. I was a child advocate for over 40 years. Did an extensive amount of juvenile justice work. And also served on the Crime Commission, the Coalition for Juvenile Justice. I chaired for about 15 years. And many of your questions have been outstanding. I have toured all of the facilities being discussed. I am now retired but continue to volunteer in some positions that give me a fairly current picture of conditions in Nebraska's facilities and services offered there. I am not going to go through the testimony that I have provided you. I hope you all will read it. And I would instead like to respond to a couple of the excellent questions that have been asked. Senator Quick, I think perhaps you and I were on a tour of Geneva 100 years ago during one of its renditions. And your questions are so appropriate. Because if we look at the situation back in Geneva from 2017 or earlier through 2021, it was very similar in so many ways to what we've seen at Kearney. And there were several hasty decisions made with very little input, and almost all of those turned out poorly, cost a lot of money,

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harmed kids, harmed staff, et cetera. Hastings, interestingly enough-- I, I think the second point that you've touched on a little bit is the rural versus urban. There's issues of transportation, of course. And a percentage of kids are from Omaha. But we continue-- and I live in Omaha-- but we continue to pretend rural Nebraska doesn't have the same rights and needs as Omaha. And so in a rural community, we don't have access to the same specializations. Actually, in Hastings years ago, they tried to create a psychiatric treatment facility, and they could not get adequate professionals there. I think the biggest question that I have-- and I strongly, strongly oppose this. I think advancement of this bill would open Pandora's box. And there needs to be much more careful consideration. When things are done quickly, with the primary source of information being from the media, that is very telling and does not engender trust, as we heard earlier, from the staff, from the families, from the other professions, the jod-- the judicial branch and other professions who rely on the efficacy of this program. NCYF. It was stated that it was built as a YRTC. That is not exactly accurate. I was around and promoted that legislation under Senator Thompson. It was intro-- intended to be a very open and diverse facility for kids who were juvenile and adult prosecuted. And before it ever was finished--

HARDIN: Ms. Bigsby Moore, you're in the red. And so I would imagine that some people will ask you to continue.

KATHY BIGSBY MOORE: Got it.

HARDIN: Senator Quick.

KATHY BIGSBY MOORE: Yes. Thank you. I, I, I will conclude. And I do hope there are questions. I would say I have toured that facility repeatedly and-- it is an excellent facility for its purpose but very much a correctional facility.

QUICK: All right. Thank, thank you, Chairman.

HARDIN: OK.

QUICK: And thank you-- thank you, actually, for all of your work. And I do remember traveling to Geneva. And it was-- we had a lot of serious questions at that time about what was happening. And then moving the girls from Geneva to, to Kearney was really-- I, I, I still feel to this day was a, was a, a bad decision. But I don't know if you want to con-- if you want to talk about anything else. I, I would love

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to hear it. You know, for me, I've al-- I've, I've still been working on juvenile justice even when I didn't, didn't serve my four years. And if we could find a way to keep kids out of the de-- detention centers, I think that'd be best for all the kids. But in all reality, we have those children that-- or, those juveniles that end up in those facilities.

KATHY BIGSBY MOORE: Right.

QUICK: So I-- so what, what are your thoughts too on-- so they're going to move the, the, the, the juveniles from that facility in Omaha in with maximum security prison. And we've heard some of what could happen there. So I don't know if you have an opinion on that or what you--

KATHY BIGSBY MOORE: Well, in being old and retired, I'm always talking about the good, old days. And unfortunately, I actually worked with the Department of Corrections for about ten years to get the young people-- these very people-- out of the correctional facility and into this newly created facility. And, and toward the end, they did keep them separated by sight and sound. But they needed to be in their rooms 23 out of 24 hours out of the day. There was not adequate programming for them or education or recreation. And so as someone said, we are teaching them how to be inmates, not how to return to society. And Nebraska historically has incarcerated more young people per population than many other states in the country as it is. We were way behind in terms of creating some innovative programming that now has occurred at Hastings and at Kearney. And this is a giant step backward, in my opinion. I think the other piece of that is also the Rule 10 versus Rule 18 school. And Tim and others are much more knowledgeable about the policies involved in the regulations, but Kearney, I believe, was a Rule 18 school until-- I don't remember-- 10, 12 years ago. Was proud to become a Rule 10 school. Proud to have graduation. And the difference between the education programs with a Rule 10 school are night and day. I would also say that, prior to that-- for many years, Kearney and Geneva tried to work with home schools to educate youth, to keep them in their curriculum. It was a dismal, dismal failure. Some school districts would not cooperate. And it would take weeks or months to get the curriculum to them. And others, they just couldn't-- they couldn't keep up. They, they weren't committed. Often, those young people have been a huge part of the problem in that school district. And frankly, they are glad to see them gone.

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QUICK: Yeah. Thank you.

HARDIN: Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here and for sharing your expertise and, and-- with the committee. You, you touched on something a bit earlier. I just want to make-- I-- and I, I kind of wanted to go back to that a bit because it, it struck me. You mentioned historically there was a time when we wanted to open a psychiatric facility in, in Hastings and ended up not doing that. And that was because--

KATHY BIGSBY MOORE: Well, it's interesting. I'd, I'd be hard-pressed-- I'm going to have to go back through my files. I would say it probably is 15 or so years ago. And I don't remember the genesis. I don't remember exactly why. I toured the facility two or three times. And there was a desire to have more psychiatric services. And I think it was when-- I think it may have had to do with the final closures of the regional centers where there were still a couple of young people. And it wasn't-- they actually renovated a building and, quote, opened it. And they were not able. There weren't psychiatrists and psychologists living within close enough proximity to meet the needs.

FREDRICKSON: So-- I, I-- it wa-- it was a workforce issue. They were unable to fill the position fully.

KATHY BIGSBY MOORE: Correct.

FREDRICKSON: OK. OK.

KATHY BIGSBY MOORE: Yes.

FREDRICKSON: Yeah. You know, the-- I-- the, the thing that, that-- it's kind of striking me, just from the testimony before you, and-- it, it almost feels like we're saying, OK, educated workforce in Kearney or wherever it is right now, come to Omaha or, or come to Lincoln. And I'm an Omaha senator, so part of me's like, great. We'll take population, right? But we constantly talk and hear about the lack of resources in a lot of these more-- less urban areas of our state. And wha-- I mean-- I guess my concern is it sounds like if this plan is to go into motion, we-- we've-- we potentially risk further population drain in these states-- in these parts of the state.

KATHY BIGSBY MOORE: Well, that's a very good point. I had not even plugged that one in. I think what, what is hard to quan-- first of

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all, this is massive. And, and a, a, a bill that simply changes the gender and the names of a couple of facilities, it-- it's disrespectful, I think, to the magnitude of this change. I think also when we look at-- we have three facilities, about which I have not heard significant complaint recently. I hear very positive things about Hastings and the, and the services that the girls are getting. I review child abuse cases in Omaha. And I hear very positive things in the Whitehall PRTF. And the NCY facility has been very innovative and rehabilitative and offered programming for the smaller number of residents there. So it appears that we've got a situation at Kearney that is concerning. And we've had concerns for a number of years, and yet we're stirring this entire pot, this sys-- this entire system to address the problems at one facility. And I, I just cannot understand why there would not have been a comprehensive planning process. I've got reports on my shelf that stand about this high from other comprehensive pri-- planning processes that have included all branches of government, all levels of providers and professionals. That's what needs to happen if there is any consideration that this is an appropriate step to take.

FREDRICKSON: Thank you.

KATHY BIGSBY MOORE: Thank you.

HARDIN: Senator Ballard.

BALLARD: Thank you, Chair. Thank you for being here. You bring up an interesting point in your, in your written testimony that one of the pros that DHHS said about having this you-- these youths come to Omaha to be closer to family. You say that could also raise some issues being closer to gang exposure.

KATHY BIGSBY MOORE: Well--

BALLARD: Can you expand on that a little bit?

KATHY BIGSBY MOORE: Yes. In corrections facilities, it's always been-- and I'm talking adult. I'm talking about all corrections facilities, jails, prisons. It's always interesting to me the amount of contraband that gets into these facilities and some of the situations that occur. And in, in Omaha, when a youth from Kearney is put on probation, there are limits to who they can contact and what their community will look like. And so being at the Omaha facility simply lends itself negatively to some of those other influences. Is that to say it will

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happen? I, I don't know, but it happens in most corrections facilities.

BALLARD: So, so, so from a rehabilitation standpoint, you're saying it could be more beneficial for these youth to stay in Kearney--

KATHY BIGSBY MOORE: Yes.

BALLARD: --instead of Omaha.

KATHY BIGSBY MOORE: And it's interesting. I for several years toured facilities in a number of states, Missouri and several other surrounding-- Colorado, states that had innovative facilities, and they often were in a rural community. They didn't necessarily look like a, a prison, if you will. And the benefit to that was that young people were taken outside of their community influences and put in a new structure, a new culture, a new world. And it worked very well.

BALLARD: Perfect. And then shifting gears a little. So-- and you talked about the, the culture or the programming mind shift, and we heard a lot about-- from other testimony. Wha-- so can you talk a little more about that? Like, the-- from the staffing perspective, how hard is it for them to go from, from male to female and programming just that, that shift in--

KATHY BIGSBY MOORE: Very.

BALLARD: So very. OK.

KATHY BIGSBY MOORE: Very. The, the amount of training-- for instance, the training for a corrections system, if you just look at the manuals, those look very, very different. The mentality of boys versus girls. And again, there's debate about whether co-location of genders is positive or negative. Regardless, the training needs to be very specialized in order to accommodate whatever is determined to be the direction. Corrections-- and as wonderful as the Omaha facility is-- my husband and I actually served Thanksgiving dinner there a couple of years. Bob Houston was the first director there. If any of you ever encountered him when he was then the head of Corrections-- he'd be a wonderful person to talk to because that facility was created with the intent of having more programming but still being a corrections focused. It has single rooms, but they have locks on doors. There is not sufficient education, as someone else has said, sufficient education space. It's just set up very, very differently than what these young people will need. Whitehall, as a PRTF, also is-- it's,

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it's different than the rehabilitative focus because it also has a psycho-- a psychiatric and a substance abuse, mental health focus that exceeds what's available in the other facilities. So it's-- I would say all four of them are very unique, and it would be a bit of an apples and oranges change.

BALLARD: OK. Thank you.

KATHY BIGSBY MOORE: Thank you.

BALLARD: Appreciate it.

FREDRICKSON: Senator Riepe.

RIEPE: Thank you, Chairman. Good to see you again. You've been very engaged in the community and in a leadership role of-- part of your involvement there was you were on the board at Children's Hospital.

KATHY BIGSBY MOORE: That's right. We were there together.

RIEPE: That dates us both a little bit. I'm going to-- I want to make a statement, I guess, and then have-- maybe you'd respond to it. It seems to me, in my observation, is that the planning behind this is facility-driven more than it is need- or access-driven because we have this building that we think no longer can justify the expenditure, Whitehall, that-- and we have the larger facility in Omaha that could accommodate boys-- whether that's the logical place. But because we have that building, therefore that's where we put the programming. I'm not sure that that's, that's good, strategic planning.

KATHY BIGSBY MOORE: Actually, I, I think you have, have nailed it. I think that that is a very good explanation for what's going on. And interestingly enough, reminding me of the board that we served on together, it would be like saying, this emergency room, we don't need this much space. Let's turn this into six patient rooms. Well, an emergency room was built with certain conditions in mind, and you can't just turn it into something else, particularly when we're talking about a 250-mile, 300-mile commute or distance for families to relocate. That's exactly what it feels like. Facilities-- you know, let's build it and, and they will come. I-- I'm not quite sure what analogy to use, but it does not seem to be the result of an analysis of what the young people need in these four unique facilities-- the unique young people in four unique facilities that have been created from a specific need. The boards that I serve on, as we review cases, we wouldn't recommend somebody for a PRTF unless they presented a

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certain diagnosis, certain behaviors, certain conditions. And so we can't just move the-- it feels like there-- there's a shell game with peas under the shell, and you can't just move those around. Thank you.

RIEPE: If I may. I think the question-- or at least to me, our question is, is this under the authority-- the final authority of the Legislature or is it the final authority of the administration? I don't have that answer.

KATHY BIGSBY MOORE: And I clearly don't have that answer. All I can draw upon is 40 to 45 years of experience and history. And I have never experienced a massive change like this that was not initial-- initially enabled by legislation that did more than strike and change a few names of facilities.

RIEPE: Mm-hmm.

FREDRICKSON: Other questions?

RIEPE: Thank you for staying engaged.

KATHY BIGSBY MOORE: Thank you. Thanks for letting me. I haven't been here for a while, so.

FREDRICKSON: Thank you for being here.

KATHY BIGSBY MOORE: All right. Thank you.

FREDRICKSON: Next opponent.

KATHY BIGSBY MOORE: And I would recommend you all tour the facilities if this continues [INAUDIBLE]. Thank you.

BILLY STOCK: That's a tough one to follow.

FREDRICKSON: Yeah. Welcome.

BILLY STOCK: Thank you very much. Good afternoon, Chair-- Vice Chair Fredrickson-- excuse me-- and members of the Health and Human Services Committee and committee clerk, Barb. Good to see you. For the record, my name is Billy Stock. I am a field representative for the Nebraska Association of Public Employees.

FREDRICKSON: Oh. Billy, can you spell your name, please?

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BILLY STOCK: Oh, yes. B-i-l-l-y S-t-o-c-k. Thank you. I am here today testifying in place of our executive director, Justin Hubly, who couldn't be here today. Our union represents more than 8,000 frontline state employees who perform just about every single job you could possibly imagine at 43 Nebraska code and noncode agencies at over 300 different worksites in all 93 counties across the state. So our membership includes nurses, social workers, food service workers, and other nonsecurity staff at all five facilities that this bill specifically mentions. These staff people are professionals who care deeply for the youth who are committed to the state's custody, and they are immensely proud of the work they do. And I think that's very much evidenced by the, the testimony that they have given previously. And we're here today because we are deeply concerned that this legislation would allow for the closure of the Whitehall campus here in Lincoln and the shifting of these vulnerable youth populations between facilities without a solid, concrete plan in place for what the future will hold both in regards to youth and staff. So our union was not given any notice of this plan until after the Governor's proposed budget was released just a few weeks ago. And I know our executive director received a briefing from DHHS just a few days ago. And I know, truth be told, it left-- the, the briefing itself left far more questions than answers. However, what was clear from that briefing is that many staff in these facilities are going to be forced to choose to either move-- in some cases, more than halfway across the state-- or be laid off and lose their livelihood. And we're here just to ensure that you all fully understand the, the real-world consequences that are associated with this legislation. If DHHS and, and NDCS are permitted to move forward with shifting these youth populations, the state risks losing some incredibly dedicated and experienced staff who have the skills and knowledge to work with these highly vulnerable young people. We were told at that briefing earlier this week that as many as 77 full-time equivalent positions could be eliminated. And if that occurs, the greatest harm is going to be felt by the youth that are entrusted to our care. And I know a lot of other testifiers have mentioned it as well, but the staff who remain and the staff that are going to be brought on board are going to likely require some pretty extensive retraining to adapt to the new youth populations and the new facilities that they will end up at. And I will take a pause here and ask Chair Hardin if I can read my last paragraph if anyone has a question for me.

HARDIN: Well, let's jump in right there. Any questions? Senator Quick.

QUICK: You can finish your last paragraph.

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BILLY STOCK: Thank you very much, Senator Quick. So really, to, to sum it all up, instead of moving forward with a plan that really isn't fully developed just yet, we really encourage you all to just take a pause here, a pause to plan, a pause to be thoughtful, and a pause to ensure that we get this right. I know other testifiers have, have mentioned it, but the last thing we want to have happen again is rush into something and, and get into a situation like Geneva all over again. So really, we just hope we can all work together to take the time necessary to ensure that any changes that we make truly benefit the youth that we all are serving here long term rather than prioritizing the short-term cost savings at their expense. I'd be happy to take any questions that you guys might have.

HARDIN: Senator Quick.

QUICK: Thank you, Chairman. So when-- the 77 full-time employees, that's just with-- in your-- under your jurisdiction, right?

BILLY STOCK: Correct.

QUICK: That doesn't include the teachers or--

BILLY STOCK: Doesn't include the, the teachers or the FOP, security-related members at those specific facilities as well.

QUICK: OK. And then during that briefing, you said you had more questions than ans--

BILLY STOCK: So I wasn't at that meeting myself, our executive director was, so he can shed more light on that. And I know he'd be more than happy to talk to you, Senator. But I, I think it just really highlighted that, as other testifiers have far more eloquently than I highlighted, that there really just is not a coherent plan in place. There have been so many studies in the past that have, as she said, mountains, mountains of paperwork that really got all invested parties involved. And I think that is a far better approach. I was fortunate enough to work here in the Legislature for five years, and the best policy that I have seen us make is when we work collaboratively together with all invested parties. And we're able to do a lot of really good things. And I'm confident we can do that here in this situation.

QUICK: Thank you.

HARDIN: Other questions? Senator Riepe.

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RIEPE: Thank you, Chairman. I had a question. You mentioned, I think, 77. Was that through some process of willful moving or-- how, how-- what's-- ge-- help me out a little bit with that, please.

BILLY STOCK: Senator, I wish I could help you more. As I mentioned to you, I wasn't at that briefing specifically. So what I will do is have our executive director reach out to you so that he can further enlighten you. And I apologize that I, I can't right now.

RIEPE: No, it's fine. We're just trying to get some sense of impact, if you will, but. You know, when, when the end game comes, more than the facilities, we really need to be looking at, you know, where's the need at and how do we balance this between-- I too am, like, from Omaha. We have a brand-new psychiatric, multimillion dollar psychiatric facility. It's gorgeous, but--

BILLY STOCK: Right.

RIEPE: --that's quite a long ways east.

BILLY STOCK: You're not wrong. And I, I don't envy your, your position and, and the rest of the committee's position at all. I know it's not a-- not an easy decision.

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

HARDIN: Other questions? Thank you.

BILLY STOCK: Thank you all for your time. Hope you have a great weekend.

HARDIN: LB1013, those in opposition. Welcome.

MORGAN CAVANAUGH: Good afternoon. Thank you for giving me time to speak. My name is Morgan Cavanaugh, spelled M-o-r-g-a-n C-a-v-a-n-a-u-g-h. My colleagues spoke wonderfully about some of our team's unanimous concerns, but I do just want to share a little bit about our team's experience and qualifications. I am presently part of a five therapist team. Most of us are licensed independent mental health practitioners and either working on or are licensed to practice substance use counseling as well. I am the social worker of the facility. My position also functions as a therapist. And I did take about a two-year absence in my employment from Whitehall. I came back in June of 2025 to all of the same clinical and administrative staff, which definitely speaks to the retention and the positive culture of

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our facility. Something that wasn't mentioned is the difference in our accreditation. So we are required to provide 40 hours of therapeutic activities to youth per week. So I know me myself, I hold a caseload of youth I provide therapy for, two hours of individual therapy per week, one hour of family. I'm involved in running groups five days out of the week. And I also run a psychoeducation group three days out of the week. Given the short-staffed-- the history of being short-staffed in the YRTC facilities, I find it very difficult to believe that this treatment can be replicated. In my first period of employment at Whitehall, I was one of those staff that was going to the YRTC Hastings to assist with providing the, the treatment for the girls. I was traveling out there every other week. And then in that off-week, I was providing telehealth services to those girls. A couple key differences about the facilities themselves. We currently have two cottages that-- for the Youth Who Sexually Harm Program and one for substance use that are currently being utilized. This does give us the ability to separate youth if we need to for safety issues, dynamic-related issues. Out in Hastings, my observation was that there's one cottage per program. And so each cottage holds 12 youth, which would not give them the ability to do so. Another, I guess, question I have after hearing some of today's testimony is if we're concerned about having both boys and girls in a facility, I'm not quite sure how it makes sense to have a campus where we're also introducing female youth who struggle with substance use with males but also males who have a history of sexually harming as well. Thank you.

HARDIN: Thank you. Questions? Senator Quick.

QUICK: Yeah. Thank you, Chairman. So when you talked about the accreditation, is that something that just-- that-- to be accredited, you have to provide that type of-- that many, that many hours of--

MORGAN CAVANAUGH: Right. So presently, Whitehall is accredited by Public Health Licensing, Child Care Licensing, and Joint Commission. And those accreditations help guide our policies, procedures, frequency of treatment, and documentation guidelines, yeah.

QUICK: So on that accreditation then, does it-- they-- if you don't meet that accreditation, then what happens? I mean, if they're-- if the facility isn't meeting that--

MORGAN CAVANAUGH: Then I would assume that it would lose that accreditation.

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QUICK: OK. Then-- OK.

MORGAN CAVANAUGH: Yeah.

QUICK: All right. And then you were talking about the spaces in Hastings for, for youth-- for juveniles-- and just my own experience, my son went through substance abuse. He had his therapy there for that. And I know at that time, it was just boys. It was just juvenile boys there.

MORGAN CAVANAUGH: Yes.

QUICK: And so-- and you're talking about the, the, the space there. So how does that look for, for the substance abuse along with all of the other--

MORGAN CAVANAUGH: So if I'm remembering this correctly, it was back in about 2023, I believe. There's two cottages that are side by side, and each cottage can hold up to 12 youth. So it-- there's a shared living space. And then there's wings that branch off to the side with the youth's individual rooms.

QUICK: OK. All right. Thank you.

HARDIN: Other questions? Thank you.

MORGAN CAVANAUGH: Thank you.

HARDIN: LB1013, opposition. Welcome.

MARIAH MORGAN: Hello. Good afternoon. My name is Mariah Morgan and-- oh, sorry. M-a-r-i-a-h M-o-r-g-a-n. And I serve as a youth security supervisor for first shift at Whitehall. I've worked in behavioral health for 12 years, youth specifically for 10, and I've been at Whitehall for 5. I'm also a certified Handle with Care instructor and have been for over four years. I'm here today in strong opposition of LB1013. I speak not from theory but from a daily, real-world experience inside these programs. The young people we serve have experienced significant trauma, instability, and violence. Many have histories of abuse, sexual victimization, exploitation, and severe mental health needs. Our facility is not just a place of confinement. It is also a therapeutic environment designed to promote healing, safety, and accountability. The structure of single genol-- gender programming is a critical part of that treatment model. Moving Whitehall youth to Hastings and allowing both genders on the campus

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poses incredible risk for youth who are already at risk, hence why they're in treatment in the first place. Proponents of this bill have emphasized potential cost savings. However, I do not believe this will save money in the long run. Mixing genders would require major structural changes, increasing staffing, additional training, higher liability, and more intensive supervision. More importantly, it risks increasing incidence of assault, exploitation, behavioral crisis, and retraumatization for vulnerable youth. Those costs, both financial and human, far outweigh any short-term budget benefit. At Whitehall, I oversee staff on my shift while working directly alongside them with the youth. I build rapport with these boys, guide them through their treatment, and collaborate closely with our clinicians and administration. We have an incredible team. In the last 365 days, we've had less than five physical restraints. Our morale has historically been high, and our turnover has been low. That changed the moment this bill was introduced. Staff are anxious, uncertain, and deeply concerned about safety and job security. Many of us fear that our careers, programs we have poured our lives into, and relationships we have built with the youth could disappear. We also have been told there will be no severance package and no information regarding relocation assistance should this change happen. The bill also provides no clear plan for how facilities like ours would operate, how staff would be protected, or how youth would be safeguarded. We have not been given solid assurances that our jobs, trainings, or rules would remain intact. I care deeply about these boys and about this field. I believe LB1013 would undermine effective treatment, jeopardize safety, and destabilize programs that are already doing meaningful work. I respectfully ask that this committee to oppose LB1013. Thank you for your time and consideration.

HARDIN: Ms. Morgan, are you here on your behalf or are you on the behalf of Whitehall?

MARIAH MORGAN: I would say both. It's very personal to me.

HARDIN: OK. Questions? Senator Quick.

QUICK: Yeah. Thank you. So did they-- did DHHS talk to all of you directly or was this--

MARIAH MORGAN: No. We got an email from our facility administrator's supervisor. I don't know his exact title, but we just got an email and just were told that this would be starting with no further information on what that meant for us.

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QUICK: OK. So you, you haven't been aware that you would be able to, if you wanted to move to Hastings or--

MARIAH MORGAN: We did have a meeting where those questions were able to be asked, but we did not get very clear answers. There was a lot of "I don't know" or "I don't have that answer yet."

QUICK: OK. All right. Thank you.

MARIAH MORGAN: Mm-hmm.

HARDIN: Other questions? Seeing none. Thank you.

MARIAH MORGAN: Thank you.

HARDIN: LB1013, those in opposition. Welcome.

JESSE ESQUIVEL: Thank you. I'm a little nervous. Hello, members of the committee. My name is Jesse Esquivel, J-e-s-s-e E-s-q-u-i-v-e-l. I am here in opposition to LB1013. I am one of the therapists-- one of the clinicians here at Whitehall. And I'm in opposition to this. I think everyone here has done a very good job today in kind of speaking to what-- who, who is being affected and budgets. And everyone's talked about many different aspects here, but I am coming here to mainly talk about the type of environment that myself and the clinical team have created for these youth. I was first a, a student here as an intern. And I-- they did not have a position for me at the time. I ended up coming back. But May 30 of 2026, I will have been a therapist here with Whitehall for three years. I left, came back, and it's been amazing. I would encourage you guys to come tour our building. When you come to my office, you will see plants. You will see a fish. You will see Lego. You will see a whole box of fidgets. You will see drawings on my walls. You will see a space where the youth can actually feel safe enough to open up. You will see a space where the kids can actually be kids. When I have youth tell me that they still have patched-up bullet holes in their homes, when they tell me that they still have holes in the walls from where they got frustrated and they just don't feel like they can even leave their home without getting back into something or even at other facilities-- because I'm one of the people who are helping with Kearney right now. I have a youth over there. Staff have to be keeping an eye on the youth, and it doesn't exactly provide a very therapeutic environment for these youth to open up and share and feel like they can actually be heard. I actually started-- the reason why I got into this field-- especially

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later in life is-- because I started off as a Bible study teacher at the YRTC here in Lincoln. And a lot of youth who I was-- helped molding ended up telling me that they listened to me because I looked like them. I related to them. And now I have the opportunity to do that at Whitehall. And we've created such an environment. Me and my friend, Jared [PHONETIC], way in the back over there, we've joked that we're kind of the father figures, where we just-- any time a youth is struggling, we de-escalate. We help motivate them. And we really do try to provide an environment where the kids can be kids. A lot of these kids have been traumatized. A lot of these kids have dealt with so many horrible things, exposed to so many different things that I think sometimes we forget that they are kids despite the tattoos, the facial hair, everything else. So we really have created an environment where these kids-- we can take them fishing. I'm the one who emailed all of you guys. I apologize about my typos. But yeah, I would encourage you guys to come visit. I would encourage you guys to take a look at what we do. And-- yeah. I oppose LB1013.

HARDIN: Are you here on just your behalf or are you here on behalf of Whitehall?

JESSE ESQUIVEL: Both.

HARDIN: OK. Questions? Seeing none. Thank you. LB1013, those in opposition. LB1013, those in the neutral.

MONIKA GROSS: I don't have any handouts for you today.

HARDIN: Welcome.

MONIKA GROSS: Thank you. Senator Hardin and members of the Health and Human Services Committee, my name is Monika Gross, M-o-n-i-k-a G-r-o-s-s. And I'm the executive director of the Foster Care Review Office. The Foster Care Review Office maintains the official tracking system for children in out-of-home care in Nebraska. And we take that responsibility very seriously. It is very important that our data is accurate and that the language we use is precise. This bill is neither accurate nor precise. I'm going to talk mainly about technical aspects of the bill, although I have a lot of concerns about what this is intended to set in motion. The opening paragraph of the bill would amend Section 83-107.01 of the Nebraska Revised Statutes, which lists the official names of the state institutions operated by the Department of Health and Human Services, but it does not name them all. The bill would delete the Hastings Regional Center and the YRTC

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Geneva, which are no longer operational. But it does not add the YRTC Hastings or the YRTC Lincoln, which are operational, nor does it anticipate the an-- the addition of a YRTC in Omaha. A previous statute that's not included in the bill, Section 83-102, states in part that each youth rehabilitation and treatment center shall be considered a separate placement. That's important to the work that we do at the FCRO because it's important that we know exactly where children are placed at any given time. So if, if that's the case that each YRTC is a separate placement, shouldn't they all be named in the list of state institutions under the supervision of DHHS? An average person who reads this bill might assume that there's only one YRTC in Kearney and might be confused that the Kearney facility can serve boys or girls but not both si-- simultaneously. So where does the opposite gender go to receive treatment? I strongly feel that these institutions should be named in statute. Otherwise, we can pop up a YRTC anywhere. Finally, in the paragraph beginning on line 22, it says that, in the event of an emergency, the department may use YRTC Kearney or YRTC Geneva or another facility for the treatment of both genders for up to seven days even though YRTC Geneva no longer exists. I firmly believe that this bill needs some additional work. And I hope that the committee-- I mean, you heard lots of-- and you asked lots of good questions today. You heard from lots of people-- but that you continue to ask a lot of questions to gain clarity around the proposed transitions involving youth programs and facilities operated by DHHS. Thank you for the opportunity to testify. And I'm happy to answer any questions.

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

MONIKA GROSS: Thank you.

HARDIN: Anyone else in the neutral? LB1013. Senator Hansen. Welcome back.

HANSEN: Thank you. I'm going to try to-- even though I-- I would encourage everybody to contact Director Bish with really specific questions, I think you guys-- everybody asked really good questions. I think one of the things I might mention with what Monika mentioned-- Gross-- about why don't we have some of this in statute, I-- I'm assuming it's because it hasn't been created yet. And so the whole purpose of this bill is to allow them to even explore the option of what they're proposing. Otherwise, there's no point in even proposing it, because they can't do anything unless this bill passes, so. A lot of things hinge on this bill passing for them to even explore the

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options of doing this. So I don't think necessarily when this bill passes tomorrow they're going to start moving kids. They have to-- they have to facilitate all of this whole process. [INAUDIBLE] what-- the questions Senator Fredrickson and Senator Quick had, was, like, how do you move these kids? And I think Director Bish mentioned a lot of that. We have to get facilities set up. We have to make sure there's proper staffing in place in order for these kids to get moved. And if there's not staffing, they're not moving the kids. And so I know there's some concern maybe about moving the kids and if-- or, the youth. And if there's not staff there, they can't move the kids anyway, from my understanding. Again, these are-- the-- any follow-up from Director Bish would be helpful too, so. So I think, from my understanding, something needs to happen because from my-- from what I've heard, Whitehall, Whitehall is in disrepair and we have to add \$4 million to it. And so I think these kids sound like they have to be moved somewhere. And we have 75 boys in Kearney. And I'm-- think a lot of us have been to Kearney. And I know the facility there is also in disrepair. They cited safety concerns with the stairwell. You have all these boys sleeping in one giant room. I've been there before, and it is just like a barracks. They all-- in one room. And it seems like the facility that they're proposing in Omaha might be more appropriate. First of all, I think they can house up to 143 kids, boys, and a lot of them are-- and they can also have single rooms, which I think-- in my opinion, if I was a youth in a facility sleeping in a giant barracks versus having my own room, I think would-- I would appreciate that. And the new facility that they're building in Hastings seems like it'd be very appropriate for the, for the girls moving over there-- or, in Kearney, for the girls moving over there from Hastings. I think the boys we're talking about-- and I know the FOP touched on this-- the youth that are moving to-- out of Omaha, a lot of them are aged-- I think around 16, 17, 18. And they, from my understanding, they are keeping them separate from the high-security facility. I know a lot of them mentioned that this is happening fast and there's no comprehensive plan that has been shared to them yet. I think that's mainly because they have to wait until this bill passes to even make sure they can share a comprehensive plan. So I'm assuming they're going to do their due diligence of communicating with everybody, of getting a comprehensive plan put together more that they can share. And I know they're concerned about what happens with teachers in Kearney. And-- I just looked it up online, and they just-- in the news mentioned that there's a teacher shortage in Kearney specifically. And so I would assume there would be some positions there that could be filled from people who might not be moving if they choose not to.

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Again, just something that I saw. And on closing, if I remember right-- and Senator Quick can maybe correct me on this-- when Geneva happened, there was a concern that we didn't move the girls out of there soon enough because the facility was falling apart. I mean, I saw the pictures. I heard the stories. And it almost seems like they're trying to be a little bit more proactive with this a-- approach instead of waiting for something to happen at Kearney with the facility there. And so I think we might keep that perspective as well. If we would have moved girls out of Geneva sooner, like if this would have-- proposal would have been put in front of us before with Geneva, a lot of that may not have happened. So. Like I said, I encourage everybody with, with questions to contact Director Bish with a lot of this stuff too. And I'd be able to answer the questions best that I can.

HARDIN: Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator Hansen. I will certainly kind of follow up with Director Bish with some of the kind of more in-the-weeds stuff that came up today in the hearing. I, I thi-- I, I agree with you. I think the sort of premise of kind of moving fast without a comprehensive plan seems to be bit of a theme this year in this committee for a number of different areas. I'm curious. One of the things that really strikes me is this proposed shift to make our YRTC's from Rule 10 to Rule 18 educational institutions. And I don't know if you were familiar with that before bringing the bill or not, but I just kind of wanted to see if you had any--

HANSEN: To some, to some extent. I think those are legitimate concerns. I think some people brought that up here about what's going to happen with the boys that go to Omaha. Are they going to have the same kind of education, programming? And I think that is a concern that should be addressed in a comprehensive plan.

FREDRICKSON: OK.

HANSEN: And maybe something that might need to be looked into further.

FREDRICKSON: Sure.

HANSEN: I mean-- so I'm not disagreeing with you and the people that actually testified that that should be a concern.

FREDRICKSON: OK. Thank you.

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HANSEN: Yeah.

HARDIN: Senator Riepe.

RIEPE: Thank you, Chairman. I have-- it's been an interesting presentation and program. I guess my sense is is that maybe the department is overdriven its headlights in the sense that they've already in essence put the plan together and now they're coming back and ask for support and authorization for them to go forward when they've already gone forward. Maybe 80% of the way is-- other than details about specific staffing and-- but where the locations was a big piece of this thing. And again, that big piece was based on what we have and not what maybe is needed, but--

HANSEN: Yeah. I think you can look at that two ways, right?

RIEPE: OK.

HANSEN: If they came to us with this bill and didn't share anything, we'd be like, what the heck's going on? Why are you doing this? Right? I-- so I think for them to share some kind of plan, saying, this is, this is what we're looking at, right, would justify the nature of this bill. You know, if they came to us and said, well, we can't share anything yet, but just pass the bill, none of us would do that. And so-- and I'm also assuming-- I could be wrong-- that, with some of these plans that they're hoping to put in place, it may require another bill that would put some of those facilities' names in statute. I don't know for sure. Such as what Monika mentioned earlier. So some of those names might have to be put in statute as well. But again, they can't do any of that until this passes for them to even put the time-- more time and more effort into getting a comprehensive plan put together. So I-- it can kind of go both ways, I think, for-- what you mentioned.

RIEPE: [INAUDIBLE] sounds chicken-egg--

HANSEN: Yeah.

RIEPE: --which came first kind of thing. That-- I don't have an answer to it, but I appreciate you being here. And I think you've defended it well, and I appreciate it. Thank you, Chairman.

HARDIN: Senator Quick.

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QUICK: Yeah. Yeah. Thank you, Chairman. And just to go back to the, the Ge-- Geneva, I don't know that there was any-- you know, from, from some of us on-- I wasn't on HHS Committee, but I was involved with a lot of, of the YRTC things that were going on. And my concerns is that we were moving too fast at that time. And I think even, like-- Senator Howard at that time, she was also concerned. And it was-- mean-- I mean, we went to visit the YRTCs. We saw some of what was happening with the damage. And really, we even had a-- an interim study in Geneva on, on the YRTCs. And I know a lot of the people in that community were really disappointed that we were going to be moving the youth from that facility because they were interacting with the youth in that facility and they really wanted to keep it there. And I, and I think a lot of the staff wanted to keep it there as well. The-- they thought it was going to be the best outcome for the, for the girls in that facility, so.

HANSEN: And I-- yeah, I don't blame them. They put a lot of time and effort, just like a lot of these people have as well.

QUICK: Yeah. Yeah.

HANSEN: I mean, I can't, I can't live in their shoes, right, and what they've done and all the effort and the time they put into some-- of these youth, which has been amazing.

QUICK: Yeah.

HANSEN: But I also think it's sometimes our responsil-- our responsibility as legislators to see how we can improve upon things, possibly, do you know what I mean, if that happens. And so I think looking at it and at least proposing stuff is better than turning a blind eye.

QUICK: Yeah. Yeah. But our concerns wasn't that we were mo-- not moving fast enough. I mean, it was-- moving the girls to Kearney was really a big concern too at that time, and having them in the same population, so. Just wanted to put it out there.

HANSEN: And I'm assuming and I'm hoping and I'm encouraging that they would take a measured approach to all of this, learning from maybe the past, right?

QUICK: Yeah. Thank you.

HARDIN: Other questions? Seeing none.

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HANSEN: All right.

HARDIN: Thank you.

HANSEN: Thank you.

HARDIN: This concludes LB1013 and this concludes our hearings for today. Thank you.