

Nebraska Unicameral
One Hundred Fourth Legislature-First Session

Health and Human Services Committee

Summary of Legislation 2015

Committee Members

Senator Kathy Campbell, Chair
Senator Sara Howard, Vice Chair
Senator Tanya Cook
Senator Sue Crawford
Senator Roy Baker
Senator Merv Riepe
Senator Mark Kolterman

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TABLE OF CONTENTS

Status Table of HHS Committee Bills and Resolutions	2
Table of 2015 Bills and Resolutions Passed by Legislature	7
Summaries of HHS 2015 Bills	10
Index of Bills by Subject Matter	28
HHS 2015 Interim Studies Priority List	33

2015 Index Bills Referenced to HHS Committee Status

STATUS of 2015 Bills Referenced to the HHS Committee					As of 5/29/2015	
Hrg Date	LB/LR #	Introducer	Priority	One-liner	Status	IPP'd
1/28	12	Krist		Suspend medical assistance provided to persons who become inmates of public institutions	IPP	AM into LB 605
1/30	19	Krist		Change provisions relating to laboratory certification under the NE Safe Drinking Water Safety Act	General File	
3/4	21	Krist		Provide requirements for rate increases for providers of behavioral health services as prescribed	General File	
1/23	23	Krist		Change the Engineers and Architects Regulation Act	Passed	
1/21	27	Krist		Create a reporting requirement under the Vital Statistics Act when parenting time is established or modified	In Committee	
2/27	28	Krist		Adopt the Radon Resistant New Construction act	General File	
1/29	34	Howard		Adopt the Carbon Monoxide Safety Act	Passed	
1/21	37	Krist		Adopt the Prescription Drug Safety Act and change and transfer pharmacy, prescription, and drug provisions	Passed	
1/29	46	Watermeier		Change provisions of the statewide Trauma System Act	Passed	
1/28	77	Nordquist		Require a Medicaid state plan amendment for family planning services and state intent relating to approp. for the Every Woman Matters Program	General File	
2/12	80	Gloor	Gloor	Provide, change, and eliminate anesthesia and sedation permit provisions under the Dentistry Practice Act	Passed	
2/26	81	Cook	Cook	Change provisions relating to eligibility for child care assistance	Passed	
1/21	87	Campbell		Change membership and reporting requirements of the Nebraska Children's Commission	Passed	

STATUS of 2015 Bills Referenced to the HHS Committee					As of 5/29/2015	
Hrg Date	LB/LR #	Introducer	Priority	One-liner	Status	IPP'd
2/6	89	Campbell	Campbell	Change provisions relating to aid to dependent children	Vetoed AM into LB607	
1/23	90	Campbell		Change provisions for directed review under the Nebraska regulation of Health Professions Act	Passed	
1/22	107	Crawford		Eliminate integrated practice agreements and provide for transition-to-practice agreements for nurse practitioners	Passed	
1/28	129	Harr		Require criminal background checks for applicants for an initial nursing license	Passed	
1/29	146	Crawford		Provide for disposition of unclaimed cremated remains in a veteran cemetery	Passed	
2/6	147	Crawford		Change provisions relating to asset limitations for public assistance	In Committee	
1/30	148	Crawford		Provide for medical assistance program coverage for certain youth formerly in foster care	In Committee	
2/20	196	Campbell	Speaker	Change provisions of the Rural Health Systems and Professional Incentive Act	Passed	
2/19	199	Howard	Howard	Provide for stipends for social work students	Passed	
3/6	211	Kolowski		Authorize chiropractors to provide school entrance physical examinations and visual evaluations	In Committee	
3/6	235	Howard		Adopt the consumer protection in Eye Care Act	General File	
3/4	240	Hansen	Speaker	Change provisions relating to a behavioral health pilot program	Passed	
2/19	243	Bolz	Bolz	Create a pilot project relating to family finding services	Passed	
3/5	258	Nordquist		Adopt the Interstate Medical Licensure Compact	In Committee	
3/5	264	Morfeld	Morfeld	Provide for issuance of credentials under the Uniform Credentialing Act based on military education, training, or experience	Passed	

STATUS of 2015 Bills Referenced to the HHS Committee					As of 5/29/2015	
Hrg Date	LB/LR #	Introducer	Priority	One-liner	Status	IPP'd
3/6	287	Haar		Change provisions relating to licensure of interpreters for the deaf and hard of hearing	Passed	
2/19	296	Kolterman		Require the Department of Health and Human Services to provide notification after removal of a child	Passed	
2/12	315	Howard	Speaker	Change provision relating to Medicaid recovery audit contractors	Passed	
2/5	320	Bolz	HHS Committee	Adopt the Aging and Disability Resource Center Act	Passed	
3/11	333	Gloor		Adopt the Health Care Services Transformation Act	In Committee	
2/18	335	Mello		Create and provide duties for the Intergenerational Poverty Task Force	IPP	5/29 AM into LB607
2/27	346	Krist		Require a Medicaid state plan amendment to cover children's day health services	In Committee	
2/4	353	Campbell		Change credentialing provisions for nursing home administrators	In Committee	
2/4	366	Pansing Brooks		Change the personal needs allowance under the Medical Assistance Act	Passed	
3/5	369	Riepe		Change provisions relating to impaired credential holders under the Uniform Credentialing Act	In Committee	
2/26	370	Riepe		Provide for an amendment to the Medicaid state plan relating to the dyslexia treatment	In Committee	
2/5	405	Davis		Create the Alzheimer's and Related Disorders Advisory Work Group and provide for a state plan	IPP	5/29 AM into LB320
3/11	411	Cook		Change provisions relating to the Supplemental Nutrition Assistance Program	In Committee	
2/5	440	Morfeld		Provide for a study of rates for care by an Alzheimer's special care unit as prescribed	In Committee	

STATUS of 2015 Bills Referenced to the HHS Committee					As of 5/29/2015	
Hrg Date	LB/LR #	Introducer	Priority	One-liner	Status	IPP'd
2/19	441	Bolz		Change provision relating to the bridge to independence program	IPP	5/29 AM into LB243
2/11	452	Hilkemann	Speaker	Provide advertising requirements under the Uniform Credentialing Act	Passed	
2/11	471	Howard		Change provisions relating to prescription drug monitoring	In Committee	
2/25	472	Campbell	HHS Committee	Adopt the Medicaid Redesign Act	General File	
2/18	490	Watermeier		Adopt the Provider Orders for Life-Sustaining Treatment Act	In Committee	
3/4	499	Krist		Provide Duties for the Department of Health and Human Services relating to behavioral and mental health services	In Committee	
3/4	500	Howard	Speaker	Require application for Medicaid state plan amendment for multisystemic therapy and functional family therapy	Passed	
3/11	516	Bolz		Create the Brain Injury Council and the Brain Injury Trust Fund and provide powers and duties	In Committee	
3/18	518	Riepe		Provide for changes to the medical assistance program	In Committee	
2/6	543	Harr		Provide for certification of community paramedics and reimbursement under Medicaid	In Committee	
2/26	547	Campbell	Speaker	Change provisions of the Quality Child Care Act	Passed	
3/18	548	Campbell		Adopt the Surgical Assistant Practice Act	In Committee	
2/20	549	Campbell		Adopt the Health Care Transformation Act	In Committee	
2/27	557	Kolowski		Redefine a term under the Nebraska Clean Indoor Air Act	In Committee	
2/11	567	Johnson		Permit transfer of prescription information between pharmacies as prescribed	In Committee	
2/18	607	Mello	Speaker	Adopt the Home Care Consumer Bill of	Passed	

STATUS of 2015 Bills Referenced to the HHS Committee					As of 5/29/2015	
Hrg Date	LB/LR #	Introducer	Priority	One-liner	Status	IPP'd
				Rights Act		
3/18	631	Scheer		Change Medicaid provisions relating to acceptance of and assent to federal law	In Committee	
2/25	650	Nordquist		Encourage hospitals to offer vaccinations	In Committee	
3/5	LR41	Campbell		Urge the Nebraska congressional delegation to support efforts in Congress to establish a national training center in highly infectious diseases at the University of Nebraska Medical Center	Passed	

**2015 Bills Referenced
to the HHS Committee
Passed by the Legislature**

LB/LR	Introducer	One-liner	Status
23	Krist	Change the Engineers and Architects Regulation Act	PASSED
34	Howard	Adopt the Carbon Monoxide Safety Act	PASSED
37	Krist	Adopt the Prescription Drug Safety Act and change and transfer pharmacy, prescription, and drug provisions	PASSED
46	Watermeier	Change provisions of the Statewide Trauma System Act	PASSED
80	Gloor	Provide, change, and eliminate anesthesia and sedation permit provisions under the Dentistry Practice Act	PASSED
81	Cook	Change provisions relating to eligibility for child care assistance and require a report regarding transitional childcare assistance programs	PASSED
87	Campbell	Change membership and reporting requirements of the Nebraska Children's Commission	PASSED
89	Campbell	Change provisions relating to aid to dependent children and create the Intergenerational Poverty Task Force	VETOED
90	Campbell	Change provisions for directed review under the Nebraska Regulation of Health Professions Act	PASSED
107	Crawford	Eliminate integrated practice agreements and provide for transition-to-practice agreements for nurse practitioners	PASSED
129	Harr	Require criminal background checks for applicants for an initial nursing license	PASSED
146	Crawford	Provide for disposition of unclaimed cremated remains in a veteran cemetery	PASSED
196	Campbell	Change provisions of the Rural Health Systems and Professional Incentive Act	PASSED

199	Howard	Provide for stipends for social work students	PASSED
240	Hansen	Change the termination date of the Behavioral Health Screening and Referral Pilot Program	PASSED
243	Bolz	Create a pilot project relating to family finding services and change the Young Adult Bridge to Independence Act	PASSED includes LB441
264	Morfeld	Provide for issuance of credentials under the Uniform Credentialing Act based on military education, training, or experience	PASSED
287	Haar	Change provisions relating to licensure of interpreters for the deaf and hard of hearing	PASSED
296	Kolterman	Require the Department of Health and Human Services to provide notification after removal of a child	PASSED
315	Howard	Change provision relating to Medicaid recovery audit contractors	PASSED
320	Bolz	Adopt the Aging and Disability Resource Center Demonstration Project Act and require a state plan regarding persons with Alzheimer's or related disorders	PASSED includes LB405
366	Pansing Brooks	Change the personal needs allowance under the Medical Assistance Act	PASSED
452	Hilkemann	Provide advertising requirements under the Uniform Credentialing Act	PASSED
500	Howard	Require application for Medicaid state plan amendment for multisystemic therapy	PASSED
547	Campbell	Change provisions regarding use of federal block grant funds for child care activities and provide for grants to early childhood education programs	PASSED includes LB489
607	Mello	Change provisions relating to aid to dependent children and create the Intergenerational Poverty Task Force	PASSED includes LB89 amended + LB335

LR41	Campbell	Urge the Nebraska congressional delegation to support efforts in Congress to establish a national training center in highly infectious diseases at the University of Nebraska Medical Center	Passed
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2015 Bills Referred to the Health and Human Services: Summary and Status

LB 12 (Krist) Suspend medical assistance provided to persons who become inmates of public institutions (Indefinitely Postponed)

Changed the policy from terminating to suspending Medicaid when an individual enters the corrections system. This was a recommendation of the Council of State Governments (CSG) Justice Center to prevent recidivism due to untreated behavioral health issues in recently released inmates. The bill does not change eligibility requirements for Medicaid, but does require the Department of Corrections, Probation, and the Commission on Law Enforcement and Criminal Justice to work with the Department of Health and Human Services (DHHS) to share information needed to ensure Medicaid eligible inmates have coverage when they leave the correctional system. The committee amendment strikes the one year limitation on the suspension of Medicaid for inmates.

The bill was amended into LB605 (Mello), which passed 45-0-4.

LB 19 (Krist) Change provisions relating to laboratory certification under the NE Safe Drinking Water Safety Act (General File)

Would change requirements on the Department of Health and Human Services under the Nebraska Safe Drinking Water Act regarding the ability of private laboratories to test water samples for purposes of the Act. Includes standards for lab certification.

LB 21 (Krist) Provide requirements for rate increases for providers of behavioral health services as prescribed (General File)

Would change requirements in the Nebraska Behavioral Health Services Act for managed care contractors passing along rate increases to Medicaid providers. Requires notice to providers of rate changes and reporting to the Department of Health and Human Service's Divisions of Medicaid and of Behavioral Health, and the Legislature's Appropriations Committee. The committee amendment changes reporting requirements as requested by the Department.

LB 23 (Krist) Change the Engineers and Architects Regulation Act (Passed, 43-0-6)

Rewrites the Engineers and Architects Regulation Act to update and harmonize language. Clarifies the role of a building official; adds a definition of "building"; redefines "continuing education"; adds definitions of "intern architect" and "licensee"; redefines "organization"; redefines the "practice of architecture" to broaden the definition; redefines "project", "public service provider", "responsible charge", and "technical submissions"; increases the number of board members from six to eight and updates requirements, limits emeritus member status, and increases the compensation from \$60 to \$100 per day; Adds new language regarding the

combined services involving architecture, engineering, or both, with construction services if certain listed criteria is met; removes outdated provisions requires a hearing to be held on complaints and notification to the Secretary of State; increases the vote required to determine violations of the act, from a majority to a two-thirds majority; redefines minimum criteria for licensure.

The bill does not address subsets or specializations within the field of architecture, such as landscape architects.

LB 27 (Krist) Create a reporting requirement under the Vital Statistics Act when parenting time is established or modified (In Committee)

Would require the Department of Health and Human Services and State Court Administrator to develop reports of parenting time to be used by the courts in the administration of cases establishing or modifying parenting time, and by the department to track and publish data.

LB 28 (Krist) Adopt the Radon Resistant New Construction Act (General File)

Would protect Nebraskans from radon exposure by requiring new construction to comply with radon rules and regulations developed by the Department of Health and Human Services. Also creates a Task Force to make recommendations on radon resistant building codes. The committee amendment removes requirements for radon resistant new construction and enforcement by counties, cities, or villages through building codes; Changes the name, purpose, and makeup of the task force; Changes minimum standard considerations for constructors of radon mitigation systems; Extends the dates for completion of the recommendations; Provides intent language for introduction of standards developed by the task force in the 2016 legislative session. Sen. Crawford's amendment requires reports also be submitted to the Urban Affairs committee of the Legislature because they have jurisdiction over building codes.

LB 34 (Howard) Adopt the Carbon Monoxide Safety Act (Passed, 39-2-8)

Protects Nebraskans from carbon monoxide poisoning by requiring the installation and maintenance of carbon monoxide detectors in certain homes on or after January 1, 2017. Carbon monoxide detectors are required in dwelling units with fuel-fired heaters or appliances, a fireplace, or attached garage because they are common causes of carbon monoxide poisoning, which can be deadly.

LB 37 (Krist) Adopt the Prescription Drug Safety Act and change and transfer pharmacy, prescription, and drug provisions (Passed, 43-0-6)

Updates the existing statutes regulating pharmacists, amends many provisions and definitions within the Pharmacy Practice Act, and deletes outdated language and unnecessary references. Transfers language from the Drug Product Selection Act provisions into the Pharmacy Practice Act. Adds sections relating to hospital pharmacy, compounding requirements and standards,

prescription and chart orders, radiopharmaceuticals, and pharmacist supervision of technicians and pharmacist interns. Additionally, the bill removes the requirements for written control procedures for pharmacy technicians and harmonizes statutes found throughout the various pharmacy acts.

The committee amendment removes veterinarians, who were not intended to be affected by the changes, makes technical corrections, and ensures a pharmacist is present in a pharmacy when it is open.

LB 46 (Watermeier) Change provisions of the Statewide Trauma System Act (Passed, 44-0-5)

Cleans up and updates the Statewide Trauma System Act. Allows any hospital in Nebraska to apply for and receive the designation of an advanced, intermediate, or basic level rehabilitation center. Allows the hospital so designated to hold itself out to the public as a State Designated Trauma Center. The Department of Health and Human Services will list the hospital on its website. Cleans up definitions to allow clear understanding of the requirements for each designation.

Previously there was no rehab facility with a trauma accreditation. Does not affect centers previously designated as a trauma center, but would give rehab centers options to be designated as a trauma center.

LB 77 (Nordquist) Require a Medicaid state plan amendment for family planning services and state intent relating to appropriations for the Every Woman Matters program (General File)

Would have required DHHS to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services for the purpose of providing medical assistance for family planning services for persons whose family's earned income is at or below 185 percent of the federal poverty level.

Would have appropriated \$500,000 from the General Fund in FY2015-16 and \$500,000 in FY201-17 to DHHS for the Every Woman Matters Program, which serves low income women aged 40-74, for services including: reimbursement for mammograms; breast examinations; pap smears; colposcopy; associated laboratory costs; preventive health and family planning services; and education and outreach.

The bill failed to advance from General File, 21-23-5.

LB 80 (Gloor) Provide, change, and eliminate anesthesia and sedation permit provisions under the Dentistry Practice Act (Passed, 47-0-2)

Updates anesthesia and sedation permit statutes for Dentists. Adds new levels of sedation; deep, moderate, and minimal. Allows dentists to administer inhalation analgesia (i.e., nitrous oxide gas or "laughing gas") without a permit. Requires advanced education and membership in the American Dental Society of Anesthesia for a deep sedation permit. Allows dentists currently holding a permit for general anesthesia to administer deep, moderate, or minimal sedation.

Allows dentists currently holding a permit for parenteral sedation to administer moderate or minimal sedation. Permits issued under the prior scheme may be renewed under the appropriate new system.

The credentialing review by the DHHS (known as the “407 process”) recommended approval of the changes at all three levels of review.

The act becomes operative on July 1, 2016 to give dentists and DHHS time to transition to the new system.

LB 81 (Cook) Change provisions relating to eligibility for child care assistance and require a report regarding transitional childcare assistance programs (Passed, 47-0-2)

Modifies the child care subsidy for low-income families to mirror the existing Aid to Dependent Children (ADC) and Temporary Assistance to Needy Families (TANF) programs. Addresses the “cliff effect”, which occurs when a family’s income increases enough to push the household over eligibility limits for child care assistance, but not enough to cover the cost of child care. Allows a family to accept modest increases in income while maintaining access to child care assistance, on a sliding fee scale (the required contribution amount increases as the income increases), for up to two years or until their income reaches 185 percent of the federal poverty level. Does not change the initial income eligibility levels for child care assistance, only the redetermination for continuing eligibility.

Includes reporting requirements to the Legislature on the number of families in transitional child care assistance programs and the number of families no longer eligible due to failure to meet income guidelines.

LB 87 (Campbell) Change membership and reporting requirements of the Nebraska Children's Commission (Passed, 47-0-2)

Changes membership and reporting requirements for the Nebraska Children’s Commission. Adds the Commissioner of Education to the nonvoting, ex officio members of the commission.

LB 89 (Campbell) Change provisions relating to aid to dependent children and create the Intergenerational Poverty Task Force (Passed, 30-15-4, then Vetoed)

As introduced, would increase the payments for ADC by linking them to the standard of need, rather than a fixed amount, because ADC payments had not increased for over 30 years. Addresses the “cliff effect”, which occurs when a family’s income increases enough to push the household over eligibility limits for ADC, but not enough to cover the loss of public assistance, by allowing a 20% disregard of income for initial eligibility determination, and a 50% disregard for redeterminations of eligibility. Allows a family to accept modest increases in income while maintaining access to public assistance. Caps the monthly assistance at 70% of the standard of need rather than \$300/month/child.

Becomes operative July 1, 2015.

Amended in LB335 (Mello) Creates the Intergenerational Poverty Task Force

Creates the Intergenerational Poverty Task Force within the Legislature to provide the Legislature with data and recommendations on ways to break the cycle of poverty and support Nebraskans in poverty, especially focusing on children. Membership includes an executive committee, ex officio nonvoting members, and a nonvoting advisory committee.

The executive committee is represented by the Chair of the HHS Committee, the Chair of the Appropriations Committee, and three Senators chosen by the Legislature's executive board. The ex officio members are the CEO of DHHS, the Commissioner of Education, and the Commissioner of Labor. The advisory committee represents: advocacy groups that focus on childhood poverty issues and education issues, academic experts in childhood poverty or education, service providers, educational institutions, workforce development agencies, and experts in early childhood education.

Sets out objectives of the task force; look at data and make recommendations to help children escape the cycle of poverty; engage stakeholders; look at policies from other states and nongovernmental entities; recommend changes to existing policies; create a strategic plan; and protect the privacy of individuals living in poverty. Gives the task force authority to request information from the state and appoint special committees to better accomplish its objectives. Requires reporting to the Governor and the Legislature.

The Task Force terminates December 31, 2016.

LB 90 (Campbell) Change provisions for directed review under the Nebraska Regulation of Health Professions Act (Passed, 47-0-2)

Adds a new entry point for a directed review of a health profession or scope of practice by the DHHS. Allows the Legislature's Health and Human Services Committee chairperson, in consultation with the committee, to initiate a directed review when the need is presented to the committee and no applicant group exists.

LB 107 (Crawford) Eliminate integrated practice agreements and provide for transition-to-practice agreements for nurse practitioners (Passed, 46-0-3)

Removes barriers to entry and accreditation for nurse practitioners. Amends the current Nurse Practitioner Practice Act to allow for transition to practice agreements and remove integrated practice agreements. The bill also removes requirements incorporated as a result of integrated practice agreements; such as the two thousand hour of practice under the supervision of a physician; protocols, liability insurance, and how to obtain a waiver of an integrated practice agreement. Transition to practice agreements can be made between a nurse practitioner and a physician, osteopathic physician, or nurse practitioner with 10,000 hours of training who is practicing in the same field as the supervisee. Defines supervision as being readily available for consultation and direction.

Changes mean nurse practitioners have full practice authority to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments. Does not change their scope of practice. Licensure authority remains under the Advanced Practice Registered Nursing Board.

LB 129 (Harr) Require criminal background checks for applicants for an initial nursing license (Passed, 43-0-6)

Amends the Uniform Credentialing Act to require registered nurses or licensed practical nurses to have a criminal background check prior to being licensed.

LB 146 (Crawford) Provide for disposition of unclaimed cremated remains in a veteran cemetery (Passed, 44-0-5)

Codifies a process for a funeral home to work with Veteran' organizations to dispose of remains that are otherwise unclaimed. Defines "authorizing agent" as the person listed as authorized to direct disposition in the Veteran's DD Form 93. Includes funeral establishments as a location cremated remains may be delivered or released to, and sets forth the process for handling cremated remains and conducting veteran funerals for unclaimed remains. Ensures information is not a public record.

LB 147 (Crawford) Change provisions relating to asset limitations for public assistance (Held in committee)

Would eliminate asset limits for ADC and SNAP, streamline the application process and create consistency with related limitations for public benefits assistance. Income guidelines and work requirements would still apply when determining eligibility.

LB 148 (Crawford) Provide for medical assistance program coverage for certain youth formerly in foster care (Held in committee)

Would allow former foster youth from any state, currently living in Nebraska, to be eligible for Medicaid benefits until age 26. Under the federal Patient Protection and Affordable Care Act, children are eligible to stay on their parent's health insurance to age 26, this would mirror that for children whose parent is the State. Would require DHHS to report to the HHS committee on the status of former foster youth receiving Medicaid in Nebraska.

Contains an emergency clause, making it effective when passed.

LB 196 (Campbell) Change provisions of the Rural Health Systems and Professional Incentive Act (Passed, 48-0-1)

Updates statutory language and increases the student loan and loan repayment amounts to address the shortage of rural health providers. Amends the Rural Health Systems and Professional Incentive Act to include a new loan repayment program to provide financial incentives to medical residents who agree to practice in a designated health profession shortage area in Nebraska.

Changes amounts of financial assistance from \$20,000 per recipient per academic year to \$30,000, capping the total possible amount of financial assistance at \$120,000 for medical, dental, or doctorate-level mental health students and \$30,000 for master's level mental health or PA students. Adds provision regarding financial assistance provided through the medical resident incentive program, limiting the amount to \$40,000 per recipient for each year of residency, capped at \$120,000. Renumbers sections. Changes the limit of financial assistance through the

loan repayment plan for physicians, dentists, and psychologists (\$30,000 per student per year, not exceeding \$90,000 per student); for PA's, nurse practitioners, pharmacists, physical therapists, occupational therapists, and mental health practitioners (\$15,000 per student per year, not exceeding \$45,000 per student). Adds provision relating to loan cancellation for part-time practice in shortage areas. Adds circumstances in which the borrower is obligated to repay the loan.

Increases amounts the state and a local entity providing a community match may provide for repayment of qualified educational debts. Increases from \$20,000 to \$30,000 per student per year for physicians, dentists, and psychologists and from \$10,000 to \$15,000 per student per year for physician assistants, nurse practitioners, pharmacists, physical therapists, occupational therapists and mental health practitioners.

Adds new language regarding the agreement each medical resident incentive recipient must make with DHHS.

LB 199 (Howard) Provide for stipends for social work students (Passed, 45-0-4)

Provides stipends for social work students and was created in collaboration with the social work professional schools. Funding comes from Title IV-E of the federal Social Security Act. The department and the boards of the colleges and universities will develop the application for the funding and determine the amount to be awarded to each eligible student.

LB 211 (Kolowski) Authorize chiropractors to provide school entrance physical examinations and visual evaluations (Held in committee)

Would reinstate chiropractor's authority to provide school physicals, as it was pre-1995. Currently, chiropractors are not included in the list of authorized healthcare professionals to perform school physicals. It is not within the scope of practice for chiropractors to administer vaccines, and the committee questioned their training to provide pediatric eye exams.

LB 235 (Howard) Adopt the Consumer Protection in Eye Care Act (General File)

Would create the Consumer Protection in Eye Care Act to ensure new technology to examine ocular health has oversight from the health profession. Sets out requirements relating to kiosks, automated equipment or applications to conduct an eye exam. Requires a valid prescription in order to dispense contacts or glasses (excluding over the counter glasses). Sets out procedures for violations, investigations, and civil penalties. Allows the Attorney General to file civil actions or enforce the rules at the request of DHS. Would be administered by DHHS, in consultation with the Board of Optometry and the Board of Medicine and Surgery.

LB 240 (Hansen) Change the termination date of the Behavioral Health Screening and Referral Pilot Program (Passed, 36-9-4)

Extends the Behavioral Health Screening and Referral Pilot Program at the University of Nebraska Medical Center to September 6, 2017.

LB 243 (Bolz) Create a pilot project relating to family finding services and change the Young Adult Bridge to Independence Act (Passed 39-5-5)

Creates pilot projects in at least two child placement service areas to develop and implement family finding. Family finding is the process of engaging, searching, preparing, and planning to search for and identify family members of children removed from home, to gain commitments from family members to support a child through nurturing relationships, and achieve a safe, permanent legal home or lifelong connection for the child through reunification, permanent placement, adoption or guardianship.

Several child placing agencies in the state have begun family finding efforts, with three evidence based models in use. Requires DHHS to work with an academic institution to perform an independent evaluation of the pilot project.

DHHS provides administrative oversight to the pilot project.

Appropriates \$750,000 annually in 2015 and 2016, \$1,500,000 in 2017 and 2018. Encourages DHHS to pursue federal matching funds. Funds are used to provide family finding services, train case managers, evaluation, and provide contract monitoring and oversight.

Amended in LB441 (Bolz) changing the Bridge to Independence Act.

The Bridge to Independence Act was created in 2012 and launched in 2014. Changes in this bill come from the B2i Advisory Committee, which is made up of representatives from the three branches of government, former foster youth, a child welfare advocacy organization, a child welfare service agency, and an agency providing independent living services. Updates provisions of extended guardianship and the bridge to independence program for former foster youth. Creates the “independence hearing”, the last court hearing before a child ages out of the foster care system, to advise the youth about bridge to independence and their rights. Requires DHHS to develop notice to youth about their rights related to bridge and guardianships. Allows youth adjudicated by a tribal court or youth in certain kinship placements to be eligible for bridge to independence, effective July 1, 2015. Requires DHHS to determine income eligibility for purposes of receiving federal Title IV-E funds. Harmonizes language with federal requirements for eligibility for Medicaid.

Contains an emergency clause, making it effective May 27, 2015.

LB 258 (Nordquist) Adopt the Interstate Medical Licensure Compact (Held in committee)

Creates the Interstate Medical Licensure Compact to expedite the licensing of a physician in multiple states, with the goal of increasing access to health care.

Participation in the interstate compact would create another pathway for licensure, but would not otherwise change a state’s existing Medical Practice Act. Regulatory authority would remain with the state medical board, and would not be delegated to any entity administering a compact. State boards participating in the interstate compact would be required to share complaint and investigative information with each other. A minimum of seven states must enact the Compact, which has been done.

LB 264 (Morfeld) Provide for issuance of credentials under the Uniform Credentialing Act based on military education, training, or experience (Passed 48-0-1)

Requires the health profession licensing boards to develop criteria and processes to accept the skills and experience acquired through military service to be recognized for credentialing.

Effective December 15, 2015.

LB 287 (Haar) Change provisions relating to licensure of interpreters for the deaf and hard of hearing (Passed 48-0-1)

Updates statutes regarding sign language for individuals who are deaf or hard of hearing, provides for new assistive technologies, and adds new requirements regarding licensure for interpreters. Requires those engaged in practice of interpreting to be licensed by 2016 or face civil penalties not to exceed \$500 for each offense. Allows the commission to investigate unlicensed activity. Provides exceptions to the interpreter licensure requirements. Allows licensed interpreters to impose a fee for service as agreed between the interpreter and the contracting entity.

LB 296 (Kolterman) Require the Department of Health and Human Services to provide notification after removal of a child (Passed 49-0-0)

Requested by the Department of Health and Human Services, adds a notice requirement in adoptions, to bring Nebraska into compliance with the newly passed federal Preventing Sex Trafficking and Strengthening Families Act and ensure federal Title IV-E funding. Amends the Foster Care Review Act, adding that when a child is removed from a home, the parents of any siblings must be notified by DHHS. Defines sibling for purposes of this act.

Contains an emergency clause, making it effective May 26, 2015.

LB 315 (Howard) Change provisions relating to Medicaid recovery audit contractors (Passed, 44-0-5)

Requested by the Nebraska Dental Association after onerous audit requirements drove up their cost of doing business with Nebraska Medicaid and led to serious complaints from dentists, many of whom ultimately decided to stop accepting new Medicaid patients. The Affordable Care Act requires Medicaid audits by a Recovery Audit Contractor (RAC). This bill sets forth guidelines for these audits as allowed under federal law. It spells out specific accountability measures for the audits to provide more security for providers at the state level.

Amends the Medical Assistance Act with the following: Allows payment for provider services that are under-billed; Sets the time limit within which audits may take place (3 years); Requires the conclusion of an audit within 90 days of the receipt of requested information; Allows payment for services or products provided, even if inappropriately billed; Requires the RAC auditor to utilize the assistance of providers from the practice areas being audited; Requires written notice of the reason for an adverse determination that includes an explanation of why there was such determination and the procedures for reimbursement and appeal; Requires a minimum of 10 days' notice for onsite audits; Clarifies that capitated medicaid managed care

programs, services provided with prior authorization, and procedures utilized and relied upon for five years prior to the audit are excluded from RAC audits; Prevents payment by the provider until all appeals have been concluded unless fraud is suspected and a fraud investigation has been initiated; Allows the RAC auditor to be paid for identifying underpayments as well as overpayments; Limits the amount of records that can be audited at one time; Sets forth metrics for the RAC auditor to make public; Requires training and educational programs by the RAC auditor for providers; Allows providers to submit records in an electronic format; Establishes appeals processes for providers, both informal and formal; Requires an annual report to the Legislature.

LB 320 (Bolz) Adopt the Aging and Disability Resource Center Demonstration Project Act and require a state plan regarding persons with Alzheimer's or related disorders (Passed 42-3-4)

Health and Human Services Committee priority bill.

Aging and Disability Resource Centers (ADRC) were a recommendation of the Aging Nebraskans Task Force strategic plan from December 2014 to “strengthen Nebraska’s system of Aging and Disability Resource Centers to ensure that individuals and family caregivers have access to the information they need when they need it.” Creates a grant for three demonstration projects of ADRCs, which will be provided and supervised by or subcontracted by the Area Agencies on Aging. The centers will operate through June 30, 2018, with evaluation reports done by an independent contractor due to the Legislature December 2016, 2017, and 2018. ADRCs will provide information about services in the community available to the aging or disabled.

Amended in LB405 (Davis) Create the Alzheimer's and Related Disorders Advisory Work Group and provide for a state plan

Charges the Aging Nebraskans Task Force with developing a state plan for Alzheimer’s by December 15, 2016. Nebraska is one of the last states to develop and implement a state plan for Alzheimer’s. Requires collaboration with the DHHS CEO, the Public Guardian, the area agencies on aging, advocacy organizations for patients and caregivers, law enforcement community, patients, client advocacy organizations, provider organizations, private health care providers, and community-based health professionals.

Sets out what the work group will do in developing the state plan, including: assessing current and future impact of Alzheimer’s and related disorders on state residents; assessing existing services and resources; make recommendations in response to escalating needs for Alzheimer’s and related disorders. When fulfilling the aforementioned duties of the work group, the group will look at trends and needs relating to the relevant disorders, existing services and resources (including type, cost, availability and adequacy of services), dementia-specific training requirements for caregivers, quality of care measures, the capacity of public safety and law enforcement to respond to situations involving persons with related disorders, and the need for state support and policy to clarify the services and support necessary for people with Alzheimer’s and other disorders.

Contains an emergency clause, making it effective May 27, 2015.

LB 333 (Gloor) Adopt the Health Care Services Transformation Act (Held in committee)

Creates the Program of Health Care Transformation within DHHS administered by the Division of Public Health in consultation with the Office of Rural Health. The program would assist Nebraskans obtain high quality health care including, patient centered medical homes (PCMH), care coordination, and chronic care initiatives. The office would help transform the business of health care statewide, collect and share data, and create standards for PCMH as envisioned in the Participation Agreement to recognize and reform payment structures to support PCMH. Includes the Department of Insurance in discussions on necessary changes to the health care system.

Creates the Health Care Services Transformation Advisory Commission to advise Nebraskans on and advocate for health care transformation. The advisory commission would include the chair of the HHS Committee, the Public Health director, the Medicaid director, the Office of Rural Health, Department of Administrative Services, Department of Insurance, each accredited medical school, a local public health department, insurers, medical professionals, health care consumer, and three interested stakeholders.

Allows the Department of Administrative Services and Division of Medicaid to use innovative insurance products and programs.

Creates the Health Care Services Transformation Cash Fund. Appropriates \$150,000 from the General Fund each year for two fiscal years.

The bill was held in committee to give the new administration at DHHS time to consider the proposal, which could be adopted internally without legislation.

LB 335 (Mello) Create and provide duties for the Intergenerational Poverty Task Force (Amended into LB89 and LB607, Indefinitely postponed May 29, 2015)

Creates the Intergenerational Poverty Task Force within the Legislature to provide the Legislature with data and recommendations on ways to break the cycle of poverty and support Nebraskans in poverty, especially focusing on children. *See summary of LB89.*

Amended into LB89, which was vetoed, and amended into LB607, which passed.

LB 346 (Krist) Require a medicaid state plan amendment to cover children's day health services (Held in committee)

Would amend the Medical Assistance Act, requires DHHS to submit a state plan amendment to provide coverage for day health services for children who require intensive care. Requested by the Child Respite Care Center.

Contains an emergency clause, making it effective when passed.

LB 353 (Campbell) Change credentialing provisions for nursing home administrators (Held in committee)

Would amend the Nursing Home Administrator Practice Act to change the education requirement from an associate's degree to a bachelor's degree for nursing home administrators. Would also revise descriptions of core areas and degree options to be consistent with best

practice and board mandated changes. Would change the age requirement from nineteen to twenty one years old to obtain a license.

The new educational requirements only apply to new applicants for an initial license. The additional educational requirements would not be implemented until October 1, 2017 to ensure students currently in an associate's degree program, intending to become a nursing home administrator, could finish their educational program and become licensed as they expected when they began their program.

LB 366 (Pansing Brooks) Change the personal needs allowance under the Medical Assistance Act (Passed 37-8-4)

Increases the personal needs allowance for Medicaid eligible aged, blind, and disabled persons residing in alternative living arrangements from fifty to sixty dollars per month. The amount had not changed since 1999. The personal needs allowance was initially adopted in 1991 to provide money for persons receiving assistance due to age, blindness, and disability and living in an alternative living arrangement.

LB 369 (Riepe) Change provisions relating to impaired credential holders under the Uniform Credentialing Act (Held in committee)

Would amend the process by which DHHS handles determinations on the issuance, denial, suspension or revocation of credentials issued under the Uniform Credentialing Act. Excludes records regarding reports of impaired credential holders from public records or those subject to subpoena or discovery in any legal proceeding.

LB 370 (Riepe) Provide for an amendment to the medicaid state plan relating to dyslexia treatment (Held in committee)

Would require DHHS to submit a state plan amendment to add treatment of dyslexia and related reading disorders to services covered by the medical assistance program. Defines dyslexia as a reading disability that occurs when the brain does not properly recognize or process certain symbols.

LB 405 (Davis) Create the Alzheimer's and Related Disorders Advisory Work Group and provide for a state plan (Amended into LB320, Indefinitely postponed May 29, 2015)

Would create the Alzheimer's and Related Disorders Advisory work group and charge the group to create a state plan. The bill was amended to require the Aging Nebraskans Task Force to complete the state plan on Alzheimer's, and added to LB320, which passed 42-3-4. *See summary of LB320.*

LB 411 (Cook) Change provisions relating to the Supplemental Nutrition Assistance Program (Held in committee)

Would increase the gross income eligibility for SNAP to 185% of the federal poverty guidelines.

LB 440 (Morfeld) Provide for a study of rates for care by an Alzheimer’s special care unit as prescribed (Held in committee)

Would require DHHS to contract for a study of Medicaid payments for Alzheimer’s treatment. Currently Medicaid reimburses Alzheimer’s special care units at same rate as assisted living, but the care is much more expensive to provide. Would require DHHS to publish the results of the study online.

Contains an emergency clause, making it effective when passed.

LB 441 (Bolz) Change provisions relating to the bridge to independence program (Amended into LB243, Indefinitely postponed May 29, 2015)

Updates provisions of extended guardianship and the bridge to independence program for former foster youth. *See summary of LB243.*

LB 452 (Hilkemann) Provide advertising requirements under the Uniform Credentialing Act (Passed 46-0-3)

Amends the Uniform Credentialing Act, adding guidelines and requirements relating to advertising for health care services by credential holders. Advertisements must not be misleading or deceptive and must not misstate or falsely describe the skills, training, credentials, etc. of the credential holder. Supported by a national movement of the American Medical Association to encourage providers to use the credentials they have earned, and to better inform the public.

LB 471 (Howard) Change provisions relating to prescription drug monitoring (Held in committee)

Would strengthen the existing prescription drug monitoring program in Nebraska by changing language from an intent to a mandate. Would not allow patients to opt out of the system, require all prescriptions of controlled substances to be included in the system, allow all prescribers or dispensers of prescription drugs to access the system at no cost and ensure Medicaid is included. Appropriates \$500,000 to DHHS.

LB 472 (Campbell) Adopt the Medicaid Redesign Act (General File)

Implements aspects of the Patient Protection and Affordable Care Act to redesign and expand Medicaid. Creates the Medicaid Redesign Task Force to review health care policy and recommend changes to the medical assistance program.

Requires DHHS to develop an 1115 demonstration waiver to cover the newly eligible population of adults ages 19-65 with incomes between 100% - 133% of the federal poverty level (FPL), within the private marketplace with premium assistance. Requires the demonstration waiver to serve as a pilot program for patient centered medical homes; health homes; value based payment; and cost conscious consumer behavior for the newly eligible. Encourages DHHS to include monthly contributions to premiums by the newly eligible in the waiver.

Requires DHHS, with the advice of the task force, to apply to the Centers for Medicare and Medicaid Services (CMS) for a waiver for matching Federal funds to expand Medicaid eligibility

to 19-64 year olds with an income below 133% of FPL. Requires the waiver to include private premium assistance using Medicaid dollars for those with incomes between 100% - 133% FPL, Medicaid coverage for those with income under 100% of FPL, health homes for superutilizers, with incomes under 133% FPL.

Existing eligibility for the medical assistance program includes the blind, aged, and disabled, children whose household income is below 200% FPL, pregnant women with incomes below 185% FPL, and parents of Medicaid eligible children with incomes below 54% FPL. Childless adults without a disability are not currently eligible for Medicaid, no matter how low their income.

In addition, LB 472 will address an inequity regarding subsidies within the ACA. Under the ACA adults, with incomes below 100% FPL, are not eligible for subsidies to purchase insurance in the health insurance exchanges. Without the Medicaid benefits provided by this bill adults with incomes under 100% FPL (\$11,670 a year in 2014) do not qualify for any assistance, leaving them uninsured and without any subsidies to purchase coverage within the exchanges. Providing Medicaid coverage will provide essential health care coverage for the newly eligible adult population utilizing 100% federal funding from 2014 to 2016 then reducing by step down increments until 90% federal coverage by 2020. Includes a termination of coverage for the newly eligible in the event the federal matching rate falls below 90%.

The Medicaid Redesign Task Force would be made up of the Governor, Chair of Appropriations committee, Chair of Banking committee, Chair of HHS committee, Chair of Executive Board, member of the HHS Committee, CEO of HHS, Director of Medicaid, Director of Public Health, Director of Behavioral Health, Director of Insurance plus 5 experts in health care delivery, health insurance, health care workforce, health education, and health care consumer advocacy. Requires the task force to review and make recommendations on Medicaid, especially cost savings, quality improvement, other states programs, Federal programs, evidence based best practices, innovation in health care delivery systems, interventions for superutilizers, and the effectiveness of managed care. Requires the task force to engage stakeholders with working groups and regional hearings. Requires the department to provide data in a timely manner. Requires the Department, in consultation with the task force, to contract with a consultant.

Contains an emergency clause, making it effective when passed.

The bill advanced from committee 5-2, was debated on general file, and bracketed until June 5, 2015. The bill remains on general file.

LB 490 (Watermeier) Adopt the Provider Orders for Life-Sustaining Treatment Act (Held in committee)

Would create a standardized form to act as medical orders outlining a patient's intent for end of life and life-sustaining treatment. The bill requires DHHS to promulgate rules and regulations, and relieves medical providers of certain liability.

LB 499 (Krist) Provide duties for the Department of Health and Human Services relating to behavioral and mental health services (Held in committee)

Would require the department to reestablish behavioral and mental health services throughout the state.

At the committee hearing, Sen. Krist asked for testimony to be directed at LB 500, which would address the issues sought with this bill. The introducer asked the bill to be held in committee.

LB 500 (Howard) Require application for medicaid state plan amendment for multisystemic therapy (Passed 40-1-8)

Requires DHHS to amend their Medicaid state plan to include multisystemic therapy, a behavioral health therapy increasingly used in juveniles within the criminal justice system. As introduced the bill included functional family therapy, but was removed to lower the fiscal impact due to budget constraints.

Multisystemic therapy and functional family therapy are recommendations of several national reports on juvenile justice reform. Several states have been successful at having state plan amendments approved by CMS for such coverage, Ohio for example. The treatments are intended to be short term interventions for older youth involved in the juvenile justice system.

The committee amendment removed “youth who are on probation at home” as it created a conflict with federal requirements to be applicable to all Medicaid recipients equally.

Contains an emergency clause, making it effective on May 27, 2015.

LB 516 (Bolz) Create the Brain Injury Council and the Brain Injury Trust Fund and provide powers and duties (Held in committee)

Supported by the Brain Injury Association of Nebraska, would codify a council and trust fund for individuals affected by brain injury. The Brain Injury Council would be made up of the director of the Department of Education’s division of rehabilitation services, the Director of Public Health, individuals with a brain injury or family members, health organizations, disability advisory, service providers, and the general public, all appointed by the Governor. The Council would provide financial oversight and technical assistance to the department in the management of the fund.

The Fund would be used to meet the needs of individuals with brain injury and support groups, create a registry, train service providers, and fund resource facilitation.

A report would be issued to the Governor and Legislature.

LB 518 (Riepe) Provide for changes to the medical assistance program (Held in committee)

Would review the Medicaid program to cap state spending, create health savings accounts, and change the funding of assistance. Would establish a telephone 24 hour help line administered by a physician and nurses and paid for by a debit card of the Medicaid recipient calling. Would limit services covered under the health savings account to those listed in the bill. Mandates the department to contract for additional audits. Mandates the state to maintain a consumer hotline

for complaints. Mandates the state to provide reinsurance for catastrophic losses. Mandates the Department to appoint a chief information officer to administer the act.

The bill has many legal flaws, including vagueness, undefined terms, delegation of authority to the legislative branch that lies with the executive branch, tying the hands of future legislators in appropriations, conflict with existing statutes, and contains language impossible to enact. The bill would require significant amendment to be enacted.

LB 543 (Harr) Provide for certification of community paramedics and reimbursement under Medicaid (Held in committee)

Would define community paramedic and require continuing education. Mandates DHHS to apply to CMS for a waiver to cover such services under Medicaid.

Defines community paramedic services to include health assessment, chronic condition monitoring and education, medication compliance, immunizations and vaccinations, lab collection, hospital follow ups, and procedures. Defines “eligible recipient” for purposes of payment by Medicaid.

Payment for community paramedic services provided by the paramedic would be part of a plan between the primary health care provider and the physician medical director of an emergency medical service licensed under the Emergency Medical Services Practice Act and would be billed by an eligible provider contracting with the community paramedic. Eligible recipients of community paramedic services would consult with the providers of their (the recipient’s) care coordination services if they are also receiving care coordination services.

Would certify, and not license, community paramedics. No application has been made for a 407 review under the Regulation of Health Professions Act, which would help define the scope of practice and allow input from stakeholders such as home health service providers.

LB 547 (Campbell) Change provisions regarding use of federal block grant funds for child care activities and provide for grants to early childhood education programs (Passed 42-0-7)

Directs Child Care and Development Block Grant funds to the Early Childhood Education Endowment Cash Fund (aka. Sixpence) to support local early childhood education partnerships between private child care providers and school districts. Works in conjunction with LB 489 (Sullivan), which was amended into the bill on general file.

Increases the percent of funds going to quality child care services from 4% to 7% through October 1, 2017 when it increases again to 8% through October 1, 2019 when it increases to 9% of the federal block grant. In addition, 3% of the federal funds go to quality of care for infants and toddlers. A portion of the increases will go to the quality rating and improvement incentives under the existing Quality Child Care Act.

LB 489 was amended into the bill to allow school districts and child care providers to partner to receive such grants if the child care provider enrolls in the quality rating and improvement

system as in Step Up to Quality Child Care Act. The grants are intended to help the child care providers reach step three or higher on the quality rating scale.

LB 548 (Campbell) Adopt the Surgical Assistant Practice Act (Held in committee)

At the time of bill introduction there was an active Credentialing Review (407) at DHHS for surgical first assistants and surgical technologists. The bill was held in committee to await the completion of that process. The intent is to create a state license for surgical assistants and similar professionalization for surgical technologists based on the outcome of the 407 review. Sets out definitions and acts within the scope of practice for a surgical assistant, creates fees and requirements for licensure, sets out requirements for the board. Includes the surgical assistant practice act in the Uniform Credentialing Act.

LB 549 (Campbell) Adopt the Health Care Transformation Act (Held in committee)

Would implement the “Building Blocks of Health Care” as set out in LRs 22 and 422 from the prior two interim studies, to improve the quality and reduce the cost of health care in Nebraska. Creates an advisory committee to develop a strategy for health care improvement in Nebraska and to implement the building blocks.

The Building Blocks: assure healthcare is available for all; support effective models of healthcare delivery, financing, and payment; assure public transparency of health care quality and patient safety; establish and support a state-wide database; utilize population health-based interventions; promote personal responsibility for wellness; address healthcare workforce shortages; and coordinate state-wide health planning.

The Advisory Committee would include the chair of the Appropriations, Health and Human Services, and Planning committees of the Legislature, and 2 members of the Executive Board, the Governor, the director of Public Health at DHHS, the director of Medicaid at DHHS, the Director of Insurance, and seven persons appointed by the Governor with expertise in health care delivery, health insurance, health care workforce, health education, health care consumer advocacy, and health care purchasing.

Would house the advisory committee within the Division of Public health of DHHS. Creates reporting requirements.

LB 557 (Kolowski) Redefine a term under the Nebraska Clean Indoor Air Act (Held in committee)

Would require home daycares and their vehicles to be smoke free during and after hours of business, as is required for commercial daycares. Would redefine a term to include vehicles used for licensed daycare purposes as places of employment required to be smoke free during and after business hours. The committee held the bill to determine effects and necessity of the change.

LB 567 (Johnson) Permit transfer of prescription information between pharmacies as prescribed (Held in committee)

Would allow a pharmacy to transfer an initial prescription before it is ever filled at the pharmacy to which the doctor wrote the initial prescription. Some pharmacies claim this is common practice, while others dispute that contention. The committee held the bill to determine effects and necessity of the change.

LB 607 (Mello) introduced as **Adopt the Home Care Consumer Bill of Rights Act** passed as **Change provisions relating to aid to dependent children and create the Intergenerational Poverty Task Force** (LB 89 and LB 335 amended in place of the original LB 607, Passed 45-0-4)

Would create the Home Care Consumer Bill of Rights, define home care consumer and services, require the disclosure of the type of business model, require providers to keep information confidential, and provide clients with their rights. Sets out consumers rights; to know about and choose between community home care service providers, to participate in their home care services, to be informed regarding cost of their care and to have notice of changes in those costs, to receive care in a way that promotes their dignity and individuality, and to assistance to secure rights under this act. Creates a misdemeanor offense for violation of the act.

See summary of LB 89. LB 89 was vetoed, changed to reduce the fiscal impact (caps the maximum monthly payment at 55% of the standard of need instead of 70% as introduced), and amended into LB607, which passed. Contains an emergency clause, making it effective May 27, 2015.

LB 631 (Scheer) Change medicaid provisions relating to acceptance of and assent to federal law (Held in committee)

Would incorporate by reference the federal Patient Protection and Affordable Care Act into Nebraska statutes. The bill does not necessarily, but could, allow the Department to expand Medicaid coverage to childless adults earning less than 133% of the federal poverty level.

LB 650 (Nordquist) Encourage hospitals to offer vaccinations (Held in committee)

Would encourage hospitals to offer parents of new babies the adult tetanus-diphtheria-pertussis (TDAP) vaccine to prevent the spread of whooping cough (pertussis). Supported by the March of Dimes.

***All bills become effective August 30, 2015, unless otherwise indicated. ***

Bills by Subject Matter

Aged

LB 320 (Bolz) Adopt the Aging and Disability Resource Center Demonstration Project Act and require a state plan regarding persons with Alzheimer's or related disorders *(Passed 42-3-4)*

LB 405 (Davis) Create the Alzheimer's and Related Disorders Advisory Group and provide for a state plan *(Indefinitely Postponed. Amended into LB320, passed 42-3-4)*

LB 440 (Morfeld) Provide for a study of rates for care by an Alzheimer's special care unit as prescribed *(Held in Committee)*

LB 607 (Mello) Adopt the Home Care Consumer Bill of Rights Act *(Replaced with provisions of LB89 and LB335, passed 45-0-4)*

Behavioral Health

LB 21 (Krist) Provide requirements for rate increases for providers of behavioral health services as prescribed *(On General File)*

LB 240 (Hansen) Change the termination date of the Behavioral Health Screening and Referral Pilot Program *(Passed 36-9-4)*

LB 499 (Krist) Provide duties for the Department of Health and Human Services relating to behavioral and mental health services *(Held in Committee)*

Blind, Deaf, and Hard of Hearing

LB 287 (Haar) Change provisions relating to licensure of interpreters for the deaf and hard of hearing *(Passed 48-0-1)*

Child Care

LB 547 (Campbell) Change provisions regarding use of federal block grant funds for child care activities and provide for grants to early childhood education programs *(Passed 42-0-7)*

LB 557 (Kolowski) Redefine a term under the Nebraska Clean Indoor Air Act *(Held in Committee)*

Child Welfare

LB 199 (Howard) Provide for stipends for social work students *(Passed 45-0-4)*

LB 296 (Kolterman) Require the Department of Health and Human Services to provide notification after removal of a child *(Passed 49-0-0)*

Children's Commission, Nebraska

LB 87 (Campbell) Change membership and reporting requirements of the Nebraska Children's Commission *(Passed 47-0-2)*

Department of Health and Human Services

LB 27 (Krist) Create a reporting requirement under the Vital Statistics Act when parenting time is established or modified *(Held in Committee)*

Foster Care

LB 243 (Bolz) Create a pilot project relating to family finding services and change the Young Adult Bridge to Independence Act *(Passed 39-5-5)*

LB 441 (Bolz) Change provisions relating to the bridge to independence program *(Indefinitely Postponed. Amended into LB243, passed 39-5-5)*

Health Care

LB 333 (Gloor) Adopt the Health Care Services Transformation Act *(Held in Committee)*

LB 490 (Watermeier) Adopt the Provider Orders for Life-Sustaining Treatment Act *(Held in Committee)*

LB 549 (Campbell) Adopt the Health Care Transformation Act *(Held in Committee)*

Health Care Facility

LB 46 (Watermeier) Change provisions of the Statewide Trauma System Act *(Passed 44-0-5)*

Housing and Building Standards

LB 28 (Krist) Adopt the Radon Resistant New Construction Act *(On General File)*

LB 34 (Howard) Adopt the Carbon Monoxide Safety Act *(Passed 39-2-8)*

Human Remains

LB 146 (Crawford) Provide for disposition of unclaimed cremated remains in a veteran cemetery *(Passed 44-0-5)*

Pharmacy

LB 37 (Krist) Adopt the Prescription Drug Safety Act and change and transfer pharmacy, prescription, and drug provisions *(Passed 43-0-6)*

LB 471 (Howard) Change provisions relating to prescription drug monitoring (*Held in Committee*)

LB 567 (Johnson) Permit transfer of prescription information between pharmacies as prescribed (*Held in Committee*)

Professional and Occupational Licensing/Regulation

LB 23 (Krist) Change the Engineers and Architects Regulation Act (*Passed 43-0-6*)

LB 80 (Gloor) Provide, change, and eliminate anesthesia and sedation permit provisions under the Dentistry Practice Act (*Passed 47-0-2*)

LB 90 (Campbell) Change provisions for directed review under the Nebraska Regulation of Health Professions Act (*Passed 47-0-2*)

LB 107 (Crawford) Eliminate integrated practice agreements and provide for transition-to-practice agreements for nurse practitioners (*Passed 46-0-3*)

LB 129 (Harr) Require criminal background checks for applicants for an initial nursing license (*Passed 43-0-6*)

LB 196 (Campbell) Change provisions of the Rural Health Systems and Professional Incentive Act (*Passed 48-0-1*)

LB 211 (Kolowski) Authorize chiropractors to provide school entrance physical examinations and visual evaluations (*Held in Committee*)

LB 235 (Howard) Adopt the Consumer Protection in Eye Care Act (*On General File*)

LB 258 (Nordquist) Adopt the Interstate Medical Licensure Compact (*Held in Committee*)

LB 264 (Morfeld) Provide for issuance of credentials under the Uniform Credentialing Act based on military education, training, or experience (*Passed 48-0-1*)

LB 353 (Campbell) Change credentialing provisions for nursing home administrators (*Held in Committee*)

LB 369 (Riepe) Change provisions relating to impaired credential holders under the Uniform Credentialing Act (*Held in Committee*)

LB 452 (Hilkemann) Provide advertising requirements under the Uniform Credentialing Act (*Passed 46-0-3*)

LB 543 (Harr) Provide for certification of community paramedics and reimbursement under Medicaid (*Held in Committee*)

LB 548 (Campbell) Adopt the Surgical Assistant Practice Act (*Held in Committee*)

Public Assistance

Economic Assistance

LB 81 (Cook) Change provisions relating to eligibility for child care assistance and require a report regarding transitional childcare assistance programs (*Passed 47-0-2*)

LB 89 (Campbell) Change provisions relating to aid to dependent children and create the Intergenerational Poverty Task Force (*Passed 30-15-4. Vetoed by Governor. Amended into LB607, passed*)

LB 147 (Crawford) Change provisions relating to asset limitations for public assistance (*Held in Committee*)

LB 335 (Mello) Create and provide duties for the Intergenerational Poverty Task Force (*Indefinitely Postponed. Amended into LB607, passed*)

LB 411 (Cook) Change provisions relating to the Supplemental Nutrition Assistance Program (*Held in Committee*)

Medical Assistance

LB 12 (Krist) Suspend medical assistance provided to persons who become inmates of public institutions (*Indefinitely Postponed. Amended into LB605, passed 45-0-4*)

LB 77 (Nordquist) Require a Medicaid state plan amendment for family planning services and state intent relating to appropriations for the Every Woman Matters program (*Failed to advance from General File*)

LB 148 (Crawford) Provide for medical assistance program coverage for certain youth formerly in foster care (*Held in Committee*)

LB 315 (Howard) Change provisions relating to Medicaid recovery audit contractors (*Passed 44-0-5*)

LB 346 (Krist) Require a Medicaid state plan amendment to cover children's day health services (*Held in Committee*)

LB 366 (Pansing Brooks) Change the personal needs allowance under the Medical Assistance Act (*Passed 37-8-4*)

LB 370 (Riepe) Provide for an amendment to the Medicaid state plan relating to dyslexia treatment (*Held in Committee*)

LB 472 (Campbell) Adopt the Medicaid Redesign Act (*On General File*)

LB 500 (Howard) Require application for a Medicaid state plan amendment for multisystemic therapy (*Passed 40-1-8*)

LB 518 (Riepe) Provide for changes to the medical assistance program (*Held in Committee*)

LB 631 (Scheer) Change Medicaid provisions relating to acceptance of and assent to federal law (*Held in Committee*)

Public Health

LB 19 (Krist) Change provisions relating to laboratory certification under the Nebraska Safe Drinking Water Safety Act (*On General File*)

LB 516 (Bolz) Create the Brain Injury Council and the Brain Injury Trust Fund and provide powers and duties (*Held in Committee*)

LB 650 (Nordquist) Encourage hospitals to offer vaccinations (*Held in Committee*)

REPORT ON THE PRIORITIZING
OF INTERIM STUDY RESOLUTIONS
Pursuant to Rule 4, Section 3(c)

COMMITTEE: Health and Human Services

DATE: May 27, 2015

The following resolutions were referred to the Committee on Health and Human Services. The committee has prioritized the resolutions in the following order:

<u>Introducer</u>	<u>Resolution No.</u>	<u>Subject</u>
McCollister	306	Medicaid
Campbell	304	Children's behavioral health
Campbell	248	Human trafficking
Coash	242	Developmental Disabilities and child welfare
Campbell	300	Child welfare - Out of state placement
Campbell	52	Child maternal death review
Campbell	292	Child welfare - Kinship assistance
Gloor	22	Health care – patient centered medical homes
Mello	259	Early childhood education - Home visits
Mello	275	Child care affordability
Howard	231	Prescription Drug Monitoring Program
Crawford	185	Behavioral health professional workforce
Kolterman	181	Public assistance and workforce
Watermeier	298	Emergency Medical Services
Harr	310	Community Paramedic
Harr	312	Children's behavioral health
Campbell	291	Health - Stroke designation
Campbell	250	HHS Committee issues