Health and Human Services Committee

One Hundred and Seventh Legislature

Summary of Legislation

2021 and 2022 Sessions

Committee Members
Senator John Arch, Chair
Senator Matt Williams, Vice Chair
Senator Machaela Cavanaugh
Senator Jen Day
Senator Ben Hansen
Senator Dave Murman
Senator Lynn Walz

Committee Staff:
Paul Henderson, Legal Counsel
T.J. O'Neill, Legal Counsel
Geri Williams, Committee Clerk

Table of Contents

Index of Bills Referenced to the HHS Committee

Bill #	Introducer	Description	Priority	Status	Page
2021 Bills Referenced to the HHS Committee					
LB 14	Blood	Adopt the Audiology and Speech-Language Pathology Interstate Compact	Blood (2021)	Passed & Approved	20
LB 15	Blood	Adopt the Occupational Therapy Practice Interstate Compact		Provisions amended into LB 752; Passed & Approved	22
LB 19	Kolterman	Change provisions relating to nail technology and body art		Indefinitely Postponed Sine Die	23
LB 67	Day	Change provisions relating to school-based health centers under the Medical Assistance Act		Indefinitely Postponed Sine Die	24
LB 68	Day	Change provisions relating to reimbursement for services provided by the federal Child Care Subsidy program		Indefinitely Postponed Sine Die	24
LB 86	Bostelman	Require registration for the prescription drug monitoring system		General File; Indefinitely Postponed Sine Die	25
LB 100	Walz	Prohibit certain billing practices under the Medical Assistance Act, state intent regarding foster care reimbursement rates increases, and appropriate funds		Passed & Approved	26
LB 101	Walz	Change the date for addition of long-term care services and supports under the medicaid managed care program		Passed & Approved	26

Bill #	Introducer	Description	Priority	Status	Page
LB 108	McCollister	Change provisions relating to the Supplemental Nutrition Assistance Program	McCollister (2021)	Passed with Gubernatorial Veto Overridden (30-19-0)	26
LB 121	Hunt	Change provisions relating to eligibility for Supplemental Nutrition Assistance Program benefits	Hunt (2022)	Select File; Indefinitely Postponed Sine Die	27
LB 127	Machaela Cavanaugh	Provide for adjustments to payments to guardians of former state wards		Indefinitely Postponed Sine Die	27
LB 129	McCollister	Change provisions relating to eligibility for services under the Medical Assistance Act		Indefinitely Postponed Sine Die	27
LB 143	Kolterman	Change notice requirements regarding changes in a juvenile's placement	Speaker (2021)	Passed & Approved	28
LB 183	Hunt	Adopt the Sexual Assault Emergency Care Act and provide for discipline against a hospital's license		Indefinitely Postponed Sine Die	28
LB 202	Pansing Brooks	Change provisions relating to transition of young adults to independence		Indefinitely Postponed Sine Die	29
LB 211	Murman	Adopt the Reflexologist Registration Act		Indefinitely Postponed Sine Die	30
LB 238	McDonnell	Change provisions of the Ground Emergency Medical Transport Act		Indefinitely Postponed Sine Die	30
LB 251	Machaela Cavanaugh	Change the age for organ and tissue donation		Indefinitely Postponed Sine Die	31
LB 252	Williams	Provide for refills of veterinary drug orders by veterinary drug		Passed & Approved	32

Bill #	Introducer	Description	Priority	Status	Page
		distributors			
LB 262	Vargas	Provide for participation in the bridge to independence program by young adults not lawfully present in the United States		Indefinitely Postponed Sine Die	32
LB 296	Ben Hansen	Change provisions regarding access to patient records for Department of Health and Human Services institutions		Passed & Approved	33
LB 306	Brandt	Provide eligibility requirements for the low-income home energy assistance program		Passed with Gubernatorial Veto Overridden (32-15-2)	33
LB 325	Albrecht	Adopt the Art Therapy Practice Act		General File; Indefinitely Postponed Sine Die	33
LB 328	Arch	Change licensure application provisions under the Health Care Facility Licensure Act		Indefinitely Postponed Sine Die	36
LB 351	Linehan	Change provisions relating to quality scale ratings under the Step Up to Quality Child Care Act		Passed & Approved	37
LB 356	Hunt	Change provisions relating to disqualification for the Supplemental Nutrition Assistance Program		Indefinitely Postponed Sine Die	37
LB 374	DeBoer	Adopt the Alzheimer's Disease and Other Dementia Support Act		Provisions amended into LB 752; Passed & Approved	37
LB 376	Machaela Cavanaugh	Require application for and implementation of federal approval for services and	HHS Committee (2021);	Passed & Approved with amended	39

Bill #	Introducer	Description	Priority	Status	Page
		supports for children with developmental disabilities and their families and require evaluations and reports	Machaela Cavanaugh (2022)	provisions of LB 1004	
LB 390	Murman	Provide for credentials based on reciprocity and change requirements for credentials under the Uniform Credentialing Act	Murman (2021)	Passed & Approved	41
LB 392	Stinner	Adopt the Prescribing Psychologist Practice Act		Indefinitely Postponed Sine Die	44
LB 400	Arch	Change requirements related to coverage of telehealth by insurers and medicaid	Arch (2021)	Passed & Approved	46
LB 401	Arch	Change references to state hospitals		Passed & Approved	47
LB 411	Lathrop	Require sharing of information with the designated health information exchange and change provisions related to the Health Information Technology Board	Speaker (2021)	Passed & Approved	48
LB 413	Wishart	Require coverage of medications for substance use disorder treatment and addiction medicine services under the Medical Assistance Act		Indefinitely Postponed Sine Die	50
LB 416	Machaela Cavanaugh	Require implicit bias training under the Uniform Credentialing Act and provide for duties and funding relating to postpartum care and maternal health		Indefinitely Postponed Sine Die	51
LB 418	Murman	Adopt the Solemn Covenant of the States to Award Prizes for Curing Diseases compact		Indefinitely Postponed Sine Die	52
LB 425	HHS	Require the Department of		Provisions	55

Bill #	Introducer	Description	Priority	Status	Page
	Committee	Health and Human Services to complete a needs assessment and cost analysis for an inpatient adolescent psychiatric unit		amended into LB 428; Passed & Approved	
LB 427	HHS Committee	State intent that substance abuse and behavioral health treatment for juveniles by the Department of Health and Human Services not be delayed		Provisions amended into LB 428; Passed & Approved	56
LB 428	HHS Committee	Changes provisions relating to juvenile services under the jurisdiction of the Department of Health and Human Services	HHS Committee (2021)	Passed & Approved with provisions of LB 425, LB 427, LB 429, & LB 570	56
LB 429	HHS Committee	Require notification by the Department of Health and Human Services to the Legislature prior to implementation of substantial changes to facilities and programs under the Office of Juvenile Services		Provisions amended into LB 428; Passed & Approved	57
LB 436	Ben Hansen	Change provisions of the Athletic Training Practice Act	Speaker (2022)	Passed & Approved	57
LB 437	Ben Hansen	Change provisions relating to public assistance and medicaid fraud		General File; Indefinitely Postponed Sine Die	59
LB 447	Machaela Cavanaugh	Change provisions relating to immunization under the Child Care Licensing Act		Indefinitely Postponed Sine Die	60
LB 476	Blood	Change provisions relating to the Stroke System of Care Act		Passed & Approved	60
LB 485	DeBoer	Change provisions relating to child care assistance	DeBoer (2021)	Passed & Approved	61

Bill #	Introducer	Description	Priority	Status	Page
LB 490	Machaela Cavanaugh	Require youth rehabilitation and treatment centers to obtain a license from the Division of Public Health		Indefinitely Postponed Sine Die	62
LB 491	Machaela Cavanaugh	Change and eliminate provisions relating to lead agencies, pilot projects, and service areas for certain social services		Provisions amended into LB 1173; Passed & Approved	62
LB 494	Machaela Cavanaugh	Direct the Department of Health and Human Services to apply for grants to establish and maintain a health care insurance claims and payment information data base		Indefinitely Postponed Sine Die	63
LB 495	Hilkemann	Require the Department of Health and Human Services to implement an increase in foster care reimbursement rates		Indefinitely Postponed Sine Die	64
LB 516	McKinney	Change provisions relating to self-sufficiency contracts and work activity requirements under the Welfare Reform Act		General File; Indefinitely Postponed Sine Die	65
LB 533	Day	Change provisions relating to public assistance		Passed & Approved	66
LB 541	Walz	Provide for reimbursement for certain foster care services		General File; Provisions amended into LB 1173; Passed & Approved	66
LB 554	Blood	Adopt the Licensed Professional Counselors Interstate Compact		Provisions amended into LB 752; Passed & Approved	68
LB 569	Pansing	Provide for certain treatment		General File;	71

Bill #	Introducer	Description	Priority	Status	Page
	Brooks	options for patients with Lyme disease		Indefinitely Postponed Sine Die	
LB 570	HHS Committee	Change certain Department of Health and Human Services model pilot project evaluation periods		Provisions amended into LB 428; Passed & Approved	71
LB 583	Murman	Require electronic prescriptions for controlled substances	Speaker (2021)	Passed & Approved	71
LB 592	Stinner	Change provisions of the Automated Medication Systems Act		Passed & Approved	72
LB 609	Hilgers	Change provisions relating to the Uniform Credentialing Act		Indefinitely Postponed Sine Die	73
LB 626	Vargas	Change provisions of the Child and Maternal Death Review Act		Provisions amended into LB 741; Passed & Approved	73
LB 628	Morfeld	Change provisions relating to faculty licenses under the Dentistry Practice Act		Passed & Approved	75
LB 637	Vargas	Change provisions relating to the control of contagious or infectious disease		Indefinitely Postponed Sine Die	76
LB 643	Ben Hansen	Protect an individual liberty right to accept or decline a vaccination under a mandatory directive		Indefinitely Postponed Sine Die	77
LB 645	Ben Hansen	Provide for enhanced penalties for violations of directed health measures committed by public officials		Indefinitely Postponed Sine Die	77
LB 677	Linehan	Change provisions relating to eligibility for transitional child		Indefinitely Postponed	78

Bill #	Introducer	Description	Priority	Status	Page
		care assistance		Sine Die	
2022 Bills Referenced to the HHS Committee					
LB 697	Kolterman	Provide for licensure of rural emergency hospital services		Passed & Approved	79
LB 698	Kolterman	Require coverage of continuous glucose monitoring devices under the Medical Assistance Act		Passed & Approved	79
LB 704	Williams	Change education requirements for licensure under the Funeral Directing and Embalming Practice Act and eliminate certain provisions regarding caskets		Passed & Approved	80
LB 705	Williams	Change and eliminate provisions under the Barber Act		Passed & Approved	80
LB 710	McCollister	Change provisions relating to federal Supplemental Nutrition Assistance Program eligibility		Indefinitely Postponed Sine Die	81
LB 716	Hunt	Allow qualified practitioners to perform abortions		Indefinitely Postponed Sine Die	81
LB 741	DeBoer	Adopt the Domestic Abuse Death Review Act, change provisions of and provide for review of stillbirths under the Child and Maternal Death Review Act, change provisions regarding adoption, and provide for cytomegalovirus public education and prevention	Vargas (2022)	Passed & Approved with amended provisions of LB 245; LB 626; LB 901; & LB 1009	81
LB 752	Arch	Adopt the Alzheimer's Disease and Other Dementia Support Act, the Licensed Professional Counselors Interstate Compact, and the Occupational Therapy	HHS (2022)	Passed & Approved with amended provisions of LB 15; LB	82

Bill #	Introducer	Description	Priority	Status	Page
		Practice Interstate Compact, require notifications regarding stem cell therapy, and redefine respiratory care under the Respiratory Care Practice Act		374; LB 554; & LB 753;	
LB 753	Arch	Require health care practitioners to provide notification regarding stem cell therapy		Provisions amended into LB 752; Passed & Approved	84
LB 756	Brandt	Change provisions relating to properties contaminated by methamphetamine		Indefinitely Postponed Sine Die	84
LB 770	Day	Change membership of the Board of Dentistry		Indefinitely Postponed Sine Die	85
LB 812	Hilkemann	Provide for vaccine administration by pharmacy technicians		Indefinitely Postponed Sine Die	85
LB 824	Ben Hansen	Include bathing as an activity of daily living for health care credentialing provisions		Passed & Approved	86
LB 854	Day	Require notice to the Department of Health and Human Services in certain cases of alleged out-of-home child abuse or neglect		Provisions amended into LB 1173; Passed & Approved	86
LB 855	Day	Change requirements for coverage under the Medical Assistance Act		Passed & Approved	87
LB 856	Day	Provide for partnering organizations under the Aging and Disability Resource Center Act		Passed & Approved	87
LB 857	Day	Provide for express lane eligibility under the Medical Assistance Act and the		Indefinitely Postponed Sine Die	87

Bill #	Introducer	Description	Priority	Status	Page
		Children's Health Insurance Program			
LB 859	Clements	Require city-county health departments to obtain approval for directed health measures		Indefinitely Postponed Sine Die	88
LB 862	McCollister	Require coverage under the Medical Assistance Act for treatments for end-stage renal disease		Indefinitely Postponed Sine Die	88
LB 865	DeBoer	Change provisions relating to reimbursement for child care and state intent to appropriate federal funds		Provisions amended into Appropriations LB 1011; Passed & Approved	89
LB 885	Machaela Cavanaugh	Require implicit bias training for certain applicants and credential holders under the Uniform Credentialing Act		Indefinitely Postponed Sine Die	89
LB 895	Walz	Provide restrictions on prior authorizations by managed care organizations under the Medical Assistance Act		Indefinitely Postponed Sine Die	90
LB 901	Pansing Brooks	Provide for cytomegalovirus public education and prevention		Provisions amended into LB 741; Passed & Approved	90
LB 905	Walz	Provide for perinatal mental health screenings		Passed & Approved	91
LB 906	Ben Hansen	Require employers to provide for vaccine exemptions and provide duties for the Department of Health and Human Services	Ben Hansen (2022)	Passed & Approved	93
LB 929	Wishart	Require submission of a medicaid state plan amendment or waiver to extend postpartum		Indefinitely Postponed Sine Die	94

Bill #	Introducer	Description	Priority	Status	Page
		coverage			
LB 932	Hunt	Authorize the Department of Health and Human Services to screen children for social security benefit eligibility		Provisions amended into LB 1173; Passed & Approved	94
LB 954	Wayne	Preempt certain county and municipality resolutions or ordinances relating to electronic smoking devices under the Nebraska Clean Indoor Air Act		Indefinitely Postponed Sine Die	96
LB 956	Murman	Change provisions relating to confidential public health information		Indefinitely Postponed Sine Die	96
LB 963	Murman	Adopt the Medical Ethics and Diversity Act		Indefinitely Postponed Sine Die	98
LB 976	Wishart	Adopt the Certified Community Behavioral Health Clinic Act		Indefinitely Postponed Sine Die	99
LB 1004	HHS Committee	Require the Department of Health and Human Services to provide for an evaluation of the developmental disabilities system		Provisions amended into LB 376; Passed & Approved	99
LB 1007	Murman	Change provisions relating to the Rural Health Systems and Professional Incentive Act		Passed & Approved	100
LB 1019	McKinney	Require the Department of Health and Human Services to establish a family resource and juvenile assessment center pilot program		Indefinitely Postponed Sine Die	100
LB 1044	Hilkemann	Adopt the Care Team Innovation Grant Pilot Project Act and state intent regarding federal funds		Indefinitely Postponed Sine Die	101

Bill #	Introducer	Description	Priority	Status	Page
LB 1068	Stinner	Change provisions of the Behavioral Health Workforce Act and require an assessment by the University of Nebraska regarding environmental and human health effects of ethanol production	Stinner (2022)	Passed & Approved	101
LB 1091	Dorn	Adopt the Nebraska Nursing Incentive Act and state intent to appropriate federal funds		Provisions amended into LB 1014; Passed & Approved	102
LB 1106	Day	Change provisions of the Mental Health Practice Act		Indefinitely Postponed Sine Die	103
LB 1107	Day	Change provisions relating to provider reimbursement for an absent child under the federal Child Care Subsidy program		Indefinitely Postponed Sine Die	103
LB 1113	McKinney	Provide for a pilot program to transfer funds under the Young Adult Bridge to Independence Act and state intent to appropriate federal funds		Indefinitely Postponed Sine Die	103
LB 1126	Machaela Cavanaugh	Eliminate family copayments under the child care subsidy program		Withdrawn	104
LB 1129	Morfeld	Provide free contraceptives for women as prescribed		Indefinitely Postponed Sine Die	104
LB 1136	Hunt	Adopt the Senior Care LGBTQ Discrimination Prevention Act		Indefinitely Postponed Sine Die	104
LB 1173	HHS Committee	Create a work group and strategic leadership group for child welfare system reform, provide duties for the	HHS (2022)	Passed & Approved with amended provisions of	106

Bill #	Introducer	Description	Priority	Status	Page
		Department of Health and Human Services, require reports of child abuse or neglect, and change and eliminate provisions regarding lead agencies and a pilot project for child welfare system reform		LB 491; LB 541; L B854; & LB 932	
LB 1230	Hilkemann	Provide for a statewide education program regarding cancer and state intent to appropriate funds from the Nebraska Health Care Cash Fund		Indefinitely Postponed Sine Die	107
LB 1243	Murman	Change priorities relating to funding the medicaid home and community-based services waivers for persons with developmental disabilities		Indefinitely Postponed Sine Die	107
LB 1249	Ben Hansen	Change provisions of the Medical Nutrition Therapy Practice Act		Indefinitely Postponed Sine Die	108

2021 Bills Referenced to the HHS Committee and Passed by the Legislature in 2021

Bill #	Introducer	Description	Status
LB 14	Blood	Adopt the Audiology and Speech-Language Pathology Interstate Compact	Passed & Approved
LB 100	Walz	Prohibit certain billing practices under the Medical Assistance Act, state intent regarding foster care reimbursement rates increases, and appropriate funds	Passed & Approved
LB 101	Walz	Change the date for addition of long-term care services and supports under the medicaid managed care program	Passed & Approved
LB 108	McCollister	Change provisions relating to the Supplemental Nutrition Assistance Program	Passed with Gubernatorial Veto Overridden (30-19-0)
LB 143	Kolterman	Change notice requirements regarding changes in a juvenile's placement	Passed & Approved
LB 252	Williams	Provide for refills of veterinary drug orders by veterinary drug distributors	Passed & Approved
LB 296	Ben Hansen	Change provisions regarding access to patient records for Department of Health and Human Services institutions	Passed & Approved
LB 306	Brandt	Provide eligibility requirements for the low-income home energy assistance program	Passed with Gubernatorial Veto Overridden (32-15-2)
LB 351	Linehan	Change provisions relating to quality scale ratings under the Step Up to Quality Child Care Act	Passed & Approved
LB 390	Murman	Provide for credentials based on reciprocity and change requirements for credentials under the Uniform Credentialing Act	Passed & Approved

Bill #	Introducer	Description	Status
LB 400	Arch	Change requirements related to coverage of telehealth by insurers and medicaid	Passed & Approved
LB 401	Arch	Change references to state hospitals	Passed & Approved
LB 411	Lathrop	Require sharing of information with the designated health information exchange and change provisions related to the Health Information Technology Board	Passed & Approved
LB 428	HHS Committee	Changes provisions relating to juvenile services under the jurisdiction of the Department of Health and Human Services	Passed & Approved with provisions of LB 425, LB 427, LB 429, & LB 570
LB 476	Blood	Change provisions relating to the Stroke System of Care Act	Passed & Approved
LB 485	DeBoer	Change provisions relating to child care assistance	Passed & Approved
LB 533	Day	Change provisions relating to public assistance	Passed & Approved
LB 583	Murman	Require electronic prescriptions for controlled substances	Passed & Approved
LB 628	Morfeld	Change provisions relating to faculty licenses under the Dentistry Practice Act	Passed & Approved

2021 Carry-Over Bills Passed by the Legislature in 2022

Bill #	Introducer	Description	Status
LB 376	Machaela Cavanaugh	Require application for and implementation of federal approval for services and supports for children with developmental disabilities and their families and require evaluations and reports	Passed & Approved with amended provisions of LB 1004
LB 436	Ben Hansen	Change provisions of the Athletic Training Practice Act	Passed & Approved
LB 592	Stinner	Change provisions of the Automated Medication Systems Act	Passed & Approved

2022 Bills Referenced to the HHS Committee and Passed by the Legislature in 2022

Bill #	Introducer	Description	Status
LB 697	Kolterman	Provide for licensure of rural emergency hospital services	Passed & Approved
LB 698	Kolterman	Require coverage of continuous glucose monitoring devices under the Medical Assistance Act	Passed & Approved
LB 704	Williams	Change education requirements for licensure under the Funeral Directing and Embalming Practice Act and eliminate certain provisions regarding caskets	Passed & Approved
LB 705	Williams	Change and eliminate provisions under the Barber Act	Passed & Approved
LB 741	DeBoer	Adopt the Domestic Abuse Death Review Act, change provisions of and provide for review of stillbirths under the Child and Maternal Death Review Act, change provisions regarding adoption, and provide for cytomegalovirus public education and prevention	Passed & Approved with amended provisions of LB 245; LB 626; LB 901; & LB 1009
LB 752	Arch	Adopt the Alzheimer's Disease and Other Dementia Support Act, the Licensed Professional Counselors Interstate Compact, and the Occupational Therapy Practice Interstate Compact, require notifications regarding stem cell therapy, and redefine respiratory care under the Respiratory Care Practice Act	Passed & Approved with amended provisions of LB 15; LB 374; LB 554; & LB 753;
LB 824	Ben Hansen	Include bathing as an activity of daily living for health care credentialing provisions	Passed & Approved
LB 855	Day	Change requirements for coverage under the Medical Assistance Act	Passed & Approved
LB 856	Day	Provide for partnering organizations under the Aging and Disability Resource Center Act	Passed & Approved
LB 905	Walz	Provide for perinatal mental health screenings	Passed & Approved

Bill #	Introducer	Description	Status
LB 906	Ben Hansen	Require employers to provide for vaccine exemptions and provide duties for the Department of Health and Human Services	Passed & Approved
LB 1007	Murman	Change provisions relating to the Rural Health Systems and Professional Incentive Act	Passed & Approved
LB 1068	Stinner	Change provisions of the Behavioral Health Workforce Act and require an assessment by the University of Nebraska regarding environmental and human health effects of ethanol production	Passed & Approved
LB 1173	HHS Committee	Create a work group and strategic leadership group for child welfare system reform, provide duties for the Department of Health and Human Services, require reports of child abuse or neglect, and change and eliminate provisions regarding lead agencies and a pilot project for child welfare system reform	Passed & Approved with amended provisions of LB 491; LB 541; LB 854; & LB 932

2021 Bill Summaries

LB 14 (Blood) Adopt the Audiology and Speech-Language Pathology Interstate Compact

Status: Enacted

Committee Action: Advanced to General File with AM 1

Summary: LB 14 would adopt the Audiology and Speech-Language Pathology Interstate Compact [ASLP-IC]. It would also amend the Uniform Credentialing Act, specifically the Audiology and Speech-Language Pathology Practice Act, and the Hearing Instrument Specialists Practice Act.

Section 1 of the bill would harmonize provisions to reflect changes incorporated by the ASLP-IC as it relates to the practice of audiology or speech-language pathology by an unlicensed person; Section 2 of the bill would require proof of authorization from a member state to obtain a privilege to practice in Nebraska; Section 3 of the bill allows a qualified resident of a member state to obtain a temporary license; Section 4 of the bill allows practitioners with a privilege to practice to supervise an audiology or speech language pathology assistant; Section 5 of the bill exempts those with a privilege to practice audiology in which hearing instruments are regularly dispensed from the requirement to be licensed as a hearing instrument specialist; and Section 7 repeals the original statutes.

Section 6 is the language of the Interstate Compact, broken down into 14 Articles. The Articles referenced hereafter are sections of the Interstate Compact, not sections of the bill [Article # [ASLP-IC]]. The ASLP-IC would do the following:

- Enact and enter into the ASLP-IC with all other states that adopt and enact the ASLP-IC; declare the purpose of the ASLP-IC [Article 1 [ASLP-IC], pp. 6-7];
- Establish definitions used throughout the Interstate Compact [Article 2, [ASLP-IC], pp. 7-9];
- Recognize a multistate licensure privilege to practice for audiologists and speech-language pathologists [Article 3 [ASLP-IC], pp. 9-13];
- Delineate how the compact privilege works, including holding an active license in a home state free of encumbrances, with no adverse actions within two years [Article 4 [ASLP-IC], pp. 13-15];
- Recognize a multistate licensure privilege for audiologists and speech-language pathologists to practice audiology and speech-language pathology via telehealth (Article 5 [ASLP-IC], p. 15];
- Allow for active duty military personnel and their spouses to choose a home state (Article 6 [ASLP-IC], p. 15];
- Authorize a remote state to take adverse action against an audiologist or speech-language pathologist's privilege to practice within that member state, but not against an audiologists or speech-language pathologists home state license [Article 7 [ASLP-IC], pp. 15-16];
- Authorize a home state to take adverse action against an audiologist's or speech-language pathologist's license issued by the home state [Article 7, [ASLP-IC], p 16-17];
- Create the Audiology and Speech-Language Pathology Compact Commission [Article 8 [ASLP-IC], p. 18];

- Provide qualified immunity for members, officers, employees, or representatives of the Commission who act in accordance with the provisions of the compact (Article 8 [ASLP-IC], p. 23-24];
- Require the Commission to create a database and reporting system containing licensure, adverse actions, and investigative information on all licensed individuals in member states, with the exception of FBI investigation results regarding federal criminal records [Article 9 [ASLP-IC], pp. 24-25; Article 3, p. 10];
- Establish procedures for rulemaking [Article 10 [ASLP-IC], p. 25-27];
- Authorize the Commission to attempt to resolve disputes related to the compact that arise among member states and between member and non-member states [Article 11 [ASLP-IC], p. 28-29];
- Require provisions of the Interstate Compact to become effective once enacted by ten member states, and subsequently require provisions of the compact to become effective the day it is enacted into law once a state enters the Interstate Compact [Article 12 [ASLP-IC], p. 29-30]; and
- Provide for the severability of any provision in the compact that is contrary to the constitution of any member state or of the United States or the applicability thereof to any government, agency, person, or circumstance [Articles 13 and 14 [ASLP-IC], p. 30].

No changes would become effective until ten states adopt and enact the Interstate Compact. [Article 12 [ASLP-IC], p. 29].

Explanation of Amendment

AM 1 would amend language within the Audiology and Speech-Language Pathology Interstate Compact. AM 1 would require the Commission, as opposed to the licensing board, approve the educational institution where an audiologist obtains supervised clinical practicum experience.

The affected language on pages 16 to 17 would now read,'[In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to:

“D. if otherwise permitted by state law, the member state may recover from the affected audiologist or speech-language pathologist the costs of investigation and disposition of cases resulting from any adverse action taken against that audiologist or speech-language pathologist.

“E. The member state may take adverse action based on the factual findings of the remote state, provided that the member state follows the member states own procedures for taking the adverse action.”

AM 1 would clarify the qualified immunity clause by remove shall be 'immune from suit and liability' and add that they shall 'have no greater liability than a state employee would have under the same or similar circumstances.' AM 1 would also clean-up and clarify other minor language (p. 7; p. 11, line 30).

LB 15 (Blood) Adopt the Occupational Therapy Practice Interstate Compact

Status: Enacted as part of LB 752

Committee Action: Provisions amended into LB 752.

Summary: LB 15 would amend the Occupational Therapy Practice Act to adopt the Occupational Therapy Practice Interstate Compact (OTP-IC). The following sections refer to the Articles of the OTP-IC. The OTP-IC would do the following:

- Outline the purposes and goals of the OTP-IC. (Article 1 (OTP-IC) p. 3);
- Establish definitions used throughout the OTP-IC. (Article 2 (OTP-IC) pp. 4-6):
    - Home state – state where you reside;
    - Member state / Remote state – states in the OTP-IC;
    - Compact Privilege – privilege to practice in a member state or remote state;
    - Home state licensure – license to practice in your home state;
- Outline the requirements the state must meet to be a member of the OTP-IC. (Article 3 (OTP-IC) pp. 6-8);
- Grant license holders in member states the privilege to practice in another member state. (Article 4 (OTP-IC) pp. 8-10);
- Delineate how the compact privilege works, including holding an active license in a home state free of encumbrances, with no adverse actions within two years. (Article 4 (OTP-IC) pp. 8);
- Allow a licensee to obtain a new "home state license" by virtue of their compact privilege in their new home state. (Article 5 (OTP-IC) pp. 10-11);
- Allow active-duty military personnel or their spouses to designate a home state where the individual has a current license in good standing so long as they are on active duty. (Article 6 (OTP-IC) p. 11);
- Authorize a remote state to take adverse action against a practitioner's compact privilege, but not the underlying home state license. Only a home state may take adverse action against a home state license. (Article 7 (OTP-IC) pp. 11-13);
- Create the Occupational Therapy Compact Commission. (Article 8 (OTP-IC) pp. 13-20);
- Provide qualified immunity for members, officers, employees, or representatives of the Commission who act in accordance with the provisions of the compact. (Article 8 (OTP-IC) pp. 19-20);
- Allow the Commission to levy an annual assessment on member states. (Article 8, OTP-IC) p. 18);
- Require the Commission to create a database and reporting system containing licensure, adverse actions, and investigative information on all licensed individuals in member states, with the exception of FBI investigation results regarding federal criminal records. (Article 9 (OTP-IC) pp. 20-21);
- Establish procedures for rulemaking. (Article 10 (OTP-IC) pp. 21-24);
- Authorize the Commission to attempt to resolve disputes related to the compact that arise among member states and between member and non-member states. (Article 11 (OTP-IC) p. 24-26);
- Require provisions of the OTP-IC to become effective once enacted by ten member states, and subsequently require provisions of the compact to become effective the day it is enacted into law once a state enters the OTP-IC. (Article 12 (OTP-IC) p. 26-27); and
- Provide for the severability of any provision in the compact that is contrary to the constitution of any member state or of the United States or the applicability thereof to any government, agency, person, or circumstance; and provide that if laws conflict between

the Compact and state law, state law will be superseded. (Articles 13 and 14 (OTP-IC), p. 27-28).

Explanation of Amendment

Language was harmonized to reflect changes to the OTP-IC enacted in other states, and to limit liability to state that a person employed and acting within the scope of Commission employment shall have no greater liability than a state employee would have under the same or similar circumstances.

LB 19 (Kolterman) Change provisions relating to nail technology and body art

Status: Indefinitely Postponed (IPP'd) sine die

Committee Action: None

Summary: LB 19 would amend the Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art (Cosmetology Act) practice act to add provisions relating to nail technology apprentice salons and guest body artists, in addition to other minor changes. LB 19 would require persons working with natural nails to be included in the licensing requirements for nail technology. LB 19 also defines a nail technology apprentice salon and creates a licensure process for nail technology apprentice salons.

Several other sections of law are updated where appropriate to include nail technology apprentice salons and nail technology apprentices. The definition of nail technology is also amended in Section 6 to include manicuring and pedicuring in addition to some other minor changes. Guest body artist is defined in section 4 of LB 19 as a person temporarily registered under the Cosmetology Act to perform body art under the sponsorship of a licensed body art facility or a person licensed under the act to perform body art. (p. 2). LB 19 creates a registration requirement for guest body artists in Section 18 of LB 19. To register a person must comply with the rules and regulations under the Cosmetology Act, be 18 years of age, be sponsored by a licensed facility, complete a blood-borne pathogen course, be licensed or credentialed in another jurisdiction, and apply 30 days before he or she will perform body art in Nebraska. (p. 6-7). Registration as a guest body artist is required under LB 19 before one can engage in the performance of body art or use the guest body artist title. Both Neb. Rev. Stat. 38-1061 and 38-1069 are amended to reflect this. Guest body artists may be registered for 14 consecutive calendar days which can be renewed twice in a calendar year. (p. 7, 11, 12). A temporary body art facility is defined in section 17 of LB 19 and means a nonmobile room or space with a dedicated licensed physical address where body art is performed for not more than 72 consecutive hours in conjunction with a single event. (p. 5-6). LB 19 requires temporary body art facilities to be licensed. Licenses may be granted if all applicable requirements of the Cosmetology Act have been met and the facility has been inspected. Licenses will be valid for no more than 72 hours. (p. 13).

LB 19 would amend the licensing requirements under the Cosmetology Act by eliminating the English language proficiency requirement under the general licensing provision in Neb. Rev. Stat. 38-1062 and the nail technician licensing provisions in 38-10,128. (p. 8, 14). It moves manicuring under the Cosmetology Act by striking its exemption in Neb. Rev. Stat. 38-1075. It

also amends some language in the definition of manicuring and creates a definition for pedicuring. Finally, LB 19 updates the language in the Cosmetology Act to replace "color technology" with "cosmetic tattooing" in sections 3, 13, and 19.

LB 67 (Day) Change and eliminate definitions relating to school-based health centers under the Medical Assistance Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 67 would amend the definition of school-based health center for purposes of the Medical Assistance Act by striking the subsection in the definition that prohibits a school-based health center from dispensing, prescribing, or counseling for contraceptive drugs or devices. LB 67 would add a subsection in the definition to retain the provision in current law which prohibits a school-based health center from performing abortion services or referring or counseling for abortion services.

Additionally, LB 67 would strike the following subsections in the definition: the provision limiting school-based health services to school hours; the provision that prohibits a school-based health center from serving as a child's medical or dental home; and the provision limiting health services to medical health, behavioral and mental health, preventative health, and oral health.

LB 68 (Day) Change provisions relating to reimbursement for services provided by the federal Child Care Subsidy program

Status: IPP'd sine die

Committee Action: None

Summary: LB 68 would require the Department of Health and Human Services to amend the State Plan for Services to pay child care providers based on a child's enrollment rather than on a child's attendance.

LB 86 (Bostelman) Require registration for the prescription drug monitoring system

Status: IPP'd sine die

Committee Action: Advanced to General File with AM 212

Summary: LB 86 would amend the Uniform Credentialing Act and the Prescription Drug Monitoring System statute.

Beginning October 1, 2021 each prescriber or dispenser under the Uniform Credentialing Act will register with the Department of Health and Human Services (DHHS) for the prescription drug monitoring system. (Section 2 (1), p. 3).

DHHS will establish the registration system, and renewal of the registration shall be one condition for renewal of the credential. No fee shall be charged for registration. (Section 2 (2), p. 3).

Certain credential holders would be exempt:

- A credential holder who is not a prescriber or dispenser;
- A veterinarian;
- An active duty military member who does not practice in Nebraska;
- A retired credential holder who doesn't treat patients;
- A researcher who does not treat patients;
- A faculty member who does not treat patients; and
  Any other credential holder who does not treat patients. (Section 2 (3), p. 3).

Explanation of Amendment

AM 212 would introduce an emergency clause to the bill, and add new language.

The new language would state that the credential holder shall provide the Department of Health and Human Services (DHHS) with their credential number under the Uniform Credentialing Act, their drug enforcement administration number, and their national provider identifier. It also states DHHS would design their registration system to include identification of the credential by type and identification of clinical specialty.

LB 100 (Walz) Prohibit certain billing practices under the Medical Assistance Act, state intent regarding foster care reimbursement rates increases, and appropriate funds

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 100 would define "multiple procedure payment reduction" as a billing policy when full federal payment is paid for the highest rate procedure, and subsequent procedures provided to the same patient on the same day are paid at a reduced rate. It would mandate that multiple procedure payment reduction not be used under Medicaid as to services provided under physical therapy, occupational therapy, or speech-language pathology.

Explanation of Amendment

AM 1476, introduced by Senator Stinner, added a 2% increase to foster care reimbursement rates for fiscal years 2021-2022, and fiscal year 2022-2023, and appropriated funds.

LB 101 (Walz) Change the date for addition of long-term care services and supports under the medicaid managed care program

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 101 changed the date for The Department of Health and Human Services (DHHS) to be able to add long-term care services and supports to the Medicaid managed care programs from July 1, 2021 to July 1, 2023. Long-term care and supports include skilled nursing facilities, nursing facilities, assisted-living facilities, and home and community-based services.

LB 108 (McCollister) Change provisions relating to the Supplemental Nutrition Assistance Program

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 108 amends Neb. Rev. Stat. § 68-1017.02 to increase gross income eligibility from 130% to 185% of the federal poverty guidelines for the Supplemental Nutrition Assistance Program (SNAP) benefits.

McCollister AM 1082, adopted on Select File, lowered the gross income eligibility increase to 165% of the federal poverty guidelines and sunsets the increased eligibility threshold on October 1, 2023.

LB 121 (Hunt) Change provisions relating to eligibility for Supplemental Nutrition Assistance Program benefits

Status: IPP'd sine die

Committee Action: Advanced to General File

Summary: LB 121 would eliminate the current lifetime ban on SNAP for drug felons if certain requirements are met. LB 121 would amend Neb. Rev. Stat. § 68-1017.02(4)(a) to opt out of the provision in federal law which creates a lifetime ban on SNAP for persons convicted of a drug felony. LB 121 would also amend Neb. Rev. Stat. § 68-1017.02(4)(b) to limit SNAP participation for drug felons. Under the new language inserted into section (4)(b), a person convicted of a felony involving the possession, use, or distribution of a controlled substance would only qualify for SNAP if they had completed their sentence for the felony or are serving a term of parole, probation, or post-release supervision for such felony.

LB 127 (Cavanaugh) Provide for adjustments to payments to guardians of former state wards

Status: IPP'd sine die

Committee Action: None

Summary: LB 127 would provide that the Department of Health and Human Services may adjust the amount of guardian assistance payments upon request of the guardian. The guardian must provide documentation satisfactory to the department supporting the need for an adjustment. The adjustment may be based on a change in expenses for the child or a change in other family circumstances. Additionally LB 127 would provide that the department may also adjust such payments when a change in law or rules and regulations indicates the need for an adjustment.

LB 129 (McCollister) Change provisions relating to eligibility for services under the Medical Assistance Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 129 would amend the Medicaid eligibility statute to require the

Department of Health and Human Services (DHHS) to promulgate and adopt rules and regulations that allow a child under 19 years of age who is eligible for Medicaid to remain eligible without additional review, and regardless of changes to the child's income, until the anniversary of the date on which the child was determined eligible, the child becomes nineteen, or the child moves out of Nebraska, whichever is earlier.

LB 143 (Kolterman) Require notice to school districts regarding changes in child placement

Status: Enacted

Committee Action: Advanced to General File with AM 105

Summary: LB 143 requires the Department of Health and Human Services, an association, or an individual who has been awarded custody of a juvenile in Nebraska's child welfare system to send a copy of the notice of placement change to the school where the child is enrolled, if the child is of school age, at least seven days before the placement is changed to some other custodial situation. If a determination is made that it is not in the child's best interest to remain in the same school after a placement change, notice must also be sent to the new school where the child will be enrolled.

In the event of an emergency placement change, LB 143 requires that within 24 hours after court approval of the change, the department, association, or individual must file a report and notice of placement change to all interested parties, including all of the child's siblings that are known to the department and, if the child is of school age, the school where the child is enrolled or the new school where the child will be enrolled.

Explanation of Amendment

AM 105 amends the provision of LB 143 which, as introduced, would have required the department to file a report and notice of placement change within 24 hours after court approval of an emergency placement change. Under AM 105, the department must provide the notice, but not the report, within 24 hours. Additionally, AM 105 requires the notice to be provided to both the school where the child is enrolled and the new school where the child will be enrolled.

LB 183 (Hunt) Adopt the Sexual Assault Emergency Care Act and provide for a distance against a hospital's license

Status: IPP'd sine die

Committee Action: None

Summary: LB 183 was amended prior to the hearing with AM 163, which struck the provisions of the green copy and became the bill.

AM 163 would enact the Sexual Assault Emergency Care Act (Act). Section 2 of the Act would define terms used throughout. "Emergency care for a sexual assault survivor" would mean a medical examination, procedure, or service provided by a hospital to a sexual assault survivor following a sexual assault. "Emergency contraception" would mean a drug approved by the FDA to prevent pregnancy after intercourse. "Medically and factually accurate and objective"

would mean verified or supported by the weight of research conducted in compliance with accepted scientific methods and standards, standards of care recognized in statute, and recognized as objective and accurate by leading professional organizations and agencies with relevant expertise in the field of obstetrics and gynecology. "Sexual assault" would mean any sexual assault that involves sexual penetration as set forth in statute, or substantially similar conduct. (Section 2, p. 1).

A hospital that provides emergency care for sexual assault survivors would be required to:

- Provide the sexual assault survivor with medically and factually accurate oral and written information about emergency contraception;
- Provide the option to receive emergency contraception in the hospital; and
- Dispense a complete course of emergency contraception if the sexual assault survivor accepts or requests it.

Hospital personnel would be required to complete training regarding contraception, and hospitals that treat sexual assault survivors would need to develop policies and procedures to ensure compliance with the Act. (Section 3, p. 2).

Any complaints regarding compliance with the Act would be filed with the Department of Health and Human Services (DHHS), who would review the complaints and determine whether or not to conduct an investigation, using factors such as subject matter jurisdiction, good faith, timeliness, ability to testify, and whether information provided was sufficient to provide a reasonable basis to believe a violation occurred. The complaint would be confidential, and the complainant would be immune from criminal or civil liability of any nature. (Section 4, pp. 2-3, lines 24-17).

DHHS would report to the legislature biennially regarding number, nature, location, and ultimate determination of complaints. (Section 4, p. 3, lines 18-27).

AM 163 would also outline the process of notifying a hospital of violations of the Act, and the hospital's ability and options to contest that decision within fifteen days of notification. Procedure governing hearings authorized by the Act shall be in accordance with rules and regulations promulgated and adopted by DHHS. Any party may appeal a decision by DHHS in accordance with the Administrative Procedure Act. (Section 3, pp. 3-5, lines 18-30).

For the first substantiated complaint, DHHS shall issue a warning to the hospital and require them to correct what led to the complaint. For the second and subsequent substantiated complaints, DHHS shall impose a $1,000 fine on the hospital per violation of the Act, or $1,000 per month from the date of the complaint until the hospital provides training in compliance with the Act. (Section 4, p. 5, lines 1-16).

LB 202 (Pansing Brooks) Change provisions relating to transition of young adults to independence

Status: IPP'd sine die

Committee Action: None

Summary: LB 202 would expand eligibility for the Young Adult Bridge to Independence (B2I) program to juveniles who are in court-ordered out-of-home placement in the six months prior to attaining the age of 19 and who have been adjudicated as juveniles:

- to have committed a misdemeanor, infraction, or violation of city or village ordinance, other than a traffic offense;
- to have committed a felony; or
- by reason of being wayward or habitually disobedient, to be uncontrolled by their parent, guardian, or custodian; to be deporting themselves so as to injure or endanger seriously the morals or health of themselves or others; or to be habitually truant from home or school.

Additionally, LB 202 would provide that extended services and support provided under the B2I program shall include medical care under the medical assistance program for such newly-eligible participants who otherwise meet the eligibility requirements for medical assistance pursuant to state law or another medical assistance category under federal law.

Finally, LB 202 requires DHHS to submit a state plan amendment to seek federal IV-E funding for the newly eligible B2I participants.

LB 211 (Murman) Adopt the Reflexologist Registration Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 211 would amend the Uniform Credentialing Act and the Massage Therapy Practice Act.

LB 211 would include the Reflexologist Registration Act within the Uniform Credentialing Act and protect the job title of registered reflexologist. (Sections 1, 2, pp. 3, 5).

The Massage Therapy Practice Act would not be construed to include those practicing reflexology, who would be defined as those providing services limited to the application of specific pressure, by the use of the practitioner's hands, thumbs, and fingers to the soft tissue of the hands, feet, and outer ears, and which is not designated or implied to be massage or massage therapy. (Section 4, 7, pp. 6-7).

LB 211 would create a reflexologist registry, which the Department of Health and Human Services (DHHS) would ensure is operational by September 16, 2021, and which would be supervised and overseen by the Board of Massage Therapy. (Section 9, p. 7).

To register as a reflexologist, an individual would file an application with DHHS and pay the applicable fee. The application would include the name, address, and telephone number of the reflexologist, documentation of certification based upon completion of examination, and the expiration date of such certification. To maintain registration, the reflexologist must maintain certification with the applicable national board and provide evidence of good standing annually to DHHS. (Section 10, pp. 7-8).

LB 238 (McDonnell) Change provisions of the Ground Emergency Medical Transport Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 238 would amend the Ground Emergency Medical Transport Act to remove capitation payments and replace the capitation payments with a fee-for-service model.

It would define certified public expenditure as an expenditure of public funds for services provided pursuant to federal law – Section 1903(w) of the Social Security Act and 42 CFR 433.51. It would also remove the capitation payment definition. (Section 2, p. 2, lines 16-26). 42 CFR 433.51 states that public funds may be considered as the State's share in claiming federal participation if the funds expended are appropriated directly to the State or Medicaid agency, and the funds are not Federal funds or are Federal funds authorized to be used to match. Section 1903(w) of the Social Security Act details determining the amount paid to a State per quarter for Medicaid.

LB 238 would specify that the Department of Health and Human Services (DHHS) not incur unreimbursable costs, and that eligible providers or affiliates agree to reimburse the department for costs of implementing and administering a supplemental reimbursement program. DHHS shall develop a methodology and schedule for billing providers. It would strike language stating that revenue from the intergovernmental transfer program shall be deposited into the Health and Human Services Cash Fund. (Section 3, p. 3, lines 16-27).

The requirement to participate in the intergovernmental transfer program to be eligible for the supplemental reimbursement program would be removed. (Section 4, p. 4, lines 10-11).

Supplemental reimbursement would be given to providers based upon federally permissible actual and allowable costs, as opposed to a per-transport basis. (Section 5, p. 4, lines 28-29).

It would eliminate the intergovernmental transfer program and eliminate capitation payments and substitute a supplemental reimbursement program, and a fee-for-service model of payment. (Section 6, pp. 5-6, lines 3-21).

LB 238 would require DHHS to submit a state plan amendment to the Centers for Medicare and Medicaid Services (CMS) by September 15, 2021, and would implement the fee-for-service payment model retroactive to the first day of the calendar quarter allowable if the state plan amendment is approved. The department must limit the supplemental reimbursement program to allowable costs under federal law. (Section 8, pp. 7-8, lines 25-14).

LB 251 (M. Cavanaugh) Change the age for organ and tissue donation

Status: IPP'd sine die

Committee Action: None

Summary: LB 251 would amend the organ and tissue donation statute of the Motor Vehicle Operator's License Act, and the Revised Uniform Anatomical Gift Act by changing the age for an unemancipated minor to decide to become an organ or tissue donor from the age of

sixteen to the age of fourteen. The fourteen year old applicant would indicate on their application for driver's license or state identification card that he or she would like to be a donor.

LB 252 (Williams) Provide for refills of veterinary drug orders by veterinary drug distributors

Status: Enacted
Committee Action: Advanced to General File
Summary: LB 252 would amend the Veterinary Drug Distribution Licensing Act.

LB 252 would allow a veterinary drug distributor to refill and distribute a veterinary legend drug by a licensed veterinarian without prescriber's authorization if the prescriber is deceased and the drug is necessary for the animal's health. (Section 2 (1), p. 2).

It would limit the refill to only what is necessary, not to exceed 30 days; no dispensing would be allowed if the prescription states that no emergency refills are authorized; controlled substances would not be dispensed; and the bill would not require a refill, and protect from claims unless damages result from gross negligence. (Section 2 (2, 3, 4, 5), p.2).

LB 262 (Vargas) Provide for participation in the bridge to independence program by young adults not lawfully present in the United States

Status: IPP'd sine die
Committee Action: None
Summary: LB 262 would allow young adults who are not lawfully present in the United States to participate in the Bridge to Independence (B2I) program, including all its services and supports, if they otherwise met the eligibility criteria to participate in the B2I program.

Additionally, LB 262 would expand the medical care provisions under the Bridge to Independence Act to include B2I participants who are not lawfully present and all other B2I participants. Under current law, some B2I participants may not be eligible for Medicaid. LB 262 would provide that medical care shall be provided to a young adult under the B2I program pursuant to Title XIX or Title XXI of the federal Social Security Act if there is any category of eligibility under either of such titles for which the young adult qualifies. If a young adult is not eligible, medical care shall be provided to the young adult in the same manner as it was at the time such person was adjudicated, including, but not limited to, payment for such medical care from the state General Fund.

Finally, LB 262 would require DHHS to submit an application to the Centers for Medicare and Medicaid Services to amend the medicaid state plan to provide medical assistance to young adults participating in B2I program who are eligible for the medical assistance program and the federal Children's Health Insurance Program until the age of twenty-one years, including for those young adults who are not lawfully residing in the United States.

LB 296 (B. Hansen) Change provisions regarding access to patient records for Department of Health and Human Services institutions

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 296 would amend language relating to the records of patients in institutions under the jurisdiction of the Department of Health and Human Services.

Under current law, a patient's records of his or her time spent at the facility may be only accessible to DHHS, a legislative committee, the Governor, or certain other interested public or private agencies by order of a judge or court, in accordance with statutory requirements. Records are also released to the Nebraska State Patrol or victims of crimes in accordance with state law, to law enforcement if a crime occurs on the premises of an institution, upon request when a patient has been dead for fifty years or more, and to current treatment providers.

LB 296 would allow a mental health board to order a release of such records, and would allow records to be released to treatment providers for coordination of care related to transfer or discharge.

LB 306 (Brandt) Provide eligibility requirements for the low-income home energy assistance program

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 306 adds a new section of law to provide eligibility requirements for the low-income home energy assistance program (LIHEAP). For the purpose of determining eligibility of a household for LIHEAP, the Department of Health and Human Services (DHHS) shall apply a household total annual income level of 150% of the federal poverty level. Additionally, LB 306 requires DHHS to annually allocate at least 10% of available LIHEAP funds to weatherization assistance for eligible households.

LB 325 (Albrecht) Adopt the Art Therapy Practice Act

Status: IPP'd sine die

Committee Action: Advanced to General File with AM 527

Summary: LB 325 would amend the Uniform Credentialing Act, and include the Art Therapy Practice Act within the Mental Health Practice Act.

LB 325 would allow the Department of Health and Human Services (DHHS) to issue a certificate for a certified art therapist for licensed mental health practitioners. (Section 3, p. 4).

It would define accredited institutions as universities or colleges accredited by national accrediting agencies of institutions of higher learning or as a program approved by the American Art Therapy Association. (Section 6, p. 4).

A licensed professional art therapist would be defined as a person who has completed a master's or doctoral program in art therapy, and has been issued a license by the Board of Mental Health Practice for the independent practice of art therapy. (Section 8, p. 5). Under current law, the Board of Mental Health Practice does not issue credentials; it is an advisory board to DHHS' Public Licensure Unit. The Public Licensure Unit issues, suspends, and revokes credentials within the Uniform Credentialing Act.

The practice of professional art therapy would be defined as using visual art media and the creative process in the assessment, treatment, and remediation of various disorders. (Section 9, p. 5).

LB 325 would protect the title "licensed professional art therapist" for those who have been licensed by the Board of Mental Health Practice, and allow an exemption for graduate students in art therapy to practice professional art therapy under supervision (Section 10, 11, p. 5).

To become licensed, a professional art therapist would need to provide proof of successful completion of art therapy curriculum or proof of graduation with a four-year degree and two consecutive years as a student art therapist under supervision. He or she would also need to complete an examination approved by the Board of Mental Health Practice. (Section 12, p. 5-6).

If an applicant for licensure passed the examination more than three years prior to his or her application, he or she must prove he or she has completed continuing competency requirements approved by the Board of Mental Health Practice. If an applicant for licensure is applying based on credentialing in another jurisdiction, but he or she is not practicing at the time of application, he or she must submit proof of completing continuing competency requirements within the preceding three years. A military spouse may apply for temporary licensure. (Section 13, 14, p. 6).

DHHS may collect licensure fees. (Section 15, p. 6).

The act would become operative on January 1, 2022.

Explanation of Amendment

AM 527 would replace the green copy of LB 325.

It would amend the Uniform Credentialing Act to protect the "certified art therapist" title. It would also amend the legislative findings as it relates to mental health practitioners, to include art therapists as an associated certification with mental health providers. (Sections 1, 2, pp. 3, 4).

AM 527 would define "art media," "art therapy," and "certified art therapist," and would give examples of art therapy. Art media would mean the methods and materials used by an individual to create tangible representations of private experiences, thoughts and emotions. Such methods and materials would include traditional art making materials as well as crafts, found objects, and nontraditional materials that can be utilized to make personal art. Certified art therapist would mean a person certified to practice art therapy pursuant to the Uniform Credentialing Act and who holds a current certificate issued by the department. Art Therapy would include:

- appraisal activities;
- use of art media;
- strategic application of therapeutic interventions;
- use of art-making and verbal processing of produced imagery;
- implementation of treatment plans;
- adjustment of appraisal and evaluation techniques to meet multicultural and diversity issues;
- referral activities; and
- provision of consultation, crisis intervention, client advocacy, and education services to clients. (Sections 5, 6, 7, pp. 4, 5).

The American Art Therapy Association or the Commission on the Accreditation of Allied Health Education Programs would accredit master's degree programs in art therapy. (Section 8, p. 6).

Section 9 allows licensed and certified individuals to use either the "licensed art therapist" or "licensed independent art therapist" titles. (Section 9, p. 7).

Section 10 adds an approved educational art therapy program to the definition of mental health program. (Section 10, p. 8).

Section 11 adds a certified art therapist to the Board of Mental Health Practice. All other certified sub-specialties have two professional members on the board. (Section 11, p. 9).

Sections 12, 13, and 14 harmonize provisions in the Mental Health Practice Act to reflect art therapy provisions. (Sections 12, 13, 14, pp. 8-12).

Section 15 allows the Department of Health and Human Services (DHHS) to issue a certificate based on licensure in another jurisdiction as a certified art therapist if that person meets the art therapy requirements. (Section 15, p. 13).

Section 16 defines the qualifications of a certified art therapist. A qualified art therapist would provide a master's or doctoral degree in art therapy; provide proof of 3,000 hours of experience in art therapy, half of which must be direct client contact; and complete an application and pass an examination. It also lists qualified supervisors, and states that an applicant must have completed "not less than one-half" of the supervisory training requirements. The requirements must be completed under the supervision of a qualified supervised art therapist. If an applicant completes supervised experience in another state or jurisdiction, not less than one-half will be completed under a Board Certified Art Therapist who is credentialed from the Art Therapy Credentials Board. (Section 16, p. 13-14).

Section 17 allows for reciprocity of the art therapy credential, and allows a person already practicing art therapy to apply for a credential prior to January 1, 2022. (Section 17, p. 14-15).

Section 18 allows for a provisional certification as an art therapist, if the applicant has not obtained the required supervised experience hours. The provisional certification expires when the requirements are met for certification as a certified art therapist, or when five years have elapsed from the date of issuance, whichever comes first. (Section 18, p. 15).

Section 19 protects the titles "licensed art therapist" and "certified art therapist." It also states that nothing in the section should be construed to prevent individuals from using art and art materials consistent with their licensed scope of practice, so long as it is not represented as art therapy. (Section 19, p. 15-16).

Section 20 states an art therapist shall not disclose information gained in a consultation. (Section 20, p. 16).

Section 21 states that the Board of Mental Health Practice may appoint an art therapist advisory committee, which will develop recommendations for the Board of Mental Health Practice. (Section 21, p. 16).

Section 22 states that the State of Nebraska, any agency of the State of Nebraska doesn't have to hire only persons certified as art therapists. (Section 22, p. 17).

Section 23 harmonizes language regarding grounds for disciplinary action.

Section 24 makes the act operative on January 1, 2022; and Section 25 repeals the original statutes.

LB 328 (Arch) Change licensure application provisions under the Health Care Facility Licensure Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 328 would amend the Health Care Facility Licensure Act to require one member's signature of a limited liability company, instead of two, to apply for a license to operate a health care facility.

LB 351 (Linehan) Change provisions relating to quality scale ratings under the Step Up to Quality Child Care Act

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 351 inserts new language in the Step Up to Quality Child Care Act to provide that a participating applicable child care or early childhood education program in good standing operating under a provisional license due to a change in license type may be rated above a step one. Prior to the enactment of LB 351, a participating applicable child care or early childhood education program operating under a provisional license must be rated at step one.

LB 356 (Hunt) Change provisions relating to disqualification for the Supplemental Nutrition Assistance Program

Status: IPP'd sine die

Committee Action: None

Summary: LB 356 would amend Neb. Rev. Stat. § 68-1017.02 to opt out of the provision in federal law which permits states to disqualify individuals from Supplemental Nutrition Assistance Program (SNAP) benefits for failure to meet the requirements of another public assistance program, such as Temporary Assistance for Needy Families (TANF).

LB 374 (DeBoer) Adopt the Alzheimer's Disease and Other Dementia Support Act

Status: Enacted as part of LB 752

Committee Action: Advanced to General File with AM 1504; Provisions amended into LB 752

Summary: LB 374 would adopt the Alzheimer's Disease and Other Dementia Support Act. It would create the Alzheimer's Disease and Other Dementia Advisory Council (Council) under the jurisdiction of the Department of Health and Human Services (DHHS). (Section 3, p. 2).

The council would include eleven voting members appointed by the CEO of DHHS, including the following: 1) an individual living with a dementia disease or a family member of such individual; 2) an individual who is a family caregiver of an individual living with a dementia disease; 3) a nursing home representative; 4) an assisted-living facility representative; 5) an adult day care services provider representative; 6) a home care provider representative; 7) a medical professional experienced in diagnosing and treating Alzheimer's disease; 8) a researcher or Alzheimer's or other dementia; 9) a representative of a national advocacy organization for individuals with dementia diseases; 10) an area agency on aging representative; and 11) a representative of an organization that advocates for older adults. (Section 4, p. 2).

The council would include five non-voting members including the Director of Public Health or his or her designee; DHHS' Director of Medicaid and Long-Term Care or his or her designee; a representative from the State Unit on Aging; a representative of the Nebraska Workforce Development Board; and the state long-term care ombudsman or his or her designee. (Section 4, p. 3).

Council appointments would be made within 90 days, and would serve for a term of two years, serving without compensation. The council would meet at least quarterly. (Section 4 (2) (3) (4) and (6), p. 3).

DHHS and The Legislative Research Office would provide staff and support to the council as necessary. (Section 4 (7), p. 3)

The council would examine the needs of individuals living with a dementia disease, services available in the state for individuals and caregivers, and the ability of health care providers and facilities to meet those needs. The council would collaborate with DHHS to gather input and identify proactive approaches on an ongoing basis. (Section 5, p. 4).

The council would make findings and recommendations on topics including:

1. Trends in Alzheimer's and other dementia populations and service needs;
2. Existing resources, services, and capacity relating to diagnosis and care; and
3. Policies and strategies addressing numerous topics for those with Alzheimer's and other dementia including:
    a. Public awareness;
    b. Educating providers;
    c. Improving health care;
    d. Evaluating capacity;
    e. Increasing health care professionals;
    f. Improving home and community services;
    g. Improving long-term care;
    h. Assisting unpaid caregivers;
    i. Increasing and improving research;
    j. Promoting activities that maintain and improve brain health;
    k. Improving data collection;
    l. Improving public safety;
    m. Addressing legal protections; and
    n. Improving how the government evaluates and adopts policies assisting individuals. (Section 6, p. 5-6)

Within 18 months, the council would submit their findings to the Legislature and the Governor as a State Alzheimer's Plan. They would submit an annual status report on implementation of the plan to the Legislature and Governor by October 1. Every four years, the council would issue an updated State Alzheimer's Plan. (Section 7, p. 6)

Explanation of Amendment

AM 1504 would remove language referencing appointment to the council by the CEO of DHHS, and would replace that language with "Governor." It would also change service terms from two years to four years, and allow for one four year reappointment. AM 1504 would also change who presides over the first meeting, from the CEO of DHHS or her designee to the Director of Public Health or designee. Finally, it removes the requirement that the office of Legislative Research provide staff and support to the council.

LB 376 (M. Cavanaugh) Require application for and implementation of federal approval for services and supports for children with developmental disabilities and their families and require evaluations and reports

Status: Enacted

Committee Action: Advanced to General File with AM 1307

Summary: LB 376 would amend the statute relating to the Advisory Committee for Developmental Disabilities and add new language relating to a pilot program.

LB 376 would add new language regarding legislative findings, stating in part that early intervention has been shown to help children with developmental delays, children with disabilities often need supports outside of school, family caregivers are less costly than

institutional settings, and providing support to family caregivers allows them to stay in the workforce and use their primary insurance as a first payer. (Section 1, pp. 2-3, lines 1-15).

It would also require that the Department of Health and Human Services (DHHS) apply for a waiver for a family support pilot program, administered by the Division of Developmental Disabilities (DDD). This pilot program would do the following:

- Offer an annual capped budget for long-term services and supports of $12,000;
- Offer Medicaid eligibility for disabled children based on a child's income and assets; and
- Allow a family to self-direct services. (Section 2, p. 3, lines 16-31).

DHHS would adopt and promulgate rules and regulations regarding criteria of services, how to allocate services, eligibility determination, benefit limits, and quality assurance. DDD would need to stay within the appropriated budget, submit an annual report to the Legislature, and establish annual benefit levels. (Section 2, p. 4, lines 1-26).

The child must be a resident of Nebraska, the income and assets of the child must not exceed certain levels, and the child must be a child with a medically determinable physical or mental impairment or combination that causes severe functional limitations and can be expected to cause death or can be expected to last for at least one year. (Section 3, pp. 4-5, lines 27-6).

The waivers slots shall be given priority in the following order, based on appropriations:

1. Disabled children and family unites in crisis situations where the child tends to self-injure or injure family members;
2. Disabled children who are at risk for placement in juvenile detention centers or out-of-home placement;
3. Disabled children whose primary caregivers are grandparents;
4. Families with more than one disabled child residing in the home; and
5. Date of application under the pilot program. (Section 4, p. 5, lines 7-21).

The Advisory Committee on Developmental Disabilities would develop and guide implementation of the program. (Section 5, p. 6, lines 18-20).

<u>Explanation of Amendment</u>

AM 1307 replaces LB 376 and becomes the bill.

Differences from the original bill include removing references to the family support program as a "pilot program," (throughout) and requiring the Department of Health and Human Services (DHHS) to apply for specifically a three-year 1915(c) Medicaid waiver. The amendment would change the amount available to families from $12,000 to $10,000, and would limit the participants to 850 individuals or families. (Section 2, p. 2).

It would also add language stating that the family support program would be set at an intermediate care facility institutional level of care. (Section 2, p. 3, lines 6-9).

It adds language that DHHS shall adopt rules and regulations relating to the enrollment process and eligibility determination including a child's maximum income and assets. (Section 2, p. 3, lines 15-17).

In an annual report to the Legislature, DHHS' Division of Developmental Disabilities must include the status of the waiting list for comprehensive waiver and other applicable waivers. They would also include the number and demographics of children with disabilities who were not found eligible and why they were not found eligible. (Section 2, p. 3-4, lines 25-27; 31-3).

It would add language that to be eligible for services and support, the child shall be determined to meet the intermediate care facility institutional level of care criteria set forth in the amendment. (Section 3(4), p. 4, lines 21-23).

New language would also require DHHS to collaborate with a private nonprofit, if private funding is available, to complete an independent evaluation of the family support program. (Section 5, p. 5, lines 23-30).

New language would also add intent language related to American Rescue Plan Act (ARPA) funds relating to Home and Community Based Services (HCBS). In ARPA, Section 9817, there is a 10% increase to the federal matching assistance percentage (FMAP) provided to HCBS services from March 2021 to April 2022. This amendment would state that it is the intent of the legislature to use those funds to eliminate unmet needs relating to HCBS services for Developmental Disabilities as much as is possible; and that those funds be used to partially fund the family support program. (Section 2(b)(c), pp. 2-3, lines 29-7).

Explanation of Amendment

AM 1707 contains amended provisions of LB 1004. Specifically, a date was changed for reporting requirements on the developmental disability system evaluation from December 31, 2022 to December 31, 2023.

AM 1707 also states the family support waiver program will not go into effect until it is approved by the federal Center for Medicare and Medicaid Services. DHHS must amend its application or pursue other mechanisms to obtain approval of the waiver program if the application is denied.

LB 390 (Murman) Provide for credentials based on reciprocity and change requirements for credentials under the Uniform Credentialing Act

Status: Enacted

Committee Action: Advanced to General File with AM 447

Summary: LB 390 would amend the Uniform Credentialing Act to allow Nebraska to offer an equivalent credential to applicants applying for credentialing based on credentialing in another state.

LB 390 would remove the residency requirement to obtain a temporary license in Nebraska. (Section 2, p. 4, line 10.)

LB 390 states it would provide a supplemental method of issuing a credential for occupations under the Uniform Credentialing Act, based on reciprocity. An individual who meets the requirements of section 3 shall be issued a credential. If an individual is credentialed in another state, U.S. territory, or the District of Columbia, he or she may apply for an equivalent credential in Nebraska. The occupational board would determine the appropriate level of credential for which the applicant qualifies. The Department of Health and Human Services (DHHS) would issue the credential. The credential issued would not be valid for interstate compact or reciprocity provisions. (Section 3, pp. 4-5, lines 25-14).

DHHS would determine what documentation the applicant must provide with regards to the following categories:

- The credential currently held in another jurisdiction;
- The validity of such credential, held for at least one year;
- Educational requirements;
- Work experience and clinical supervision requirements;
- The passage of an examination;
- That the credential is not or has not been revoked or voluntarily suspended;
- That the credential has not been subject to disciplinary action, or that such action has been resolved appropriately; and
- Receipt of a passing score on a credentialing examination specific to Nebraska law. (Section 3, pp. 5-6, lines 6-7, 15-8).

An applicant would not be eligible for a credential if the applicant fails to submit the above documentation, or if the applicant had a credential revoked or voluntarily surrendered due to unprofessional conduct; if there is a pending disciplinary case for unprofessional conduct; or if there is a disqualifying criminal history. (Section 3, p. 6, lines 9-21).

The credential holder would be subject to the Uniform Credentialing Act regarding scopes of practice. (Section 3, p. 6, lines 22-25).

The following credentials would not be subject to reciprocity under this act:

- Athletic Training;
- Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art;
- Environmental Health Specialists;
- Funeral Directing and Embalming;
- Genetic Counseling;
- Massage Therapy;
- Veterinary; and
- Water Well Standards and Contractors. (Section 3, pp. 6-7, lines 26-1).

The credential holder must also be 19 or older, a citizen of the United States or authorized to work, and must provide documentation that shows the applicant is of good character. (Neb. Rev. Stat. Section 38-129).

<u>Explanation of Amendment</u>

AM 447 amends language to provide that the Department of Health and Human Services (DHHS) shall determine the credentialing level of the applicant with the recommendation of the appropriate advisory board.

The credential holder applying based on this new supplemental reciprocity would need to provide documentation that their credential is not subject to disciplinary action, based on unprofessional conduct or conduct that would subject the credential holder to disciplinary actions based on Nebraska law. It would also clarify that disciplinary action applies to all levels of credentialing, and not simply licensure.

AM 447 would also add new language that states an applicant under this new supplemental reciprocity shall establish residency within 180 days.

An applicant would be ineligible for credentialing based on this supplemental reciprocity if they had been subject to other disciplinary action in any jurisdiction for unprofessional conduct.

It would also strike language regarding credential holders the supplemental reciprocity does not cover, and would insert language regarding credential holders the reciprocity does cover. Those credential holders would be those credentialed under:

- The Advanced Practice Registered Nurse Practice Act
- The Certified Nurse Midwifery Practice Act
- The Certified Registered Nurse Anesthetist Practice Act
- The Clinical Nurse Specialist Practice Act
- The Dentistry Practice Act
- The Dialysis Patient Care Technician Registration Act
- The Emergency Medical Services Practices Act
- The Medical Nutrition Therapy Practice Act
- The Medical Radiography Practice Act
- The Nurse Practitioner Practice Act
- The Optometry Practice Act
- The Perfusion Practice Act
- The Pharmacy Practice Act
- The Podiatry Practice Act
- The Psychology Practice Act
- The Surgical First Assistant Practice Act
- Acupuncturists and Physician Assistants under the Medicine and Surgery Practice Act

Credential holders excluded from reciprocity in the green copy of the bill remain excluded in the amendment, a chart of which is attached.

All professions under the Uniform Credentialing Act, except optometrists, athletic trainers, podiatrists, environmental health specialists, funeral directors, water well professions, and professions under the cosmetology act and veterinary medicine act had some credentialing requirements waived during the pandemic by executive order.

LB 392 (Stinner) Adopt the Prescribing Psychologist Practice Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 392 would amend the Uniformed Controlled Substances Act, the Automated Medication Systems Act, the Prescription Drug Safety Act, the Pharmacy Practice Act, and would incorporate the introduced Prescribing Psychologist Practice act into the Psychology Practice Act.

Sections 9 through 17 of LB 392 would define terms used throughout the Prescribing Psychologist Practice Act. "Prescribing psychologist" would mean a licensed psychologist who holds a valid prescription certificate or provisional prescription certificate. "Licensed psychologist" does not include persons holding a provisional license or a special license, unless otherwise stated in the Act. A "prescription certificate" would mean a certificate to exercise prescriptive authority pursuant to the Act. "Prescriptive authority" would include authority to order, prescribe, discontinue, administer, and provide samples of psychotropic medication. "Psychotropic medication" would mean any drug or controlled substance (other than opiates) recognized in or customarily used for the management of a mental, nervous, emotional, behavioral, substance abuse, or cognitive disease or disorder. For purposes of the Act, a "supervising physician" would mean a person licensed to practice medicine and surgery or osteopathic medicine and surgery who prescribes psychotropic medication in the normal course of the person's medical practice. (pp. 14-15).

The collaborative practice agreement between a prescribing psychologist and a supervising physician would establish protocols and practice guidelines relevant to the prescribing psychologist practice, and not the autonomous practice of psychology. The Department of Health and Human Services (DHHS) would adopt rules and regulations pertaining to practice guidelines in collaborative agreements and protocols for prescribing to special populations. (Section 18, p. 15).

Licensed psychologists would not be able to prescribe without a prescription certificate, unless they serve in the armed forces and their practice is limited to that service. (Section 19, pp. 15-16).

To obtain a provisional prescription certificate, a licensed psychologist must:

- Possess a doctoral degree in psychology and hold an unrestricted license;
- Complete a postdoctoral degree in clinical psychopharmacology from an accredited university that meets certain requirements;
- Pass a national psychopharmacology exam within the two years immediately prior to application;
- Complete a practicum in clinical assessment within the three years immediately prior to application;
- Complete a practicum focused on treating patients with mental disorders within the three years immediately prior to application;
- Have adequate malpractice insurance;
- Possess certification in Basic Life Support; and

- Submit a proposed supervision plan, which includes information about the supervising physicians, backup supervisors, and supervising sessions which involve a minimum of 4 hours of supervision per month. (Section 20, pp. 16-17).

There would be numerous requirements an institution must meet for a postdoctoral psychopharmacology degree to be considered valid for prescription certificate purposes, including offering a clinical psychopharmacology program with at least four hundred fifty hours of education in specific instruction areas. The requirements for a practicum in clinical assessment and pathophysiology would include direct observation and hands-on training with a supervising physician, involving over four hundred patient-encounters, after which the applicant must show evidence of competency in various areas. The requirements for a practicum focused on treating patients with mental disorders would include, amongst others, spending four hundred hours focused on treating no fewer than 100 patients with mental disorders, and completing it in six months to three years. (Sections 21-23, pp. 17-20).

A licensed psychologist must hold a provisional prescription certificate for two years before applying for a prescription certificate. While holding a provisional prescription certificate, a prescribing psychologist would be subject to supervision, which would include documentation from the supervising physician that the prescribing psychologist has safely prescribed medicine and demonstrated competency. A prescribing psychologist with a provisional prescription certificate shall evaluate a minimum of 100 separate patients, and spend at least one year prescribing with a specialized population (if planning to practice with that population), before applying for a regular prescription certificate.

To obtain a prescription certificate, a licensed psychologist would have to:

- Hold an unrestricted license in Nebraska;
- Hold a provisional prescription certificate;
- Successfully complete two years with prescription authority under a supervising physician pursuant to a supervision plan;
- Maintain adequate malpractice insurance; and
- Be certified in Basic Life Support. (Sections 25-26, pp. 21-22).

A psychologist licensed in another jurisdiction may apply for a prescription certificate based on licensure or credentialing in another jurisdiction if the applicant meets the criteria for having prescriptive authority; or based on ten-years of experience with prescriptive authority in another jurisdiction, verified by the Board of Psychology. (Section 27, pp. 22-23).

Both a provisional prescription certificate and a prescription certificate are valid for two years. A provisional prescription certificate may be renewed for an additional two year period subject to approval, and also would expire upon receipt of a prescription certificate. Forty hours of continued competency are required for each two-year period to renew a prescription certificate. A licensed psychologist holding a provisional prescription certificate must inform the public and his or her patients of the provisional status of his or her license. (Sections 28-31, pp. 23-24).

The Board of Psychology would adopt rules and regulations related to ordering and interpreting laboratory studies by prescribing psychologists. Laboratory studies and other medical diagnostic

procedures may be ordered to diagnose, or monitor side effects associated with psychotropic medication. (Section 33, pp. 24-25).

A prescribing psychologist would limit practice to the areas of competence gained through education, training, and experience; and shall not include prescribing for chronic pain, or non-psychiatric illnesses. Prescribing psychologists shall not perform medical procedures. A prescribing psychologist would need to maintain ongoing communication with a patient's primary health care practitioner, including a summary of the treatment plan and follow-up reports, and the prescribing psychologist would only prescribe in consultation and collaboration with the patient's primary health care provider and with the primary health care provider's concurrence, unless an emergency exists. Communication shall be at least semiannually. (Sections 34-35, pp. 26-27).

A prescribing psychologist could not prescribe to a patient with certain other independent medical conditions, unless agreed with by the patient's primary care provider. The prescribing psychologist could not prescribe to himself or herself, or members of his or her immediate family or household. (Sections 36-37; pp. 27-28).

It would be violation of the Prescribing Psychologist Practice Act to prescribe medication or represent himself or herself as a prescribing psychologist, and doing so would constitute a Class II misdemeanor and violation of the Act. Falsely filing another's diploma or license as one's own, or forging an affidavit of identification would constitute a Class IV felony. (Section 39, p. 28).

LB 392 also creates the Prescribing Psychologist Advisory Committee, dictates the make-up of the committee, when the committee shall convene, and what topics the committee shall advise the board about. (Sections 40-41, pp. 28-30).

LB 400 (Arch) Change requirements related to coverage of telehealth by insurers and medicaid

Status: Enacted

Committee Action: Advanced to General File with AM 200

Summary: LB 400 would amend statutes in the Nebraska Telehealth Act and in the Insurance chapter.

LB 400 would allow for audio-only telehealth to be used in delivery of behavioral health services, and would postpone the written consent requirement to deliver telehealth services. (Section 1, p. 2).

It would also allow services to originate from any location where the patient is located. (Section 2, p. 3).

With regards to written consent, currently a patient has to give written consent prior to the telehealth consultation. LB 400 would allow a patient to give verbal consent during the consultation and provide written consent within 10 days of the consultation.

Explanation of Amendment

AM 200 to LB 400 would amend language to state that "Telehealth also includes audio-only services for the delivery of individual behavioral health services for an established patient, when appropriate, or crisis management and intervention for an established patient as allowed by federal law"

LB 401 (Arch) Change references to state hospitals

Status: Enacted

Committee Action: Advanced to General File with AM 59

Summary: LB 401 would amend statutes related to state institutions operated by the Department of Health and Human Services.

The bill would remove language stating "the state hospital established in Adams County shall be known as the Hastings Regional Center." (Section 1, p. 2).

The bill would also clarify language designating the Hastings Regional Center as a state institution, but not necessarily a state hospital. (Section 2, p. 2).

The Hastings Regional Center would no longer be designated as a state hospital, though it would still remain a state institution under the jurisdiction of the Department of Health and Human Services.

Explanation of Amendment

AM 59 to LB 401 would remove any mention to the Hastings Regional Center in Neb. Rev. Stat. Section 83-363. The current bill states that the Hastings Regional Center is a state institution, but removes its status as a state hospital.

The Hastings Regional Center is still currently listed as a state institution in Neb. Rev. Stat. Section 83-107.1. Neither the amendment nor the bill would change that designation in that statute.

LB 411 (Lathrop) Require sharing of information with the designated health information exchange and change provisions related to the Health Information Technology Board

Status: Enacted

Committee Action: Advanced to General File with AM 584

Summary: LB 411 would amend the Health Information Exchange statute to require certain defined health care facilities to participate in the Health Information Exchange. A health care facility is defined as:

- An ambulatory surgical center;
- An assisted living facility;
- A center or group home for the developmentally disabled;

- A critical access hospital;
- A general acute hospital;
- A health clinic;
- A hospital;
- An intermediate care facility;
- An intermediate care facility for persons with developmental disabilities;
- A long-term care hospital;
- A mental health substance use treatment center;
- A nursing facility;
- A PACE center;
- A pharmacy;
- A psychiatric or mental hospital;
- A public health clinic;
- A rehabilitation hospital; or
- A skilled nursing facility. (Neb. Rev. Stat. Section 71-413).

On or before September 30, 2021, these health care facilities would share clinical information, including patient health information as defined in policies adopted by the Health Information Technology Board. Any connection established between the facility and Health Information Exchange by July 1, 2021 will be at no cost to the facility. (Section 1 (3), pp. 2-3).

On or before September 30, 2021 each health care payor would need to participate in the Health Information Exchange, and would share health information determined by policies adopted by the Health Information Technology Board. (Section 1 (4), p. 3).

A health care payor is defined as, but not limited to:

- An insurer;
- A health maintenance organization;
- Medicare or Medicaid;
- A legal entity which is self-insured and provides health care benefits for its employees; or
- A person responsible for administering the payment of health care expenses for another person or entity. (Neb. Rev. Stat. Section 25-21,247)

<u>Explanation of AM 584</u>

AM 584 would replace the green copy of LB 411 and become the bill.

AM 584 differs from the green bill in that it breaks subsection 3 down into subsections. It clarifies that clinical information includes information captured in health care facilities' existing electronic records.

AM 584 would state that on or before September 30, 2021, each health care facility shall participate in the health information exchange through sharing of clinical information, which includes clinical data that the health facility already captures as permitted by law. Patient information shared with the health information exchange as determined by the Health Information Technology Board must be provided in accordance with HIPAA and other law. If a relationship is established by July 1, 2021, there will be no cost to the participating health care

facility. A health care facility may apply annually to the HIT Board for a waiver based on technological hardship.

It would remove subsection (4) regarding health care payors and insert new language stating that on or before January 1, 2022, each health insurance plan shall participate in the health information exchange. Health insurance plan would include the following, if not preempted by federal law:

- Any group or individual sickness and accident insurance policies;
- Health maintenance organization contracts;
- Subscriber contracts;
- Employee medical, surgical, or hospital care benefit plans; and
- Self-funded employee benefit plans.

Health insurance plan would not include the following:

- Accident-only, disability-income, hospital confinement indemnity, dental, hearing, vision, or credit insurance;
- Coverage issued as a supplement to liability insurance;
- Insurance as a supplement to Medicare;
- Worker's compensation insurance;
- Automobile medical payment insurance;
- Insurance policies that provide coverage for a specified disease or any other limited benefit coverage; and
- No-fault statutorily required liability insurance.

It enumerates the health care facilities which are included, and excludes assisted-living facilities, nursing facilities, and skilled nursing facilities.

It also specifies that the Health Information Technology board shall not require a health care facility to purchase or contract for an electronic records management system or service.

Explanation of AM 1043

AM 1043 was introduced by Senator Lathrop and attached to LB 411 on select file.

AM 1043 exempts a state-owned or operated facility from the requirement to participate in the Health Information Exchange (HIE). It also removes group homes for the developmentally disabled, and intermediate care facilities for persons with developmental disabilities. Patients can opt-out of the HIE, except with regards to mandatory public health requirements. Furthermore, the board's authority to direct data shall only apply to requests submitted to the Health Information Technology Board after September 1, 2021. The HIE and DHHS shall enter into an agreement for how to use medicaid data no later than September 30, 2021.

LB 413 (Wishart) Require coverage of medications for substance use disorder treatment and addiction medicine services under the Medical Assistance Act

Status: IPP'd sine die
Committee Action: None
Summary: LB 413 would amend the Medical Assistance Act to require that substance use disorder treatment medications be covered under Medicaid. (Section 2, p. 2).

LB 413 would require that Medicaid include all current and new formulations and medications approved by the federal Food and Drug Administration (FDA) for the treatment of substance use disorder on Medicaid's preferred drug list. (Section 3, p. 5).

The managed care organizations of Nebraska would be required to provide coverage for substance use disorder treatment, or make other arrangements to ensure a beneficiary obtains covered benefits. (Section 3, p. 5).

Substance use disorder treatment would not be subject to the following:

- Annual or lifetime dollar limits;
- Limitations to a predesignated facility, duration of stay, or days of coverage;
- Financial requirements or treatment limitations that do not comply with federal law;
- Strategies that interfere with a recommended course of treatment by a licensed physician or health care provider;
- Prior authorization for medications related to substance use disorder treatment or for cognitive, mental health, or behavioral health medications or services prescribed as well.

LB 416 (M. Cavanaugh) Require implicit bias training under the Uniform Credentialing Act and provide for duties and funding relating to postpartum care and maternal health
Status: IPP'd sine die
Committee Action: None
Summary: LB 416 would amend the Uniform Credentialing Act and the Medical Assistance Act to require medical and healthcare professionals to complete implicit bias training to address unconscious biases, and provide for Medicaid coverage for postpartum care for women.

LB 416 would require that those practicing in the medical, therapeutic, or mental health fields complete an implicit bias training program approved by the Department of Health and Human Services (DHHS) prior to licensure, and annually thereafter. (Section 2, p. 3; Section 3, p. 4). The licensed professionals subject to annual training requirements would be practitioners in the following fields:

- Medicine and surgery;
- Advanced practice nursing;
- Alcohol and drug counseling;
- Athletic training;
- Audiology;
- Speech-language pathology;
- Chiropractic;
- Dentistry;

- Dental hygiene;
- Emergency Medical Services;
- Genetic Counseling;
- Hearing instrument dispensing and fitting;
- Massage therapy;
- Medical nutrition therapy;
- Medical radiography;
- Mental health practice;
- Nurse midwifery;
- Nursing;
- Occupational therapy;
- Optometry;
- Osteopathy;
- Perfusion;
- Pharmacy;
- Physical Therapy;
- Podiatry;
- Psychology;
- Respiratory care; and
- Surgical assisting.

Implicit bias training is a program that exposes unconscious prejudices or partialities, and provides tools to adjust automatic patterns of thinking to eliminate discriminatory behaviors. (Section 3, p. 4).

LB 416 would require the Nebraska Perinatal Quality Improvement Program to develop and provide instruction regarding health screenings for maternal health conditions, with specific information to the health of minority women. (Section 4, p. 5).

LB 416 would also mandate DHHS apply for an 1115 demonstration waiver to provide for 12 months postpartum care for women, and provide Medicaid eligibility for 12 months for postpartum women with a family income of less than 185% of the federal poverty level. (Section 6, p. 7; Section 7, p. 8).

A doula would be defined as a person who provides educational, emotional, and physical support to a pregnant woman or new mother during pregnancy, labor, and postpartum. Doula services would be reimbursable under Medicaid. (Section 8 (2), (3), p. 10).

It would also create the Maternal Health Care Cash Fund, to fund programs related to maternal health and identify maternal health care disparities, to be administered by DHHS, to be funded by the Legislature, gifts, grants, public funds, and private funds. Appropriations from the Maternal Health Cash Fund would consist of the following:

- $23 Million for fiscal year 21-22 or until the proposed 1115 demonstration waiver is approved, to Medicaid to extend postpartum care to 12 months;

- $2 Million annually to the Women's Health Initiative of Nebraska for a grant program to fund local organizations specializing in improving maternal health outcomes in minority and low-income communities;
- $500,000 annually to Medicaid for doula services reimbursement;
- $150,000 annually for data abstractors under the Child and Maternal Death Review Act
- $125,000 annually to the Nebraska Perinatal Quality Improvement Collaborative; and
- $800 one-time for software changes to the Medicaid eligibility system. (Section 9, pp. 10-12)

LB 418 (Murman) Adopt the Solemn Covenant of the States to Award Prizes for Curing Diseases Compact

Status: IPP'd sine die

Committee Action: None

Summary: LB 418 would have Nebraska join the Solemn Covenant of the States to Award Prizes for Curing Diseases Compact (Cure Diseases Compact). If an individual finds a cure for a disease, they would transfer the patent and intellectual property to the Solemn Covenant of the States Commission to claim a monetary prize. Payment responsibility by the compacting states begins one year after the cure becomes widely available, and compacting states must make annual payments equal to the actual one-year savings in public health expenses for the disease, until the state has fulfilled its share of the prize responsibility. Once the cure is accepted, the commission would obtain a loan in the amount equal to the most recent estimate of the five-year health expenses related to the disease in all compacting states. Non-compacting states would have to pay a royalty fee, which may be redistributed back to compacting states.

Article I of the Cure Diseases Compact would define certain terms. Public Health Expenses would be defined as the amount of all costs paid by taxpayers in a specific geographic area relating to a particular disease. (Article I, p. 1, lines 2-17).

Article II of the Compact would establish the Solemn Covenant of the States Commission (Commission). Each state in the compact would be represented by one member – the representation mechanics (who, how appointed, qualification) would be left to the state. (Article II, p. 2, lines 18-31).

Article III of the Compact would outline the powers of the Commission, which include:

- Adopting bylaws and rules;
- Receive and review treatments and therapeutic protocols for the cure of diseases;
- Make widely available a cure treatment or therapeutic protocol upon a prize winner's transfer of intellectual property rights;
- Establish a selling price for the cure, not to exceed the combined costs of the manufacture, distribution, licensing, and governmental expenses, plus royalty fees;
- Establish and collect royalty fees in non-compacting states, which shall not exceed the estimated five-year savings in public health expenses for that state or country;
- To use such royalty fees towards the payment of the prize or distribute back to the compacting states;

- Bring or prosecute legal proceedings;
- Borrow, accept, and contract for personnel services;
- Hire employees and appoint officers;
- Accept donations and grants;
- Lease, purchase; or accept gifts of property, and also to sell, convey, or mortgage it;
- Monitor compacting states for compliance;
- Enforce compliance of compacting states with the Commission's bylaws;
- Provide for dispute resolution among compacting states;
- Establish a budget and make expenditures;
- Borrow money;
- Appoint committees;
- Establish annual membership dues, used for daily expenses and not interest or prize payments; and
- Perform other appropriate functions. (Article III, pp. 2-5, lines 3-26).

Article IV details the processes for meetings and voting, pursuant to the bylaws to be adopted by the Commission. Two-thirds of the members must vote in favor of awarding a prize for a treatment. (Article IV, pp. 5-6, lines 28-19).

Article V prescribes the subject matter of the bylaws that must govern the commission. Bylaws must include a way for the federal government and foreign governments to join the Compact. (Article V, pp. 6-8, lines 20-12).

Article VI outlines the subject matter of rules that the Commission must adopt. Those rules must include:

- The methods for determining whether a prize should be awarded for a cure;
- Criteria for defining and classifying diseases for which prizes shall be awarded;
- A list of ten enumerated diseases for which to create prizes, based on severity, survival rate, and public health expenses;
- Cures must be approved by the FDA, yield a significant increase in survival, and require less than one year of treatment to cure the disease;
- Estimated five-year public health savings, updated every three years;
- The prize amount, which is equal to the most recent five-year public health savings of all compact states plus any donations;
- The prize winner must transfer to the Commission all patent and intellectual property relating to the cure in exchange for the prize;
- Donation amounts intended for the prize will be kept in an separate, interest-bearing account maintained by the Commission;
- Each compacting state shall have the responsibility to pay annually the compacting states one-year savings in public health expenses if a prize is awarded, beginning one year after the cure becomes widely available;
- States may meet prize responsibilities by any method, including issuing bonds;
- The commission may award a partial prize for a partial cure;
- Procedures for sharing records and information with federal and state agencies, including law enforcement;
- Commission review of submitted treatment and therapeutic protocols; and

- Recognizing the goal of the compact is to pool the potential savings of as many states and countries as possible, while adhering to uniform ethical standards. (Article VI, pp. 8-14, 14-13).

Article VII details the Committees of the Commission, including advisory committees and a management committee. (Article VII, pp. 14-15, lines 15-22).

Article VIII states the financing aspects of the Commission, including establishment of a budget. The Commission would be tax exempt in all the compacting states. (Article VIII, pp. 15-16, lines 25-2).

Articles IX, X, and XI outline records, compliance, and venue respectively. (Pp. 16-17, lines 21-19).

Article XII details qualified immunity, defense, and indemnification of the Commission and its officers, members, employees, and representatives. They shall be immune from suit or claim in the scope or reasonable belief the actions were in the scope of their duties unless there is intentional or willful and wanton misconduct. The Commission will defend and indemnify those individuals. (Article XII, pp. 17-18, lines 21-23).

Article XIII states that the Compact becomes effective and binding once two states enact it into law, but the Commission will be established when six states enact it into law. (Article XIII, p. 18, lines 27-31).

Article XIV states how a state may withdraw from the Compact, and outlines Default and Expulsion procedures. A compacting state may withdraw by repealing the Compact and notifying the Commission of the intent to withdraw on a date that is three years after the date the notice is sent and after the repeal takes effect. If a compacting state defaults on their responsibilities, its benefits, privileges, and rights will be suspended. The compact may dissolve upon Commission vote or if withdrawal of a state reduces membership to one compacting state. (Article XIV, pp. 19-21, lines 10-16).

Articles XV and XVI state that the provisions of the Compact are severable, and that the compacting state agrees to the binding effect of the Compact. (Pp. 21-22, lines 18-23).

LB 425 (Health and Human Services Committee) Require the Department of Health and Human Services to complete a needs assessment and cost analysis for an inpatient adolescent psychiatric unit

Status: Enacted as part of LB 428

Committee Action: Amended into LB 428

Summary: LB 425 requires the Department of Health and Human Services (DHHS) to contract for the completion of a needs assessment and cost analysis for the establishment of an inpatient adolescent psychiatric unit housed within the Lincoln Regional Center. DHHS is required to contract with an outside consultant with expertise in needs assessment and cost analysis of health care facilities for the completion of the needs assessment and cost analysis.

The department is required to submit a report with the results of the study to the Health and Human Services Committee and the Clerk of the Legislature on or before December 15, 2021.

LB 427 (Health and Human Services Committee) State intent that substance abuse and behavioral health treatment for juveniles by the Department of Health and Human Services not be delayed

Status: Enacted as part of LB 428

Committee Action: Amended into LB 428

Summary: LB 427 states the Legislature's intent that that no institution at which DHHS provides inpatient or subacute substance abuse or behavioral health residential treatment for juveniles under the jurisdiction of a juvenile court shall delay such treatment to a juvenile when such treatment has been determined necessary after placement at a youth rehabilitation and treatment center (under subsection (2) of section 43-407) or has been ordered by a juvenile court.

LB 428 (Health and Human Services Committee) Changes provisions relating to juvenile services under the jurisdiction of the Department of Health and Human Services

Status: Enacted

Committee Action: Advanced to General File with AM 566

Summary: LB 428 provides that the education programs at the youth rehabilitation and treatment centers must be able to award relevant and necessary credits toward high school graduation that will be accepted by any public school district in Nebraska and that juveniles committed to the YRTCs are entitled to receive an appropriate education equivalent to educational opportunities offered within the regular settings of public school districts across the State of Nebraska. Additionally, LB 428 provides that each youth rehabilitation and treatment center shall maintain accreditation by the State Board of Education as provided in section 79-703 to provide an age-appropriate and developmentally appropriate education program.

<u>Explanation of Amendment</u>

AM 566 incorporates LB 429, LB 570, LB 425, and LB 427 into LB 428. The provisions of LB 429 require DHHS to provide quarterly updates to the Health and Human Services Committee regarding any substantial changes which have occurred or are planned to the YRTC facilities and programs.

The provisions of LB 570 required the Legislature to complete an evaluation of the State's privatization of child welfare case management services in the Eastern Service Area by December 31, 2021. The bill authorized the Legislature to hire a consultant to assist in completing the evaluation.

The provisions of LB 425 required the Department of Health and Human Services to contract for the completion of a needs assessment and cost analysis for the establishment of an inpatient adolescent psychiatric unit housed within the Lincoln Regional Center. The bill required DHHS to submit a report with the results of the study to the Health and Human Services Committee by December 15, 2021.

The provisions of LB 427 state the Legislature's intent that that no institution at which DHHS provides inpatient or subacute substance abuse or behavioral health residential treatment for juveniles under the jurisdiction of a juvenile court shall delay such treatment to a juvenile when such treatment has been determined necessary after placement at a youth rehabilitation and treatment center (under subsection (2) of section 43-407) or has been ordered by a juvenile court.

LB 429 (Health and Human Services Committee) Require notification by the Department of Health and Human Services to the Legislature prior to implementation of substantial changes to facilities and programs under the Office of Juvenile Services

Status: Enacted as part of LB 428

Committee Action: Amended into LB 428

Summary: As introduced, LB 429 required the Department of Health and Human Services (DHHS) to notify the Legislature prior to implementing any substantial changes to the facilities and programs under the jurisdiction of the Office of Juvenile Services (OJS). DHHS is prohibited from implementing any substantial changes until the conclusion of the earliest regular session of the Legislature in which there has been a reasonable opportunity for legislative consideration of such proposed changes. Legislative consideration includes, but is not limited to, the introduction of a legislative bill, a legislative resolution, or an amendment to pending legislation relating to such facilities or programs.

The language enacted as part of LB 428 does not include the prohibition on implementing substantial changes until there has been opportunity for Legislative consideration, but rather requires DHHS to provide quarterly updates to the Health and Human Services Committee regarding any substantial changes which have occurred or are planned to the YRTC facilities and programs.

LB 436 (B. Hansen) Change provisions of the Athletic Training Practice Act.

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 436 would amend the Athletic Training Practice Act.

LB 436 would amend the definition of "athletic trainer" by striking the original definition, and defining it as a "health care professional who is licensed to practice athletic training under the Athletic Training Practice Act and who, under guidelines established with a licensed physician, performs the functions outlined in section 38-408 except as otherwise provided in subsection (5) of section 38-408." (Section 3, p. 2)

"Condition" would be defined as a disease, illness, or injury; "Impression" would be defined as a summation of information or opinion formed as an outcome of the examination; and "Injuries or Illnesses" would be defined as common conditions related to exercise, athletic activities, or activities requiring strength, agility, flexibility, speed, or stamina for which athletic trainers are trained and educated to provide care for. (Sections 4, 5, 6, pp. 2-3).

The original scope of practice of athletic trainers would be stricken, and new language would include:

- Prevention and wellness promotion;
- Examination, assessment, and impression;
- Immediate and emergency care, including administration of emergency drugs prescribed by a physician;
- Therapeutic intervention or rehabilitation of injuries and illnesses;
- Therapeutic modalities such as physical or mechanical modalities, water, heat, light, sound, cold, and electricity; and
- Health care administration. (Section 7, p. 3, lines 6-21).

The scope of practice would not include the use of joint manipulation or thrust, or procedures intended to result in joint cavitation (cracking joints). (Section 7, pp. 3-4, lines 29-2).

The Board of Athletic Training would adopt rules and regulations regarding administering emergency drugs, and regarding the use of dry needling. (Section 7, p. 3, lines 22-28).

If athletic training is provided in a hospital outpatient department or clinic, he or she must get a referral, and the athletic trainer must ensure medical documentation is complete. It must include:

- Documentation of the initial examination, assessment, and impression;
- Documentation of periodic reexamination;
- A plan of care in accordance with diagnosis and instruction or protocol;
- Changes in the patient's condition;
- Follow-up visits and billing; and
- Discharge documentation, including patient response. (Section 7, p. 4, lines 3-31).

An athletic trainer may not prescribe medications. (Section 7, p. 5, lines 6-8).

Individuals other than athletic trainers would be allowed to perform the physical modalities of athletic training. (Section 8, p. 5, lines 21-25).

LB 436 also would remove an internship path to licensure for licensee applicants who graduated after January 1, 2004. (Section 9, pp. 5-6, lines 3-26).

Explanation of AM 499

AM 499 was introduced by Senator Ben Hansen on General File. It allowed for dry needling; ensured the Department of Health and Human Services - not the Board of Athletic Training - would adopt and promulgate rules and regulations; disallowed APRNs from being able to refer to athletic trainers in a hospital setting; and clarified that documentation would not be "medical" documentation.

Explanation of AM 2157

AM 2157 was introduced by Senator Ben Hansen on Select File. It stated that the application of heat, cold, air, water, or exercise shall not be restricted by the Athletic Training Practice Act.

LB 437 (B. Hansen) Change provisions relating to public assistance and medicaid fraud

Status: IPP'd sine die

Committee Action: Advanced to General File with AM 665

Summary: LB 437 would amend the criminal procedure code as it relates to statutes of limitations and the Medical Assistance Act as it relates to provisions regarding the Medicaid Fraud Control Unit.

The criminal procedure code would be amended to change the amount of a violation of the Medical Assistance Act statute regarding Medicaid fraud from $500, to more than $500. The change would apply to offenses prior to the effective date of the bill, provided the statute of limitations has not run. (Section 1, p. 4, line 3; Section 1, p. 6).

LB 437 would also include residents as well as patients who receive medical assistance payments within the jurisdiction of the Medicaid Fraud Control Unit. (Section 2, p. 6; Section 3, p. 7; Section 4, p. 8).

Currently, the records of a non-Medicaid patient receiving services from a provider participating in the medical assistance program cannot be reviewed by the Attorney General without the patient's written consent or a court order. LB 437 would make those records available to the Attorney General. (Section 3, p. 7).

LB 437 would also change provisions regarding penalties for Medicaid or economic assistance fraud, or any benefit administered by the Department of Health and Human Services (DHHS). If the aggregate value of funds or benefits is $500 or less, the person would be guilty of a Class II misdemeanor. Fraud in the amount of more than $500, but less than $1,500 would constitute a Class I misdemeanor. It would also add a higher tier of penalty if the fraud is in an amount of $5,000 or more; which would constitute a Class IIA felony.

Current law states fraud in the amount of less than $500 is a Class IV misdemeanor, fraud in the amount of $500 to $1,500 is a Class III misdemeanor, and caps the fraud amount at $1,500 or more, which is a Class IV felony.

Explanation of Amendment

AM 665 would amend LB 437 by inserting new language. By striking "person, including vendors and providers" and inserting "recipient" on page 8, line 16, the amendment specifically enumerates that recipients of medical assistance and social services would commit an offense if they illegally obtain or attempt to obtain assistance, commodities, payments, or benefits to which they are not entitled.

The new subsection (2) would specify that vendors or providers who commit the same acts would be guilty of an offense.

The new language in subsection (3) would state that a recipient of medical assistance or social services would be guilty of a Class IV misdemeanor if the aggregate value is $500 or less; a

Class III misdemeanor if the aggregate value is between $500 and $1,500; or a Class IV felony if the aggregate value is above $1,500. This would mirror what is currently in statute.

Therefore, the enhanced penalties in the new subsection (4), which is subsection (2) in the green copy of the bill, would apply only to vendors and providers of medical assistance and social services.

LB 447 (Cavanaugh) Change provisions relating to immunization under the Child Care Licensing Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 447 would require programs licensed under the Child Care Licensing Act to exclude a child from attendance until proof of certain immunization or medical certification that immunization is not appropriate is presented.

LB 447 would strike the provision in current law which allows the parent or guardian of a child enrolled in a child care program to satisfy the immunization requirements under the child care licensing act by presenting a written statement that the parent or guardian does not wish to have such child so immunized and the reasons therefor. As amended by LB 447, the immunization requirements could only be satisfied by (1) proof that the child is protected by age-appropriate immunization, or (2) certification by a physician, an advanced practice registered nurse practicing under and in accordance with his or her respective certification act, or a physician assistant that immunization is not appropriate for a stated medical reason. The program must exclude a child from attendance until such proof or certification is provided.

LB 476 (Blood) Change provisions relating to the Stroke System of Care Act

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 476 would amend the Stroke System of Care Act and a statute relating to consistent release of medical record and health information from registries in Nebraska.

LB 476 would require the Department of Health and Human Services (DHHS) to maintain a statewide stroke data registry, require stroke centers to report data consistent with national guidelines, encourage sharing of information and data among health care providers on improving quality of care for stroke patients, and facilitate communication and analysis of health information and data among health care professionals caring for stroke patients. (Section 2 (1), p. 2).

DHHS would also establish a data oversight process for stroke response and treatment, and provide for the analysis of data generated by the stroke registry and provide for the identification of potential interventions. (Section 2 (2), p. 2)

All data collected or developed from the Strokes System of Care Act registry would be subject to statutory regulations concerning registry data. (Section 2 (3), p. 2-3).

LB 476 would also include the statewide stroke data registry as a "medical record and health information registry." (Section 3, p. 3-4).

LB 485 (DeBoer) Change provisions relating to child care assistance

Status: Enacted

Committee Action: Advanced to General File with AM 764

Summary: LB 485 increases the income eligibility limit both for the initial qualification for child care assistance and for transitional child care assistance under the Child Care Subsidy program, as well as the income eligibility limit for child care assistance on a cost-share basis through the cash assistance program.

LB 485 increases the income eligibility limit for the determination of initial eligibility for child care assistance under the Child Care Subsidy program from 130% to 185% of the federal poverty level.

LB 485 provides that funds provided to the State of Nebraska through the Child Care and Development Block Grant Act of 1990 shall be used to implement the increased eligibility for child care assistance under the Child Care Subsidy program. If such funds are insufficient to implement the increase, LB 485 provides that Temporary Assistance for Needy Families (TANF) funds may also be used.

In addition to increasing initial eligibility, LB 485 increases the income eligibility limit for transitional child care assistance under the Child Care Subsidy program from 185% to 200% of the federal poverty level. LB 485 changes only the income eligibility limit at renewal time. The eligibility limit during the certification period remains at 85% of the state median income for a family of the same size.

Section 2 of LB 485 relates to the provision of child care assistance through the cash assistance program. LB 485 increases eligibility for cash assistance for work-related child care expenses on a cost-share basis from 185% to 200% of the federal poverty level. Under LB 485, when a family is no longer eligible for cash assistance, they may still receive work related child care expenses on a cost-share basis if the family's income does not exceed 200% of the federal poverty level.

<u>Explanation of Amendment</u>

AM 764 sunsets the expanded eligibility period for the Child Care Subsidy program at the end of fiscal year 2023-24, at which time the income limit for initial eligibility would return to 130% of the federal poverty level and the income limit for transitional assistance eligibility would return to 185% of the federal poverty level. The expanded eligibility for child care assistance through the cash assistance program is also sunset at the end of fiscal year 2023-24.

Additionally, AM 764 provides that DHHS shall collaborate with a private nonprofit organization with expertise in early childhood care and education for an independent evaluation of the income eligibility changes made by the bill, if private funding is made available for such purpose. The evaluation shall be completed by December 15, 2023.

LB 490 (M. Cavanaugh) Require youth rehabilitation and treatment centers to obtain a license from the Division of Public Health

Status: IPP'd sine die

Committee Action: None

Summary: LB 490 would require each youth rehabilitation and treatment center to obtain a license from the Division of Public Health of the Department of Health and Human Services to operate such facility.

LB 491 (M. Cavanaugh) Change and eliminate provisions relating to lead agencies, pilot projects, and service areas for certain social services

Status: Enacted as part of LB 1173

Committee Action: Amended into LB 1173

Summary: LB 491 would terminate the Department of Health and Human Services' (DHHS) authority to contract with another entity for child welfare case management.

Currently under Nebraska law, child welfare case managers must be employees of DHHS, with the exception that the department can contract with a "lead agency" for a "case management lead agency model pilot project" in the Eastern Service Area. Neb. Rev. Stat. § 68-1212. LB 491 would strike the statutory authority for such a contract and provide that such a lead agency shall not be reinstated by DHHS on or after October 1, 2021.

Additionally, LB 491 strikes references to the lead agency model pilot project in sections of statute related to:

- the family finding services pilot project;
- DHHS's electronic data collection system;
- DHHS child welfare reporting requirements;
- service area survey and reporting requirements;
- caseload requirements; and
- case manager training.

Further LB 491 outright repeals certain sections which relate specifically to the lead agency model pilot project or are obsolete, including the sections of statute related to:

- DHHS monitoring and reporting requirements with respect to the pilot project;
- a 2012 evaluation of the child welfare system to be commissioned by DHHS; and
- a 2014 evaluation of the lead agency model pilot project to be commissioned by the Legislature.

LB 494 (M. Cavanaugh) Direct the Department of Health and Human Services to apply for grants to establish and maintain a health care insurance claims and payment information database

Status: IPP'd sine die
Committee Action: None
Summary: LB 494 would require the Department of Health and Human Services (DHHS) to apply for grants to establish and maintain a health insurer claim database. (Section 1, p. 2, lines 1-5).

DHHS and the University of Nebraska Medical Center College of Public Health (UNMC) would establish and maintain a database of claims and payment information from health insurers. The database would be accessible from DHHS' website and could include the following:

- Tracking information about health care utilization, quality, and cost;
- Monitoring the success and efficiency of initiatives to improve health care and population health;
- Analyzing variations in health care costs and illness burden;
- Supporting quality improvement efforts; and
- Promoting accountability for state Medicaid contracts.

LB 495 (Hilkemann) Require the Department of Health and Human Services to implement an increase in foster care reimbursement rates
Status: IPP'd sine die
Committee Action: None
Summary: LB 495would require the Department of Health and Human Services (DHHS) to implement the reimbursement rate increase recommended by the Foster Care Reimbursement Rate Committee in its June 22, 2020 report on or before July 1, 2021.

Current and Proposed Daily Rates

Age	Essential	Proposed Essential	Enhanced	Proposed Enhanced	Intensive	Proposed Intensive
0–5	$20.40	$22.26	$28.05	$29.76	$35.70	$37.26

6–11	$23.46	$27.06	$31.11	$34.56	$38.76	$42.06
12–18	$25.50	$28.73	$33.15	$36.23	$40.80	$43.73

LB 495 would also state legislative findings regarding the foster care system. These findings include:

- A stable payment to foster parents is important to ensure that families are able to budget for needs while caring for foster children;
- The foster care system has begun to stabilize as a result of the consistent support from the state;
- The report from the Foster Care Reimbursement Rate Committee demonstrates increased costs of raising a child above the foster care reimbursement rates as of July 1, 2020; and
- Costs have increased for child-placing agencies providing foster care support services.

Additionally, LB 495 would state legislative intent regarding foster care reimbursement rates. It is the intent of the Legislature to:

- Increase rates for foster parents and foster care providers utilizing data from the report to the Legislature by the Foster Care Reimbursement Rate Committee, dated June 22, 2020, pursuant to section 43-4217, to ensure that providers of these services can continue serving children in Nebraska;
- Continue existing contractual arrangements for payment to ensure the continued stabilization of the foster care system in Nebraska;
- Ensure that fair foster care reimbursement rates continue into the future to stem attrition of foster parents and to recruit, support, and maintain high-quality foster parents;
- Ensure that foster care reimbursement rates accurately reflect the cost of raising a child in the care of the state;
- Ensure that contracted foster care service provider agencies do not pay increased rates out of budgets determined in contracts with the Department of Health and Human Services prior to any change in rates; and
- Maintain comparable foster care reimbursement rates to ensure retention and recruitment of high-quality foster parents and to ensure that the best interests of the children are served.

Finally, LB 495 would strike obsolete language regarding the development of a pilot project to implement the standardized level of care assessment tools and reporting requirements regarding the pilot project.

LB 516 (McKinney) Change provisions relating to self-sufficiency contracts and work activity requirements under the Welfare Reform Act

Status: IPP'd sine die

Committee Action: Advanced to General File with AM 577

Summary: LB 516 would amend the Welfare Reform Act to allow applicants for the Aid to Dependent Children (ADC) program to satisfy the work activity requirement through remote or online coursework.

Under LB 516, DHHS would be required to utilize self-attestation to verify participation in such remote or online coursework. The department would be permitted to review or audit the information provided by the applicant to confirm the required participation if the information provided by the applicant in a self-attestation is questionable.

Explanation of Amendment

AM 577 strikes the requirement that DHHS utilize self-attestation to verify participation in remote or online coursework. AM 577 provides that DHHS shall very participation as follows:

(1) through an electronic tracking system, such as an applicant's electronic log-in and log-out records from the educational institution, to verify actual time spent completing remote or online coursework;
(2) through attendance timesheets indicating the actual time an applicant spent completing remote or online coursework signed by the applicant and a representative of the educational institution; or
(3) if the foregoing options are not feasible, through reports to an applicant's case manager. Under this option, the applicant must have weekly contact with their case manager and must report daily hours spent on the coursework, including information on attendance and progress in class. Additionally, the applicant must submit any midterm and final grades to the case manager. If the applicant fails to demonstrate satisfactory progress, the applicant is not allowed to use case manager documentation and must verify coursework hours through electronic tracking or attendance timesheets.

LB 533 (Day) Change provisions relating to public assistance

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 533 amends section 68-1201 to extend the exclusion of up to $4,000.00 in income received for participation in grant-funded research on the impact that income has on the development of children in low-income families when determining eligibility for Temporary Assistance of Needy Families (TANF), the low-income home energy assistance program (LIHEAP), the Supplemental Nutrition Assistance Program (SNAP), and the child care subsidy program.

Under subsection (5) of section 68-1201 as currently enacted, this exclusion is set to sunset on December 31, 2022. LB 533 extends the sunset date to December 31, 2026. Additionally, LB

533 strikes the four-year maximum for this exclusion and replaces it with an eight-year maximum to account for the extended sunset date.

LB 541 (Walz) Provide for reimbursement for certain foster care services

Status: Enacted as part of LB 1173

Committee Action: Advanced to General File with AM 1518; Amended into LB 1173

Summary: LB 541 would require the Division of Children and Family Services (CFS) of the Nebraska Department of Health and Human Services (DHHS) to implement a fourth tier of reimbursement for specialized caregiving as recommended by the Foster Care Reimbursement Rate Committee (FCRRC) in its June 22, 2020 report to the Legislature and to implement FCRRC's reimbursement rate recommendation for treatment family care in the same report. Additionally, LB 541 would require the Division of Medicaid and Long-Term Care of DHHS to implement the same rate recommendation for treatment family care services.

LB 541 inserts a new subsection (2) in section 43-4215 to provide that it is the intent of the Legislature to create an additional level of caregiving for youth in foster care and to implement treatment family care services as reported to the Legislature in the June 22, 2020, Foster Care Reimbursement Rate Committee report.

Further, LB 541 inserts a new subsection (3) in section 43-4215 to state legislative findings, including that:

- there is a need for consistency in the implementation of a fourth tier of caregiving across the state;
- the fourth tier of caregiving and reimbursement exists in the continuum of foster care services available in Nebraska, however, there is a variation in the rates, implementation and outcomes;
- the use of a fourth tier of rates outside of the established rate structure can create barriers to permanency for children entering adoption and guardianship; and
- the fourth tier of caregiving should be utilized to support the exceptional caregiving needs of children outside the first three tiers of caregiving.

Additionally, LB 541 inserts a new subsection (4) in section 43-4215 to state legislative findings, including that:

- additional treatment services are needed to support the behavioral and mental health needs of youth who are at risk of, or stepping down from, congregate treatment placement; and
- treatment family care services uses blended funding to support caregivers and prevent placement disruption.

LB 541 inserts a new subsection (5) in section 43-4215 to provide that on or before July 1, 2021, the Division of Children and Family Services of the Nebraska Department of Health and Human Services shall implement a fourth tier of caregiving statewide as the specialized level of care, with standardized rates for foster parents and child placing agencies as reported to the Legislature by the Foster Care Reimbursement Rate Committee in its June 22, 2020 report.

Proposed Specialized Level of Care Rates

Age	Proposed Specialized Rate
0–5	$77.75
6–11	$82.55
12–18	$84.22

LB 541 inserts a new subsection (6) in section 43-4215 to provide that on or before July 1, 2021, the Division of Children and Family Services of the Nebraska Department of Health and Human Services shall implement the reimbursement rate recommendation of the Foster Care Reimbursement Rate Committee for treatment family care as reported to the Legislature in its June 22, 2020 report.

Finally, LB 541 inserts new language in section 68-1210 to provide that on or before July 1, 2021, the Division of Medicaid and Long-Term Care of the Department of Health and Human Services shall implement the reimbursement rate recommendation of the Foster Care Reimbursement Rate Committee for treatment family care services as reported to the Legislature in its June 22, 2020 report.

The Foster Care Reimbursement Rate Committee's recommended rate for treatment family care is $108.95 per day ($762.64 per week).

Explanation of Amendment

AM 1518 strikes the original sections of LB 541 and becomes the bill. AM 1518 requires the Division of Children and Family Services, in collaboration with the Foster Care Reimbursement Rate Committee, to implement additional statewide tiers of foster care reimbursement for specialized care giving with standardized rates by October 1, 2022. Additionally AM 1518 requires the Division of Medicaid and Long-Term Care and the Division of Children and Family Services to develop a plan to implement treatment family care services by October 1, 2022 and submit the plan to the Health and Human Services Commission and the Nebraska Children's Commission. Finally, AM 1518 requires that the Division of Medicaid and Long-Term Care implement treatment family care services by October 1, 2023. The Department of Health and Human Services must seek to maximize federal funding for the program, prior to utilizing state Medicaid funds

LB 554 (Blood) Adopt the Licensed Professional Counselors Interstate Compact

Status: Enacted as part of LB 752

Committee Action: Advanced to General File with AM 10; Amended into LB 752

Summary: LB 554 would adopt the Licensed Professional Counselors Interstate Compact (LPC-IC) and require the Health and Human Services Committee to prepare an amendment harmonizing the provisions of state law consistent with the adoption of the LPC-IC. (Section 1, p. 2, lines 1-4).

The LPC-IC contains 15 sections. Section 1 of the LPC-IC contains the objectives of the LPC-IC, and defines the practice of counseling to be where the client is located at the time services are provided. Goals include increasing access, supporting military spouses, allowing for telehealth, and providing opportunity, among others. (Section 1 LPC-IC, pp. 2-3, lines 9-6).

Section 2 of the LPC-IC defines terms used throughout the Compact. "Professional Counseling" is defined as the assessment, diagnosis, and treatment of behavioral health conditions by a Licensed Professional Counselor. "Licensed Professional Counselor" is defined as a counselor licensed by a Member State, regardless of the title used by that State, to independently assess, diagnose, and treat behavioral health conditions. (Section 2, LPC-IC, p. 5, lines 7-9; 20-22).

Section 3 of the LPC-IC outlines a state's participation in the LPC-IC. A state must currently license professional counselors, require licensees to pass a nationally recognized exam, have a master's degree in counseling or a graduate degree including sixty hours in various topics, require licensees to complete supervised postgraduate professional experience as defined by the Commission, and have a mechanism for complaints about licensees. It would also require fingerprinting, and full implementation of a background check requirement. An applicant for a home state license must meet the home state's qualifications for licensure. (Section 3 LPC-IC, pp. 6-8, lines 10-26).

Section 4 of the LPC-IC discusses the privilege to practice, using a person's home state license. To use one's home state license to practice in a remote member state, the licensee must have a valid license in the home state, had no restriction on that license or a privilege to practice in the last two years, pay applicable fees, meet continuing competency requirements of the home state and jurisprudence requirements in a remote member state, and report any adverse action taken by a non-member state within 30 days. The privilege to practice is valid until the home state license expires. A licensee using privilege to practice to provide services in a remote state must adhere to laws and regulations of the remote state. It also outlines timeframes for losing the privilege to practice in remote states due to adverse actions against the license by the home state or other remote states. (Section 4 LPC-IC, pp. 8-10, lines 15-10).

Section 5 of the LPC-IC outlines the process for obtaining a new home state license based on privilege to practice, such as if the licensee moves from one member state to another. A licensee may only use the privilege to practice in one member state at a time. (Section 5 LPC-IC, pp. 10-11, lines 7-19).

Section 6 of the LPC-IC states that active duty military personnel or their spouses designate a home state where the individual has a current license in good standing, and may maintain home state designation for as long as they are on active duty. (Section 6 LPC-IC, p. 11, lines 20-27).

Section 7 of the LPC-IC states that member states shall recognize the right to practice Professional Counseling via telehealth, subject to the remote state's laws. (Section 7 LPC-IC, pp. 11-12, lines 28-6).

Section 8 of the LPC-IC outlines the process for taking adverse actions, including allowing remote states to take adverse actions against a licensee's privilege to practice in that state. (Section 8 LPC-IC, pp. 12-14, lines 7-6).

Section 9 of the LPC-IC establishes the Counseling Compact Commission, and outlines membership, voting, meetings, powers, the executive committee and its duties, financing of the Commission, and qualified immunity, defense, and indemnification. The Commission may levy and collect an annual assessment from member states or impose fees and promulgate rules binding to the member states. Representatives of the Commission would be immune from suit personally or in their official capacity in actions reasonably believed to be within the scope of Commission employment, except for intentional, or willful and wanton misconduct of that person. (Section 9 LPC-IC, pp. 14-20, lines 7-23).

Section 10 of the LPC-IC outlines the LPC-IC data system and information that it must contain. The Commission shall develop and maintain a reporting system that contains licensure, adverse actions, and investigative information on all licensed individuals in all member states. (Section 10 LPC-IC, pp. 20-21, lines 24-23).

Section 11 of the LPC-IC outlines the rulemaking process for the Commission, including notice of proposed rulemaking meetings, public hearings, and criteria for adoption of an emergency rule. (Section 11 LPC-IC, pp. 21-24, lines 24-27).

Section 12 of the LPC-IC outlines oversight, dispute resolution, and enforcement of the LPC-IC. All courts shall take judicial notice of the LPC-IC and its rules in any judicial or administrative proceeding in a member state. If a state defaults in its obligations under the LPC-IC, the Commission may terminate the state from the Compact. A terminated state is responsible for all assessments, obligations, and liabilities incurred through the effective dates of termination, and responsible for obligations that extend beyond the effective date of termination. The Commission may also bring legal suit against a state. (Section 12 LPC-IC, pp. 24-27, lines 28-3).

Section 13 of the LPC-IC states that the Compact does not become effective until 10 states enact the LPC-IC. If a state withdraws from the LPC-IC by repealing it, it does not take effect until six months after enactment of the repealing statute. No amendment to the LPC-IC shall be binding on any member state until it is enacted into law by all member states. (Section 13 LPC-IC, pp. 27-28, lines 4-1).

Section 14 of the LPC-IC allows for severability of provisions, and Section 15 states that licensees must follow the laws and regulations, including scope of practice, of the state in which they are practicing. Any state laws conflicting with the Compact are superseded by the LPC-IC. (Sections 14, 15 LPC-IC; p. 28, lines 2-31).

<u>Explanation of Amendment</u>

AM 10 to LB 554 harmonizes language throughout Nebraska's statutes. If statutes make a reference to a licensed mental health practitioner, it adds language allowing for an individual holding a privilege to practice in Nebraska. (Throughout)

AM 10 also adds language from the Nebraska Association of Trial Attorneys regarding qualified immunity present in our other Compacts. (AM 10, p. 27, lines 19-30).

LB 569 (Pansing Brooks) Provide for certain treatment options for patients with Lyme disease

Status: IPP'd sine die

Committee Action: Advanced to General File

Summary: LB 569 would introduce language that states if a licensed physician under the Uniform Credentialing Act diagnoses a patient with Lyme disease, the physician may prescribe long-term antibiotic therapy. Long-term antibiotic therapy means longer than four weeks. It would also define Lyme disease.

LB 570 (Health and Human Services Committee) Change certain Department of Health and Human Services model pilot project evaluation periods

Status: Enacted as part of LB 428

Committee Action: Amended into LB 428

Summary: LB 570 required the Legislature to complete an evaluation of the State's privatization of child welfare case management services in the Eastern Service Area by December 31, 2021. The bill authorized the Legislature to hire a consultant to assist in completing the evaluation.

LB 583 (Murman) Require electronic prescriptions for controlled substances

Status: Enacted

Committee Action: Advanced to General File with AM 116

Summary: LB 583 would amend the Uniform Controlled Substances Act (Neb. Rev. Stat. Sections 28-414 and 28-414.01), the Uniform Credentialing Act (Neb. Rev. Stat. Section 38-101), and the Pharmacy Practice Act (Neb. Rev. Stat. Sections 38-2870 and 38-2891).

LB 583 would mandate that all prescriptions of a Schedule II, III, IV, or V drug be electronically prescribed, from the prescriber to a pharmacy, in accordance with state law. It also enumerates the following exceptions:

- For veterinarians;
- Where e-prescribing is temporarily not available;
- Prescriptions to out-of-state pharmacies;
- Where the prescriber and dispenser are the same;
- Drugs including elements not supported by the National Council for the Prescription Drug Program (NCPDP) SCRIPT Standard;

- Drugs including elements which the FDA says cannot be e-prescribed;
- A non-patient-specific prescription, with limitations;
- Research protocol drugs;
- Exceptional circumstances or hardships;
- Impracticality or delay; or
- Drugs that require compounding

A pharmacist who receives a written, oral or faxed prescription would not need to verify it fell into one of the above exceptions, and prescriber violations would not be grounds for disciplinary action under the UCA.

Explanation of Amendment

AM 116 would postpone the date for compliance for dentists until January 1, 2024.

It would remove new language stating "The prescriber's software vendor responsible for such transmission shall, for each controlled substance prescription that is transmitted electronically, report such prescription to the statewide health information exchange described in section 71-2455 in a format specified by the statewide health information exchange."

It would remove exemptions for prescriptions issued to out-of-state pharmacies and mail-order prescriptions, along with prescriptions dispensed by a pharmacy located out-of-state.

LB 592 (Stinner) Change provisions of the Automated Medication Systems Act

Status: Enacted

Committee Action: Advanced to General File with AM 237

Summary: LB 592 would amend the Automated Medication Systems Act to allow an assisted-living facility co-located with a long-term care facility to obtain drugs dispensed from the long-term care facility's automated pharmacy.

Explanation of Amendment

AM 237 to LB 592 would amend language to clarify that medications dispensed from an automated medication system dispensed for a resident of an assisted-living facility co-located with a long-term care facility must be pursuant to a prescription. (AM 237, lines 4-6).

It would also state that "Emergency doses may not be taken from an automated medication system prior to review by a pharmacist for residents of an assisted-living facility co-located with a long-term care facility." (AM 237, lines 1-4). This differs from removal of emergency doses for residents in a hospital or nursing facility.

LB 609 (Hilgers) Change provisions relating to the Uniform Credentialing Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 609 would amend language in the approved courses of study statute of the Uniform Credentialing Act. It would strike the words "which are" in the sentence "The department shall maintain a list of approved courses of study for the professions which are regulated by the Uniform Credentialing Act."

LB 626 (Vargas) Change provisions of the Child and Maternal Death Review Act

Status: Enacted as part of LB 741

Committee Action: Advanced to General File with AM 642

Summary: LB 626 separates the State Child and Maternal Death Review Teams into (1) the State Child Death Review Team and (2) the State Maternal Death Review Team. The bill provides for the membership of each team, requires DHHS to provide a team data abstractor for each team, and provides new duties for the State Maternal Death Review Team.

Core Members of Both Teams

Under LB 626, the core members serve on both teams. The core members are: (1) a physician employed by DHHS, who shall be a permanent member and shall serve as the chairperson of the team, (2) a forensic pathologist, (3) a law enforcement representative, (4) a mental health provider, and (5) an attorney. The core team shall submit an annual report to the Legislature on or before each December 31.

Members of the State Child Death Review Team

Required members of the State Child Death Review Team include (1) the Inspector General of Nebraska Child Welfare and (2) a senior staff member with child protective services of DHHS. The remaining members may include (1) a county attorney, (2) an FBI agent responsible for investigations on Native American reservations, (3) a social worker, and (4) members of organizations which represent hospitals or physicians.

Members of the State Maternal Death Review Team

The members appointed to the State Maternal Death Review Team may include (1) county attorneys, (2) representatives of tribal organizations, (3) social workers, (4) medical providers, and (5) community advocates. In appointing members to the State Maternal Death Review Team, the CEO of DHHS may appoint a chairperson and shall consider members working in and representing communities that are diverse with regard to race, ethnicity, immigration status, and English proficiency and include members from differing geographic regions in the state, including both rural and urban areas.

State Maternal Death Review Team Duties

LB 626 requires the State Maternal Death Review Team to review the maternal death case abstracts in accordance with evidence-based best practices in order to determine: (a) If the death is pregnancy-related; (b) the cause of death; (c) if the death was preventable; (d) the factors that contributed to the death; (e) recommendations and actions that address those contributing factors; and (f) the anticipated impact of those actions if implemented.

Team Data Abstractor

LB 626 requires DHHS to provide a team data abstractor for each team. The team data abstractor provided shall:

- Possess qualifying nursing experience, a demonstrated understanding of child and maternal outcomes, strong professional communication skills, data entry and relevant computer skills, experience in medical record review, flexibility and ability to accomplish tasks in short time frames, appreciation of the community, knowledge of confidentiality laws, the ability to serve as an objective unbiased storyteller, and a demonstrated understanding of social determinants of health;
- Request records for identified cases from medical, government, educational, law enforcement, and social service agency sources;
- Upon receipt of such records, review all pertinent records to complete fields in child and maternal death data bases;
- Summarize findings in a maternal death case summary; and
- Report all findings to the team coordinators.

Explanation of Amendment

AM 642 clarifies certain ambiguities in LB 626 as introduced.

As introduced, LB 626 provided that a physician employed by DHHS would serve as the chairperson of the team, however, the separation of the Child Death Review Team and the Maternal Death Review Team created an ambiguity as to which team the DHHS physician would chair. The amendment clarifies this ambiguity by providing that each team shall annually elect a chairperson from among its members.

AM 642 clarifies that the Inspector General of Child Welfare and senior staff member with child protective services shall be permanent members of the Child Death Review Team and that the DHHS physician shall be a permanent member of the maternal death team. All other members shall serve four-year terms.

Additionally, AM 642 clarifies that each team shall submit an annual report to the Legislature.

Finally, AM 642 strikes the fifteen-member maximum for each team and adds certain suggested occupations which may be considered for appointment to the Maternal Death Review Team, including obstetrics, maternal-fetal medicine, public health, community birth workers, community advocates, and anesthesiology.

LB 628 (Morfeld) Change provisions relating to faculty licenses under the Dentistry Practice Act

Status: Enacted

Committee Action: Advanced to General File with AM 1185

Summary: LB 628 would amend language in the Dentistry Practice Act to state that an individual with a faculty license must have a degree or certification from an accredited school or college of dentistry. Current law requires only that they received postgraduate education at an

accredited school or college of dentistry. It also adds language to state they may participate in university sponsored programs. (Section 1, p. 2, lines 3-14).

Explanation of Amendment

AM 1129 strikes the original sections of LB 628 and becomes the bill. AM 1129 would amend provisions in the Dentistry Practice Act relating to dental faculty licensees.

AM 1129 would amend statutes to allow a faculty licensee to participate in an institutionally administered faculty practice, with no restriction that the practice be only at the college of dentistry where the faculty member is employed. (p. 1, lines 11-12). It would also allow the faculty member who did not graduate from an accredited school or college of dentistry who receives a faculty license to only practice clinical disciplines in which the licensee has practiced under a license within the past three years in another jurisdiction, with approval of the Board of Dentistry. (p. 1, lines 16-19).

AM 1129 would remove some requirements for an individual who has graduated from an accredited school or college of dentistry to obtain a faculty license, including removing the requirement of having a contract of employment as a full-time faculty member at an accredited school or college of dentistry, and removing continuing clinical competency requirements. (p. 2, lines 9-10; 13-14).

The amendment would allow an individual who graduated from a nonaccredited school or college of dentistry who has had a license in the past three years in another jurisdiction to be eligible for a faculty license, or if the applicant has additional education determined by the board to be equivalent to a program that would be a postgraduate degree in operative dentistry (p. 2, lines 18-20; 25-28). The individual would not have to complete continuing clinical competency, but must pass at least one of the five following exams:

1. Part I and Part II of the National Board Dental Examinations administered by the joint commission;
2. The Integrated National Board Dental Examination administered by the joint commission;
3. A specialty board examination recognized by the national commission;
4. An examination administered by the National Dental Examining Board of Canada; or
5. An equivalent examination as determined by the Board of Dentistry.

An individual who graduated from a non-accredited school who is applying for a faculty license based upon additional education would need to present a portfolio of academic achievements, credentials, certifications, letters of recommendation, and a list of publications to the board. Faculty licenses could only be renewed if the faculty licensee completes continuing education and demonstrates continued employment at an accredited school or college of dentistry in the State of Nebraska. (p. 3, lines 2-26).

The intention of the additional and stricken language in Section 1, subsection 1 is to allow faculty members to practice off-campus within the scope of a practice agreement with local hospitals or clinics, not to open an unaffiliated practice based solely upon the faculty license.

AM 1129 contains an emergency clause.

LB 637 (Vargas) Change provisions relating to the control of contagious or infectious disease

Status: IPP'd sine die

Committee Action: None

Summary: LB 637 would amend public health statutes and statutes relating to cities of the second class, to allow a local board of health to pass rules and regulations or issue directed health measures to arrest the progress of contagious or infectious diseases without approval of the Department of Health and Human Services (DHHS). It would outright repeal a statute relating to the cities of the first class.

LB 637 would strike language in statute relating to cities of the second class. The stricken language currently states a city of the second class (between 800 and 5,000 people) shall have the power to make regulations to prevent the introduction and spread of contagious diseases, make quarantine laws, and enforce such regulations. It would also remove the requirement that the chief of police serve as quarantine officer, and would also change mandatory language to permissive language regarding boards of health in cities of the second class. (Sections 1, 2, pp. 2-5; and throughout).

It would also clarify language that a county board may make regulations to prevent the introduction or spread of contagious diseases. (Section 3, p. 5, lines 26-28).

Boards of health for county, district, and city-county health departments would no longer need approval from DHHS to pass rules and regulations or directed health measures regarding prevention of communicable disease. (Section 5, pp. 7-8, lines 28-21).

LB 637 would also strike language mandating that the health director of a county, district, or city-county health department organize a citizen's advisory health council and a medical and dental advisory committee. (Section 6, pp. 10, lines 4-9).

LB 637 would also add language stating that local county, district, or city-county health departments have exclusive control and authority over the investigation of contagious diseases, and are authorized to adopt measures it deems necessary to limit the disease within the territorial boundaries of the health department. (Section 7, pp. 10-11, lines 29-6).

LB 643 (B. Hansen) Protect an individual liberty right to accept or decline a vaccination under a mandatory directive

Status: IPP'd sine die

Committee Action: None

Summary: LB 643 would state that declining a mandatory vaccination directive will deliver no implication, penalty, litigation, or punishment by the state to the citizen, parent, or business of Nebraska who declines to vaccinate themselves, their dependents, or their employees.

LB 645 (B. Hansen) Provide for enhanced penalties for violations of directed health measures committed by public officials

Status: IPP'd sine die

Committee Action: None

Summary: LB 645 would provide for enhanced penalties for violations of directed health measures (DHMs) by any public official who signed, authorized, or enacted the DHM. The penalties are as follows:

- If a violation of the directed health measure is punishable as a criminal offense, it shall be punished by the imposition of the next higher penalty classification than the penalty classification prescribed for such violation; and
- If a violation of the directed health measure is punishable by a fine only, the amount of the fine imposed shall be three times the amount otherwise prescribed. (Sec. 1, page 2, lines 1–10.)

Directed health measure is defined as a rule, regulation, or ordinance designed to prevent or ameliorate the spread of any contagious or infectious disease. (Sec. 1, page 2, lines 12–14.)

Public official includes any official of a county, district, or city-county health department as defined in section 71-1626, an official within the Department of Health and Human Services, the Governor, a mayor, a city manager, or any other official who signs, authorizes, or enacts a directed health measure. (Sec. 1, page 2, lines 15–19.)

LB 677 (Linehan) Change provisions relating to eligibility for transitional child care assistance

Status: IPP'd sine die

Committee Action: None

Summary: LB 677 would increase the income eligibility limit for transitional child care assistance under the Child Care Subsidy program from 185% to 200% of the federal poverty level. LB 677 would change only the income eligibility limit at renewal time. The eligibility limit during the certification period following each determination would remain at 85% of the state median income for a family of the same size.

Section 2 of LB 677 relates to the provision of child care assistance through the cash assistance program. LB 677 would increase eligibility for cash assistance for work-related child care expenses on a cost-share basis from 185% to 200% of the federal poverty level. Under LB 677, when a family is no longer eligible for cash assistance, they would still receive work related child care expenses on a cost-share basis if the family's income does not exceed 200% of the federal poverty level.

2022 Bill Summaries

LB 697 (Kolterman) Provide for licensure of rural emergency hospital services

Status: Enacted

Committee Action: Advanced to General File with AM 1613

Summary: LB 697 would insert language into the Health Care Facility Licensure Act to provide for the creation of rural emergency hospitals (REHs). An REH would be required to: maintain an emergency department with twenty-four hour staffing, seven days per week; have less than fifty beds; have a transfer agreement with a higher level trauma center; provide rural emergency services; and meet eligibility requirements.

Rural emergency services would include emergency department services and observation care and other services provided on an outpatient basis, which do not exceed an average patient stay of twenty-four hours.

Eligible facilities include facilities licensed as critical care hospitals, or general hospitals with less than fifty beds in a rural area as defined in the federal Social Security Act - if it is in a rural census tract as determined by the Goldsmith Modification; if it is located in an area designated as rural by the state; or if the hospital meets other criteria the federal Secretary of Health and Human Services specifies.

To apply, the facility must submit an action plan, describe outpatient services, and provide any other information as required by rules and regulations of the state Department of Health and Human Services (DHHS). The facility cannot have inpatient beds, except as part of a skilled nursing unit; and it may own and operate an entity which provides ambulance services. The REH would also retain its original license. Private insurance would be required to cover services as if they were performed at a general hospital.

Explanation of Amendment

AM 1613 would amend Section 3 of the green copy of the bill to allow rural emergency hospitals to have transfer agreements with facilities other than a level one or level two trauma center.

LB 698 (Kolterman) Require coverage of continuous glucose monitoring devices under the Medical Assistance Act

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 698 would amend the Medical Assistance Act to require the Department of Health and Human Services (DHHS) to cover continuous glucose monitors (CGMs) by January 1, 2023, if the recipient has a prescription.

LB 704 (Williams) Change education requirements for licensure under the Funeral Directing and Embalming Practice Act and eliminate certain provisions regarding caskets

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 704 would amend the amount of hours required for funeral directors and

embalmers, and a funeral director and embalmer apprentice, to receive a license. It would also repeal Nebraska Revised Statutes Section 71-609.

The funeral director and embalmer would be required to have earned 40 hours of college credit, as opposed to the current 60 hours. The bill would also change the hours required from six accounting hours, to twelve business hours; and from eight hours of chemistry to four hours of chemistry.

The bill would also change apprentice license requirements. It would require the applicant to have completed 20 of the 40 required hours, as opposed to the current 39 of 60 hours.

Section 71-609 is a public health statute requiring retail dealers of caskets keep a record of sales including the name and address of the purchaser, and name, date, and place of death of the deceased. The retailer must submit this record to the Department of Health and Human Services on the first of the month. LB 704 would repeal this statute.

LB 705 (Williams) Change and eliminate provisions under the Barber Act

Status: Enacted

Committee Action: Advanced to General File with AM 1653

Summary: LB 705 would amend the Barber Act to eliminate booth rental permits at barber shops, and amend the teaching time required for an assistant barber instructor to apply as a barber instructor. It would also repeal Nebraska Revised Statute Section 71-219.05

Currently, to apply as a barber instructor, an assistant barber instructor must have been teaching under the direct supervision of a full-time barber instructor for one year. LB 705 would amend that to nine-months. It would also change the time for applying as an assistant barber instructor under indirect supervision from one year to nine months of completion of instructor training.

Nebraska Revised Statute 71-219.05 details the requirements in the booth rental permit form.

Explanation of Amendment

AM 1653 is an emergency clause.

LB 710 (McCollister) Change provisions relating to federal Supplemental Nutrition Assistance Program eligibility

Status: IPP'd sine die

Committee Action: None

Summary: LB 710 would eliminate the $25,000 liquid asset limit for determining Supplemental Nutrition Assistance Program eligibility.

Current Nebraska law provides that a household's total liquid assets must not exceed $25,000 in order to be eligible for SNAP benefits. LB 710 would strike this provision. Liquid assets include cash on hand and funds in personal checking and savings accounts, money market accounts, and share accounts.

LB 716 (Hunt) Allow qualified practitioners to perform abortions

Status: IPP'd sine die

Committee Action: None

Summary: LB 716 would amend the criminal code and public health statutes to replace the word "physician" or "doctor" with "qualified practitioner" as it relates to statutes regarding abortion. "Qualified practitioner" would be defined in the criminal code as a physician, osteopathic physician, advanced practice registered nurse, certified nurse midwife, or physician assistant licensed to practice under the Uniform Credentialing Act. Each of these individuals would be able to perform an abortion.

LB 716 would also add language to the Advanced Practice Registered Nurse Practice Act and Certified Nurse Midwifery Practice Act. "Unprofessional conduct" would include: performing an abortion when he or she will be unavailable for 48 hours or more after the procedure for post-operative care; performing an abortion on a minor without satisfying statutory requirements; performing a partial-birth abortion, with some exceptions; and performing an abortion in violation of the Pain-Capable Unborn Child Protection Act. "Abortion", "qualified practitioner", and "partial-birth abortion" would have the same definition as the criminal statutes.

It would also amend the "unprofessional conduct" statute of the Medicine and Surgery Practice Act to include physician assistants in conduct regarding abortions.

LB 741 (DeBoer) Provide for review of stillbirths under the Child and Maternal Death Review Act

Status: Enacted

Committee Action: Advanced to General File with AM 1683

Summary: LB 741 would authorize the State Child and Maternal Death Review Team to review stillbirths and would add medical and government records of stillbirths to the records which can be obtained by the team for purposes of such review.

Under LB 741, the State Child and Maternal Death Review Team may review all stillbirths occurring on or after January 1, 2023. The members may review the death certificates and other documentation which will allow the team to identify preventable causes of stillbirths.

Under LB 741, the Department of Health and Human Services would have the authority to issue subpoenas to compel the production of medical and government records for purposes of the stillbirth reviews, except for such stillbirths which are under active investigation by a law enforcement agency or which are, at the time, the subject of a criminal prosecution.

<u>Explanation of Amendment</u>

AM 1683 would incorporate the provision of LB 626, as amended, into LB 741. The provision of LB 626, would separate the State Child and Maternal Death Review Teams into (1) the State Child Death Review Team and (2) the State Maternal Death Review Team. The amendment provides for the membership of each team and requires DHHS to provide a team data abstractor for the teams. Each team would submit an annual report to the Legislature.

AM 1683 provided that persons seeking appointment to either the State Child Death Review Team or the State Maternal Death Review Team shall apply for appointment by the CEO of the Department of Health and Human Services using an application process developed by the CEO.

In addition to incorporating the provision of LB 626, AM 1683 would amend the definition of stillbirth to mean a spontaneous fetal death which (a) occurs at or after the twentieth week of gestation and before birth and (b) resulted in a fetal death certificate pursuant to Neb. Rev. Stat. 71-606.

Finally, AM 1683 provides that it shall not be interpreted to require review of any stillbirth death.

LB 752 (Arch) Adopt the Alzheimer's Disease and Other Dementia Support Act, the Licensed Professional Counselors Interstate Compact, and the Occupational Therapy Practice Interstate Compact, require notifications regarding stem cell therapy, and redefine respiratory care under the Respiratory Care Practice Act

Status: Enacted

Committee Action: Advanced to General File with AM 1918

Summary: LB 752 would redefine respiratory care under the Respiratory Care Practice Act.

Under LB 752, new additions to the definition of respiratory care would include:

- The therapeutic and diagnostic management and maintenance use of medical gasses, administering apparatus, humidification and aerosols;
- Ventilatory management;
- The insertion of lines, drains, and artificial and non-artificial airways without cutting tissues;
- The administration of all pharmacologic, diagnostic, and therapeutic agents for the treatment and diagnosis of cardiopulmonary disease for which the respiratory care practitioner has been professionally trained or has obtained advance education or certification, including specific testing techniques employed in respiratory care to assist in diagnosis, monitoring, treatment, and research of how specific cardiopulmonary disease affects the patient;
- Management of ventilatory volumes, pressures, and flows; and
- Hemodynamic insertion of lines.

Additionally, LB 752 would strike certain language previously included in the definition of respiratory care, including:

- Ventilatory assistance and control;
- Respiratory rehabilitation;
- Maintenance of nasal or oral endotracheal tubes; and
- Administration of aerosol and inhalant medications to the cardiorespiratory system and specific testing techniques employed in respiratory care to assist in diagnosis, monitoring, treatment, and research.

Explanation of AM 1918

AM 1918 contained amended provisions of LB 753, LB 554, and LB 15.

Explanation of AM 2103

AM 2103 was introduced by Senator DeBoer on General File and amended the provisions of LB 374 into LB 752.

Explanation of AM 2302

AM 2302 was introduced by Senator Arch on Select File. AM 2302 amended Nebraska's occupations which require fingerprinting upon initial licensure, to harmonize the occupations subject to an Interstate Licensure Compact. The occupations added were audiologists, speech-language pathologists, licensed independent mental health practitioners, occupational therapists, and occupational therapy assistants.

AM 2302 also added clarifying language stating that "the only persons credentialed pursuant to the Mental Health Practice Act that are eligible to be licensed professional counselors under the Licensed Professional Counselors Interstate Compact are licensed independent mental health practitioners with a certification in professional counseling."

LB 753 (Arch) Require health care practitioners to provide notification regarding stem cell therapy

Status: Amended provisions enacted as part of LB 752

Committee Action: Amended provisions amended into LB 752

Summary: LB 753 would require any health care practitioner who performs stem-cell-based therapy to obtain informed written consent from the patient that the patient is aware the treatment has not received Food and Drug Administration (FDA) approval, and it has been explained by the practitioner.

Patient is defined as a person who is at least 19 years old.

The bill would not apply to a health care practitioner using stem-cell-based therapeutics under investigational approval from the FDA.

Failing to obtain informed written consent could result in disciplinary action against the credential holder.

The Department of Health and Human Services (DHHS) would enforce the new language.

Explanation of Amendment

AM 1638 was considered and adopted by the committee prior to LB 753's inclusion into the committee amendment for LB 752. AM 1638 added "including for experimental use" to the language of informed written consent, requiring the patient to acknowledge he or she knows the treatment has not received the approval of the United States Food and Drug Administration.

The amendment removed the definition of patient, as someone who is 19 or older.

The amendment also clarified that the section would not apply if the stem-cell-based therapies or products have been approved by the US FDA, and removed the language requiring the Department of Health and Human Services to enforce the section.

LB 756 (Brandt) Change provisions relating to properties contaminated by methamphetamine

Status: IPP'd sine die

Committee Action: None

Summary: LB 756 would change terminology in sections of statute related to properties contaminated by methamphetamine and change law enforcement procedures for reporting contaminated property as well as make local public health departments responsible for enforcing the prohibition on habitation of a contaminated property.

LB 756 would strike the definition of "clandestine drug lab" and replace it with the term "contaminated property." The term "contaminated property" is defined as "an enclosed area of any property or portion thereof intended for human habitation or use which, as a result of the unlawful manufacture of methamphetamine, has been contaminated by chemicals, chemical residue, methamphetamine, methamphetamine residue, or other substances"

Additionally, LB 756 would require that when law enforcement discovers or is notified of a contaminated property, they must report the location of the property to the local public health department (rather than the State Patrol) and the owner of the property, unless the owner was the party to notify the law enforcement agency.

LB 756 would strike the requirement that law enforcement provide the State Patrol with a complete list of chemicals found at or removed from the property and for the State Patrol to forward the report to the Department of Health and Human Services, the Department of Environment and Energy, the municipality or county where the property is located, the director of the local public health department, and the property owner.

Finally, LB 756 would make the local public health department responsible for enforcing the existing prohibition on habitation of a contaminated property until rehabilitation has been completed, rather than the Department of Health and Human Services.

LB 770 (Day) Change membership of the Board of Dentistry

Status: IPP'd sine die

Committee Action: None

Summary: LB 770 would change the membership on the Board of Dentistry by adding a seat on the board for one licensed dental assistant and changing the number of public members from two to one.

LB 812 (Hilkemann) Provide for vaccine administration by pharmacy technicians

Status: IPP'd sine die

Committee Action: None

Summary: LB 812 would amend the Pharmacy Practice Act to provide for vaccine administration by pharmacy technicians.

LB 812 provides that a pharmacy technician may administer vaccines when:

- The vaccines are verified by the pharmacist prior to administration;
- Administration is limited to intramuscular in the deltoid muscle or subcutaneous on the arm to a person three years of age or older;
- The pharmacy technician is certified (as is otherwise required to be employed as a pharmacy technician);
- The pharmacy technician has completed certificate training in vaccine administration that includes, at a minimum, vaccine administration, blood-borne pathogen exposure, safety measures during administration, and biohazard handling;
- The pharmacy technician is currently certified in basic life support skills for health care providers as determined by the Board of Pharmacy; and
- The pharmacist responsible for the supervision and verification of the activities of the pharmacy technician is on site.

LB 824 (B. Hansen) Include bathing as an activity of daily living for health care credentialing provisions

Status: Enacted

Committee Action: Advanced to General File with AM 1604

Summary: LB 824 would amend language in the Health Care Facilities Licensure Act and other statutes to reclassify bathing as an activity of daily living, as opposed to personal care.

<u>Explanation of Amendment</u>

AM 1604 would strike section 1 of the green copy of the bill, which places bathing in the activities of daily living within the Health Care Facilities Licensure Act. The bill would now only apply to home health agencies and personal care health aides.

LB 854 (Day) Require notice to the Department of Health and Human Services in certain cases of alleged out-of-home child abuse or neglect

Status: Enacted as part of LB 1173

Committee Action: Amended into LB 1173

Summary: LB 854 would require that when the Department of Health and Human Services receives a report of alleged out-of-home child abuse or neglect where the subject of the report is a child care provider or a child care staff member, the Division of Children and Family Services must immediately notify the Division of Public Health of receipt of the report, including whether or not an investigation is being undertaken by a law enforcement agency or the department.

Child care staff member is defined in Neb. Rev. Stat. § 71-1912(5)(h)(ii) as an individual who is not related to all of the children for whom child care services are provided and:

- Who is employed by a child care provider for compensation, including contract employees or self-employed individuals;
- Whose activities involve the care or supervision of children for a child care provider or unsupervised access to children who are cared for or supervised by a child care provider; or
- Who is residing in a family child care home and who is eighteen years of age or older.

LB 855 (Day) Change requirements for coverage under the Medical Assistance Act

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 855 would amend the medical assistance act to require that Medicaid cover rural health clinic services and federally qualified health center services. This is already mandated by federal law.

LB 856 (Day) Provide for partnering organizations under the Aging and Disability Resource Center Act

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 856 would amend the Aging and Disability Resource Center Act.

LB 856 would allow for partnering organizations, rather than DHHS, to receive funding and partner with other organizations. It would also allow partnering agencies to contract with area agencies on aging or contract with DHHS for the provision of services under the Act.

LB 857 (Day) Provide for express lane eligibility under the Medical Assistance Act and the Children's Health Insurance Program

Status: IPP'd sine die

Committee Action: None

Summary: LB 857 would amend the Medical Assistance Act with regards to express lane eligibility. It would require the Department to apply for a state plan amendment, no later than October 1, 2022, to implement express lane eligibility for Medicaid and the Children's Health Insurance Program (CHIP).

The Division of Child and Family Services (CFS) in the Department of Health and Human Services (DHHS) would be the express lane agency, and would use data from the Supplemental Nutrition Assistance Program (SNAP) for eligibility determinations. The express lane option would be used for initial determinations, redeterminations, automatic enrollment, and automatic renewals for eligible children into Medicaid or CHIP. (Section 2, subsection 2).

The effective date for implementation on the state plan amendment applications would be January 1, 2023; and ARPA or Coronavirus State Fiscal Recovery Fund monies would be used. (Section 2, subsections 3 and 4).

LB 859 (Clements) Require city-county health departments to obtain approval for directed health measures

Status: IPP'd sine die

Committee Action: None

Summary: LB 859 would amend statutes relating to local health departments, to require the state's Department of Health and Human Services' (DHHS) approval before the local health department may issue directed health measures.

In Section 1, local boards of health would need DHHS approval to adopt measures for the control and eradication of preventable or communicable diseases, teaching about modern scientific methods of hygiene and sanitation, or educating the public in matters of public health.

In Section 2, boards of health would need DHHS approval to adopt and approve official policies relating to communicable disease investigation, immunization, vaccination, testing, and prevention measures, including measures to stop the progress of said diseases. The local health department would also need DHHS approval to investigate the existence of any contagious or infectious disease.

The local board of health would be able to enact rules and regulations after a public hearing, with notice being provided in a newspaper of general circulation, at least ten days prior to the hearing, so long as DHHS has approved such rules and regulations.

LB 862 (McCollister) Require coverage under the Medical Assistance Act for treatments for end-stage renal disease

Status: IPP'd sine die

Committee Action: None

Summary: LB 862 would amend the Medical Assistance Act to require that the Department of Health and Human Services (DHHS) consider all end-stage renal disease (ESRD) treatments as eligible treatments under the emergency medical services assistance program.

LB 865 (DeBoer) Change provisions relating to reimbursements for child care and state intent to appropriate federal funds

Status: Portions amended into LB 1011 from the Appropriations Committee, which was enacted.

Committee Action: None

Summary: LB 865 would amend statutes relating to child care reimbursement rates under the child care subsidy program. For the state fiscal year (SFY) 2022-2023, and SFY 2023-2024, the reimbursement rate could not be less than the seventy-fifth percentile of the current market rate survey for child care providers.

LB 865 would also state intent to use federal Coronavirus State Fiscal Recovery funds, pursuant to the American Rescue Plan Act, to fund the child care subsidy program which funds the Step up to Quality Child Care Act.

LB 885 (M. Cavanaugh) Require implicit bias training for certain applicants and credential holders under the Uniform Credentialing Act

Status: IPP'd sine die

Committee Action: None

Summary: AM 1596 to LB 885 was presented at the hearing for LB 885, and the hearing was held on AM 1596. AM 1596 to LB 885 would amend the Uniform Credentialing Act to require annual implicit bias training for certain professions regulated under the Act. Professions regulated under the Uniform Credentialing Act who would not be required to complete annual implicit bias training include:

- Asbestos professionals;
- Athletic training;
- Body art;
- Cosmetology;
- Electrology;
- Esthetics;
- Funeral directing and embalming;
- Hearing instrument specialists;
- Lead-based workers professionals;
- Nail technology;
- Radon professionals;

- Registered environmental health specialists; and
- Veterinary professionals;

Implicit bias training would be defined as a program approved by the Department of Health and Human Services (DHHS) designed to expose unconscious prejudices or partialities, to provide tools to adjust automatic patterns or thinking, to eliminate discriminatory behavior, and to create awareness of implicit bias.

LB 895 (Walz) Provide restrictions on prior authorizations by managed care organizations under the Medical Assistance Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 895 creates new language regarding managed care organizations (MCOs).

An MCO that implements an automated prior authorization system would need to use evidence-based clinical guidelines consistent with professional association standards, and would publish any algorithms used on their website. If using an automated prior authorization system, the MCO must ensure a health care practitioner of the same discipline makes the decision to deny or modify authorization requests. (Section 2, subsections 1 and 2).

An MCO would not be able to require prior authorization for the initial twelve treatment sessions of new episodes of care for chiropractic, physical therapy, occupational therapy, or speech language pathology services. Episodes of care are based on calendar days from the first patient day of the current condition to the last day of service. (Section 2, subsection 3).

Regarding billing, an MCO would need to issue payment for clean claims within fifteen business days. (Section 2, subsection 4).

Prior authorization would be defined as a decision that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. (Section 2, subsection 5).

Standard authorization decisions would not be able to exceed 48 hours, and an expedited review process must be implemented in cases of medical necessity. (Section 2, subsections 6 and 7).

LB 901 (Pansing Brooks) Provide for cytomegalovirus public education and prevention

Status: Enacted as part of LB 752

Committee Action: Advanced to General File with AM 1748

Summary: LB 901 would require the Department of Health and Human Services to develop and publish informational materials regarding cytomegalovirus ("CMV"), including:

- Incidence of CMV;
- Transmission of CMV;
- Birth defects caused by congenital CMV;

- Methods of diagnosing congenital CMV;
- Available preventative measures for women who are or may become pregnant; and
- Early interventions, treatments, and services for children with congenital CMV.

LB 901 would require DHHS to publish the informational materials on its website and make them available, upon request, to child care facilities, school nurses, hospitals, birthing facilities, and health care providers offering care to pregnant women and infants.

LB 901 would require health care providers offering care to pregnant women to provide the informational materials to each pregnant woman during the first trimester of pregnancy or when a pregnant woman comes under the care of a provider after the first trimester of pregnancy.

Further, LB 901 creates additional requirements if an infant fails a hearing screening conducted at a birthing facility. Existing law, Nebraska Rev. Stat. § 71-4742, requires birthing facilities to include a hearing screening test as part of its standard of care for newborns. If a newborn infant fails such a screening, the birthing facility must provide information to the parents regarding:

- Potential birth defects caused by congenital CMV;
- Testing opportunities for cytomegalovirus, including the opportunity to test for cytomegalovirus prior to the infant's discharge from the hospital or birthing facility; and
- Early intervention services.

Finally, LB 901 requires the infant to undergo a follow-up audiology appointment within 21 days of the infant's birth. The informational materials developed by DHHS must be provided to the infant's parents at the follow-up audiology appointment, along with any additional clarifying information required by the parents.

Explanation of Amendment

As introduced, LB 901 provided that the Department of Health and Human Services must make the cytomegalovirus informational materials available to health care providers "upon request." AM 1748 strikes "upon request."

Additionally, AM 1748 allows—but does not require—health care providers to provide the informational materials.

Finally, AM 148 strikes the requirement that newborns have a follow-up audiology appointment within 21 days of birth.

LB 905 (Walz) Provide for perinatal mental health screenings

Status: Enacted

Committee Action: Advanced to General File with AM 1609

Summary: LB 905 would authorize the Board of Medicine and Surgery to work with accredited hospitals and licensed health care professionals to create a referral network and develop policies, procedures, information, and educational materials to facilitate perinatal mental health screening and education by licensed health care professionals.

LB 905 defines "perinatal mental health disorder" as a mental health condition that occurs during pregnancy or during the postpartum period, including depression, anxiety, or postpartum psychosis.

The education and screening authorized by LB 905 would be conducted and reviewed in accordance with the formal opinions and recommendations of the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics and consist of:

- Education to pregnant patients (and their families, with the patient's permission) about perinatal mental health disorders; and
- Screening questionnaires which licensed health care professionals may invite pregnant patients to complete at a prenatal visit, postpartum patients to complete at a postnatal visit, and mothers to complete at any well-child checkup during the infant's first year.

The questionnaire would be a screening tool, such as the Edinburgh Postnatal Depression Scale, the Postpartum Depression Screening Scale, the Beck Depression Inventory, the Patient Health Questionnaire, or another validated screening method.

Explanation of Amendment

AM 1609 strikes the original sections of LB 905 and becomes the bill. AM 1609 does not change the effect of LB 905, but rather copies the substance of the bill into the Advanced Practice Registered Nurse Practice Act, in addition to the Medicine and Surgery Practice Act.

As introduced, LB 905 inserted new sections into the Medicine and Surgery Practice Act to provide for perinatal mental health screenings to be performed by licensed health care professionals. The bill defined "licensed health care professional" as a physician, an osteopathic physician, an advanced practice registered nurse, or a physician assistant.

By copying the substantive provision of LB 905 into the Advanced Practice Registered Nurse Practice Act—and removing advanced practice registered nurses from the definition of "licensed health care professional" under the Medicine and Surgery Practice Act—the amendment maintains the separation in current statute between advanced practice registered nurses, which are licensed under the Advanced Practice Registered Nurse Act, and physicians, osteopaths, and physician assistants, which are licensed under the Medicine and Surgery Practice Act.

LB 906 (B. Hansen) Require employers to provide for vaccine exemptions and provide duties for the Department of Health and Human Services

Status: Enacted

Committee Action: Advanced to General File with AM 1729

Summary: LB 906 would require the Department of Health and Human Services (DHHS) to develop a vaccine exemption form for employees. Employees could claim an exemption based on his or her strong moral, ethical, or philosophical beliefs or conviction. If an employer requires employees to be vaccinated, the employer must also allow for such an exemption. The employer may also require the employee to be periodically tested and wear or use personal protective equipment, at the employer's expense.

Employer is defined as a person with 20 or more employees each day in 20 or more calendar weeks per year. It includes the State of Nebraska, governmental agencies, and political subdivisions, or any agent of any of the above organizations. It does not include the United States government, Indian tribes, or bona fide private membership clubs.

Explanation of AM 1729

AM 1729 strikes the original provisions of LB 906 and becomes the bill.

AM 1729 would define "COVID-19" as the novel coronavirus identified as SARS-CoV-2 or any that has mutated from it. It would also define "employer" as a person engaged in industry who has one or more employees, any party whose business is financed in whole or in part by the Nebraska Investment Finance Authority Act, including the State of Nebraska, its governmental agencies, and political subdivisions. "Employer" does not include the United States of America, an Indian tribe, or a private membership club.

AM 1729 would require the Department of Health and Human Services (DHHS) to develop a vaccine exemption form for an individual to claim an exemption for receiving a COVID-19 vaccine. The form shall include a declaration by the individual that a health care practitioner has provided the individual with a signed written statement that the vaccine would be medically contraindicated, medical necessity requires delay of vaccination, or receiving the vaccine would conflict with an individual's sincerely held religious belief, practice, or observance.

An employer must allow for the above exemptions to an employer policy that requires vaccination against COVID-19. The employer may require an employee granted such exemption be periodically tested for COVID-19 or wear personal protective equipment, or both, each at the employer's expense.

Section 2 is the emergency clause.

Explanation of AM 1805

AM 1805 was introduced by Senator Williams on General File. It defined medicare and medicaid-certified providers and suppliers, and added a provision that medicare or medicaid-certified providers or suppliers, and federal contractors, may require additional processes to be in compliance with federal law, rules, and regulations. It also required that DHHS have a vaccination form on its website within fifteen days after the law goes into effect.

LB 929 (Wishart) Require submission of a medicaid state plan amendment or waiver to extend postpartum coverage

Status: IPP'd sine die

Committee Action: None

Summary: LB 929 would amend the Medical Assistance Act to require the Department of Health and Human Services (DHHS) to apply for a State Plan Amendment or waiver to extend postpartum coverage for beneficiaries to twelve months. DHHS must do so by October 1, 2022.

LB 932 (Hunt) Authorize the Department of Health and Human Services to screen children for social security benefit eligibility

Status: Enacted as part of LB 1173

Committee Action: Advanced to General File with AM 1748

Summary: LB 932 would provide requirements for the Department of Health and Human Services' screening, receipt, use, and conservation of social security benefits received by the department as representative payee on behalf of children under the department's charge.

LB 932 would change the amount of a child's assets which is available for reimbursement to the state for the cost of care from assets over and above $1,000.00 to over $2,000, including accrued interest.

LB 932 would require the Department of Health and Human Services (DHHS) to screen children under its charge for eligibility of receipt of social security benefits within 60 days of entering the department's custody. If the department determines the child is likely eligible for receipt of one or more types of social security benefits, it is required to complete and submit an application for such benefits on behalf of the child. (Sec. 3, page 2, lines 23–31.) If necessary, DHHS must participate in the appeal process on behalf of the child. (Sec. 3, page 3, lines 1–6.) If, as a result of the initial screening, DHHS determines a child is unlikely to be eligible for benefits, but subsequently has reason to believe the child may be eligible, DHHS must submit an application for benefits in a timely manner.

Before reviewing a child's medical records for purposes of determining social security eligibility, LB 932 would require the department to receive written and informed consent from the child's guardian ad litem (if the child is under 14) or from the child in the presence of the guardian ad litem (if the child is 14 or older).

LB 932 would authorize the department to apply to be and accept appointment as a representative payee for a child beneficiary of social security benefits under its charge. When the department serves as the representative payee, or in any other fiduciary capacity, LB 932 would require the department to:

- Use or conserve the social security benefits for the use and benefit of the child in the child's best interest;
- Hold such benefits separate and apart from the department's funds;
- Establish and maintain an interest-bearing trust account on behalf of each child beneficiary;
- Use and conserve the funds in the child's best interest and in a manner that avoids violating federal asset or resource limits, including using such funds that are above federal asset limits for the child's needs or for services when funding is not otherwise available or conserving such funds within accounts and programs not subject to federal asset limits on behalf of the child;
- Appropriately monitor and maintain all accounts and programs holding any social security benefits in a way that avoids violating any federal asset or resource limits so as to maintain the child's eligibility to receive social security benefits;

- Conserve a minimum percentage of social security benefits for each child beneficiary 14 and older that are not to be used to reimburse the state for the cost of care as follows:
    - At least 40% from 14 to 15,
    - At least 80% from 16 to 17,
    - 100% from 18 to 21;
- Maintain an itemized and current account record for each child beneficiary and account for the receipt, use, and conservation of social security benefits on the child's behalf.

Additionally, LB 932 provides that a child beneficiary or any other party to the child's juvenile court case has the right to request access to funds kept in the child's interest-bearing trust account for the child beneficiary's personal use. The department must grant such a request if the use would be in the child's best interest. If funds from the child's account are spent in this manner, the account must be reimbursed up to the federal limit with subsequently received social security benefits. The requestor may appeal the denial of such a request in accordance with the provisions of the Administrative Procedure Act.

LB 932 would require the department, immediately upon receipt of the first benefit payment, to inform the child and the child's beneficiary of the child's right and the right of any other party to the child's juvenile court case to request access to such social security benefits for the child's personal use.

LB 932 would require DHHS to notify the child and such child's guardian ad litem of the eligibility screening process, any application for social security benefits submitted on the child's behalf, any decisions or communications from the Social Security Administration, any appeal or action requested by DHHS, any application by DHHS to become the representative payee, the appointment of the department as the child's representative payee, and the child's right to appeal such appointment to the Social Security Administration.

Additionally, LB 932 would require DHHS to provide notice and accounting to the juvenile court at every review hearing regarding the department's receipt, use, and conservation of the child's social security benefits.

Finally, under LB 932, the DHHS would be required to provide all accounting records regarding the department's receipt, use, and conservation of the child's social security benefits upon (1) request of the child, the child's guardian ad litem or attorney, or the child's parent, and (2) upon termination of the department's role as the child beneficiary's representative payee.

<u>Explanation of Amendment</u>

AM 2241 strikes the original sections and becomes the bill. Like the green copy, the amendment provides for notice and accounting when DHHS serves as the representative payee for social security benefits. The amendment does not include the provisions requiring DHHS to conserve the funds.

AM 2241 provides that when DHHS serves as the representative payee for a child beneficiary of social security benefits, it must provide:

- Immediate notice to the child beneficiary, in an age-appropriate manner, and the child's guardian ad litem, of (i) the department's receipt of the child's first payment of social security benefits, including the amount received, and (ii) where the payment was deposited;
- Notice and accounting to the juvenile court on a biannual basis beginning January 1, 2023, regarding the department's receipt, use, and conservation of the child's social security benefits.

Additionally, upon request from the child, their guardian ad litem or attorney, or parent-and upon termination of the department's role as the child beneficiary's representative payee-DHHS must provide all accounting records regarding its receipt, use, and conservation of the child's social security benefits.

LB 954 (Wayne) Preempt certain county and municipality resolutions or ordinances relating to electronic smoking devices under the Nebraska Clean Indoor Air Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 954 would preempt county and city ordinances or resolutions related to electronic smoking devices which are more restrictive than the Nebraska Clean Indoor Air Act.

LB 956 (Murman) Change provisions relating to confidential public health information

Status: IPP'd sine die

Committee Action: None

Summary: LB 956 would authorize the Director of Public Health or the chief executive office (CEO) of the Department of Health and Human Services (DHHS) to disclose individually identifiable health information, in certain situations which pose a substantial risk to human life and health, notwithstanding any other provision of law regarding the disclosure of health information.

Under LB 956, the Director of Public Health or the CEO of DHHS may authorize the disclosure of individually identifiable health information reported to the department if they determine that:

- Disclosure of specific information is necessary to address the occurrence or imminent threat of an illness or health condition caused by bioterrorism, epidemic, or pandemic disease, or a novel and highly infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities, incidents of permanent or long-term disability, other harm to the affected population, or health care needs that exceed available resources;
- Disclosure is limited to the minimum information necessary for the purposes of the disclosure; and
- The information is disclosed only to those persons whose participation is necessary for the purposes of the disclosure.

The use or disclosure of such health information shall not make otherwise confidential information public record, admissible, discoverable, or subject to subpoena unless authorized by the person to whom the information pertains or their legal representative.

LB 956 provides that the Director and CEO may not delegate the power to authorize the disclosure, but if both are unavailable due to an emergency, the power may be exercised by the chief medical officer.

Additionally, LB 956 modifies the provisions related to the authority for DHHS and local health departments and agencies to disclose reports of communicable diseases to agencies of the federal government and other state and local agencies. Under LB 956, any reports of communicable diseases, illnesses, poisoning, notifications of positive laboratory findings, resulting investigations, or information regarding the prescription of drugs to sexual partners of patients with chlamydia, gonorrhea, or trichomoniasis, which are provided to DHHS, a county or city board of health, a local public health department, a city health department, or a local health agency, shall be confidential, except that:

- In order to further the protection of public health, such a report, including any individually identifiable health information, may be disclosed to federal, state, county, or municipal agencies of government or agencies of tribal governments for purposes of public health activities or to avert a serious threat to public health, if the information is disclosed only to necessary persons and no more information is disclosed than reasonably necessary.
- The person receiving such a report may:
    - Publish analysis of such reports for scientific and public health purposes in such a manner as to ensure that the identity of any individual subjects cannot be ascertained;
    - Discuss the report or notification with the attending physician; or
    - Make such investigation as deemed necessary.

Finally, LB 956 provides that any medical practitioner, official health department, or other person making such an authorized report to government agencies shall be immune from suit for slander or libel or breach of privileged communication based on the report.

LB 963 (Murman) Adopt the Medical Ethics and Diversity Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 963 would adopt the Medical Ethics and Diversity Act ("Act"). The Act would state that no medical practitioner, health care institution, or health care payer should be compelled to participate in or pay for any medical procedure or prescribe or pay for any medication to which such person or entity objects on the basis of conscience.

"Conscience" would be defined as the ethical, moral, or religious beliefs or principles held by medical practitioners, institutions, or payers. It may be discerned from governing documents. (Section 3 (1), pp. 2-3).

"Discriminate" would mean any number of adverse actions, including penalties, disciplinary actions, or retaliatory actions, either threatened or executed. It would not include negotiation or purchase of insurance. (Section 3 (3), pp. 3-4).

"Health care institutions" would mean most places and entities that provide health care services, including medical schools and nursing schools. (Section 3 (4), p. 4).

"Health care payer" would mean any entity that pays for, or arranges for the payment of, any health care service provided to any patient. (Section 3 (5), p. 4).

"Health care service" would mean any type of care or services provided by a health care practitioner. (Section 3 (6), p. 4).

"Medical practitioner" would mean any person who is asked to participate in any way in a health care service, which would include counseling or advising. (Section 3 (7-8), p. 5).

Under the Act, a medical practitioner, health care institution, or health care payer would have the right to refuse treatment to patients or refuse payment for treatment if the health care service violates the person's or entity's conscience. Covered entities under the act could not be held civilly, criminally, or administratively liable for declining to participate based upon conscience. Religious organizations would be able to make staffing decisions consistent with their religious beliefs. However, nothing in the Act shall be construed to override federal law requiring provision of emergency medical treatment.(Section 4, pp. 5-6).

Under the Act, no medical practitioner would be discriminated against for providing information or testifying regarding violation of the Act. A medical practitioner would not be discriminated against for disclosing violation of any law or regulation, violation of ethical guidelines, or gross mismanagement, unless such disclosure is prohibited by law. (Section 5, pp. 6-7).

LB 963 would also allow for civil causes of action by medical practitioners, health care institutions, or health care payers for violations of the Act. Recovery would be limited to actual damages sustained, up to $5,000, plus costs of the action and attorney's fees. Injunctive relief could also be awarded. (Section 6, pp. 7-8).

LB 976 (Wishart) Adopt the Certified Community Behavioral Health Center Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 976 would amend the Nebraska Behavioral Health Services Act and adopt the Certified Community Behavioral Health Clinic (CCBHC) Act. It would require the Department of Health and Human Services (DHHS) to submit a state plan amendment to fund such clinics based on anticipated costs of providing required services.

A CCBHC would be defined as a mental health substance abuse treatment center as defined in Nebraska Revised Statutes Section 71-423 which meets federal certification criteria and provides certain services, including: 1) outpatient mental health and substance use services; 2) crisis response and hotline services; 3) screening, assessment, diagnosis, and risk assessment; 4)

treatment planning; 5) primary care screening and monitoring of health risks; 6) targeted case management; 7) psychiatric rehabilitation services; 8) peer support and family supports; 9) medication-assisted treatment; 10) community treatment; and 11) community based mental health care for active military and veterans.

LB 1004 (HHS Committee) Require the Department of Health and Human Services to provide for an evaluation of the developmental disabilities system

Status: Enacted as part of LB 376

Committee Action: Advanced to General File

Summary: LB 1004 adds new language to the Developmental Disabilities Services Act. It requires the Department of Health and Human Services engage a nationally recognized consultant for the evaluation of Nebraska's developmental disabilities system. The evaluation shall consider a) services offered and provided by the state through the medicaid state plan or by current medicaid waivers; b) services offered by other states through medicaid state plans, medicaid waivers, or other mechanisms; and (c) any other areas which may be beneficial to the state in the assessment of its developmental disabilities services. The report must be submitted to the governor and legislature by December 31, 2023.

LB 1007 (Murman) Change provisions relating to the Rural Health Systems and Professional Incentive Act

Status: Enacted

Committee Action: Advanced to General File with AM 2099

Summary: LB 1007 would amend the Rural Health Systems Professional Incentive Act to state that if federal law does not require the local entity to match the State's or practitioner's educational debt funding, such local match will not be required.

Explanation of Amendment

AM 2099 would replace the green copy of LB 1007 and become the bill. AM 2099 would state that any agreements entered into regarding the Rural Health Systems and Professional Incentive Act between July 1, 2022 and December 31, 2024 would first use federal ARPA dollars, prior to using state or local funds.

Agreements using federal ARPA funds would not require a local match. Any ARPA funds would need to be expended by December 31, 2026. If no ARPA funds are appropriated, there is no change to the program.

LB 1019 (McKinney) Require the Department of Health and Human Services to establish a family resource and juvenile assessment center pilot program

Status: IPP'd sine die

Committee Action: None

Summary: LB 1019 would require the Department of Health and Human Services to

establish a family resource and juvenile assessment center pilot program for cities of the metropolitan class and provide funds for services at such centers 24 hours a day, seven days per week. The goal of the resource center would be to provide resources to at-risk youth to prevent incarceration and to minimize individual and community harm by keeping youths from becoming more involved in the juvenile justice system, social services, and the adult criminal justice system.

The family resource and juvenile assessment centers would be required to house multiple community providers under one roof and provide assessments and services to youth and families to address their immediate and ongoing needs.

Additionally, the centers would be required to provide free assessments to youth for the purpose of giving juveniles and families the opportunity (1) to provide a comprehensive description of their unique family structure and (2) to identity the presenting issue's origin and provide service referrals for tutoring, mentoring, drug and substance abuse education and intervention, conflict resolution, mental health services and support, anger management, social skills training, job skills development, financial literacy, individual and family therapy sessions, cognitive behavioral therapy, truancy prevention, food and clothing assistance, and referrals to court diversion programs.

The centers would be required to maintain membership in the National Assessment Center Association.

LB 1044 (Hilkemann) Adopt the Care Team Innovation Grant Pilot Project and state intent regarding federal funds

Status: IPP'd sine die

Committee Action: None

Summary: LB 1044 would create and adopt the Care Team Innovation Grant Pilot Project Act. It would require the Department of Health and Human Services (DHHS) to establish a timeline and application process for grants for innovation in delivery of health care by hospitals. Such grants would be prioritized by the ability to improve the health care workforce in Nebraska. Each grantee would report results of expenditures to DHHS by December 31, 2024; DHHS would share the results with other health care facilities.

LB 1044 would also state intent to use $2,000,000 in Coronavirus State Fiscal Recovery Funds pursuant to the American Rescue Plan Act.

LB 1068 (Stinner) Change provisions of the Behavioral Health Workforce Act and require an assessment by the University of Nebraska regarding environmental and human health effects of ethanol production

Status: Enacted

Committee Action: Advanced to General File

Summary: LB 1068 would amend the Nebraska Behavioral Health Services Act with regards to intent language and the Behavioral Health Education Center of Nebraska (BHECN), and would clean up outdated language.

Intent language would focus on the underserved areas of the state based upon workforce shortages, and intent would include alleviating education, recruitment, and retention challenges in the behavioral health field.

With regards to BHECN, LB 1068 would provide funds for up to ten additional medical residents, physician assistants, or psychiatric nurse practitioners in a Nebraska-based psychiatry program. This changes the previous language of "two medical residents." It would also provide funds for up to twelve one-year doctoral level psychology internships, which is an increase from the previous number of five. LB 1068 would also add language to provide funds for up to ten one-year mental health therapist internships or practicums in Nebraska, who would be placed in rural and underserved communities in Nebraska.

LB 1068 would also provide for BHECN to educate behavioral health providers and facilities in integrating behavioral health care into primary care practice, and establish a learning collaborative with public school districts.

Explanation of Amendment

AM 2654 was introduced by Senator Blood on General File. It requires the University of Nebraska to conduct an environmental study evaluating long term effects of the chemicals released during ethanol production when such ethanol is made from grains or seeds that have been treated with pesticides.

LB 1091 (Dorn) Adopt the Nebraska Nursing Incentive Act and state intent to appropriate federal funds

Status: Amended provisions included in Appropriations LB 1014, which was enacted.

Committee Action: Advanced to General File with AM 1875

Summary: LB 1091 would create and adopt the Nebraska Nursing Incentive Act. It would require the Department of Health and Human Services to award scholarships to prospective nurses. To qualify for a scholarship, a student must:

1. Be a resident of Nebraska;
2. Intend to enroll in an approved nursing program, defined as a postsecondary program which consists of courses leading to an associate degree, diploma, or certificate in nursing;
3. Intend to practice as a licensed practical nurse (LPN) or nurse aide upon completion of the program; and
4. Agree in writing to work for two years in the state as an LPN or nurse aide.

LB 1091 would also state intent to use $5,000,000 in Coronavirus State Fiscal Recovery Funds pursuant to the American Rescue Plan Act to fund the program.

Explanation of Amendment

AM 1875 would replace the green copy of LB 1091 and become the bill. Changes from the original bill would add to the definition of "approved nursing program" by including a program approved pursuant to statutes related to nursing programs (Neb. Rev. Stat. 38-2232 to 38-2236).

The Nursing Incentive Act would also apply to licensed registered nurses who have received an associate's degree, diploma, or certificate in nursing. It would still exclude registered nurses who have received a bachelor's degree, or advanced practice registered nurses.

The scholarship would be capped at $2,500 per semester per student.

LB 1106 (Day) Change provisions of the Mental Health Practice Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 1106 would allow for school psychologists to be qualified as licensed mental health practitioners, or provisional mental health practitioners. It would amend the Mental Health Practice Act to include individuals with an educational specialist degree who have completed a practicum or internship approved or accredited by the National Association of School Psychologists as licensed mental health practitioners.

LB 1107 (Day) Change provisions relating to provider reimbursement for an absent child under the federal Child Care Subsidy program

Status: IPP'd sine die

Committee Action: None

Summary: LB 1107 would amend the section of statute related to rates paid by the Department of Health and Human Services under the federal Child Care Subsidy program to authorize providers to bill the department the full authorized amount for times that the child is absent on a scheduled day.

LB 1113 (McKinney) Provide for a pilot program to transfer funds under the Young Adult Bridge to Independence Act and state intent to appropriate federal funds

Status: IPP'd sine die

Committee Action: None

Summary: LB 1113 would require the Department of Health and Human Services (DHHS) to administer a "targeted transfer for transition-age youth pilot project." Under the pilot project, an individual who ages out of the Bridge to Independence (B2I) program before December 31, 2024, would receive a cash payment of $1,000 per month until December 31, 2026. The pilot project would be funded with American Rescue Plan Act (ARPA) funds. Additionally, the bill authorizes DHHS to accept in-kind contributions, including financial and mentorship services for recipients.

Participation in the pilot project would be voluntary, and individuals would be eligible to participate regardless of the age at which they entered the B2I program. Independence coordinators (the case managers for the B2I program) would be required to provide information

about the pilot program to young adults prior to exiting the B2I program, including the potential impacts on public benefits and education assistance.

LB 1113 provides that—to the greatest extent authorized under federal and state law—the cash payments (the "targeted transfer") shall be considered an unconditional gift and shall not be taxable nor considered income for purposes of determining eligibility to receive public benefits and financial aid.

LB 1113 would require DHHS to work with at least one independent research-based institution to complete an independent evaluation of the pilot project, including the impact on housing and employment stability, poverty reduction, financial stability, and educational attainment and the overall fiscal impact. The department would be required to provide an evaluation report to the Health and Human Services Committee and the Nebraska Children's Commission by December 31, 2023 and by each December 31 thereafter through 2026.

LB 1126 (M. Cavanaugh) Eliminate family copayments under the child care subsidy program

Status: Withdrawn

Committee Action: None

Summary: LB 1126 would require supplemental Child Care Development Block Grant funds to be used to eliminate co-payments for federally eligible families participating in the child care subsidy program.

LB 1129 (Morfeld) Provide free contraceptives for women as provided

Status: IPP'd sine die

Committee Action: None

Summary: LB 1129 would require the State of Nebraska to provide free contraceptives approved by the Food and Drug Administration to any woman who requests and needs such contraceptives. Costs would be covered through General Fund appropriations. AM 1616 was introduced prior to the hearing, and was considered at the hearing.

AM 1616 to LB 1129 would change "woman" to "person" in the bill, which would require the state to provide free contraceptives to everyone in Nebraska.

LB 1136 (Hunt) Adopt the Senior Care LGBTQ Discrimination Prevention Act

Status: IPP'd sine die

Committee Action: None

Summary: LB 1136 would adopt the Senior Care LGBTQ Discrimination Prevention Act.

As it relates to the Act, "discrimination" would include: denying admission; refusing transfers; evicting or discharging; denying requests to share rooms; denying a transgender resident room

assignment conforming with their gender identity; prohibiting a resident from using the restroom of their gender identity; willfully failing to use a resident's preferred name or pronouns; denying a resident's right to dress how they want; restricting residents' rights to associate with other residents or visitors, including consensual sexual encounters, unless the policy is uniformly enforced; denying care; or providing care in a manner that would be demeaning.

"Facility" would include an assisted living facility, an intermediate care facility, a long-term care hospital, a PACE center, or a skilled nursing facility.

"Gender expression" would mean how one represents one's gender, such as name, clothing, or pronouns.

"Gender identity" would mean the gender expression of a person, demonstrated by consistent assertion of the person's gender identity or other evidence the gender identity is sincerely held.

"Gender-nonconforming" would mean a person whose gender expression does not match stereotypical expectations.

"Harassment" would include requiring identification to use the restroom, available to other individuals of the same gender identity.

"Sexual Orientation" would mean actual or perceived homosexuality, heterosexuality, or bisexuality.

"Transgender" would mean an individual whose gender identity differs from the individual's assigned sex at birth.

LB 1136 would require that facilities not discriminate based upon a resident's sexual orientation, gender identity, gender expression, or human immunodeficiency virus status.

Each facility would be required to post a prominent notice in the facility explaining the Act, containing information regarding filing complaints, and informing residents regarding prohibition of retaliation.

The facility would be required to keep records which include gender identity and preferred name and pronouns.

The facility would be required to provide visual barriers to provide privacy for partially or fully unclothed residents; staff who are not involved with direct care would not be present during a physical examination, unless their presence is consented to; and each resident would need to be informed of their right to refuse treatment if the purpose is educational or informational. If the purpose of the treatment is diagnosis or treatment, a facility shall not restrict a resident's access to care if they exercise this right to refuse.

The Department of Health and Human Services could take disciplinary action against a facility for violation of this Act.

LB 1173 (Health and Human Services Committee) Create a work group and strategic leadership group for child welfare system reform

Status: Enacted

Committee Action: Advanced to General File with AM 1959

Summary: LB 1173 would establish a child welfare practice model work group and require the development of practice and finance model for child welfare system transformation in Nebraska with consultation from key stakeholders, juvenile court judges, providers, individuals with lived experience in the child welfare system, the Nebraska Children's Commission, the Inspector General of Nebraska Child Welfare, the Foster Care Review Office, child advocacy centers, law enforcement, and county attorneys.

LB 1173 provides for the work group to include the Director of Behavioral Health or their designee; the Director of Children and Family Services or their designee; the Director of Developmental Disabilities or their designee; the Director of Medicaid and Long-Term Care or their designee; the Director of Public Health or their designee; the Commissioner of Education or their designee; the State Court Administrator; a representative of the Supreme Court appointed by the Chief Justice; and representatives from each federally recognized Indian tribe in Nebraska.

The work group would provide monthly updates to a child welfare strategic leadership group, which would include: the chairperson of the Judiciary Committee; the chairperson of the Health and Human Services Committee; the Chief Justice; and the CEO of the Department of Health and Human Services or their designee.

LB 1173 provides for DHHS to contract with an outside consultant to assist the work group with the development of the written framework for the practice and finance model. The bill would require the work group to submit a written practice and finance model framework to the Health and Human Services Committee by December 1, 2023. The work group and strategic leadership group would terminate on December 31, 2023.

Explanation of Amendment

AM 1959 is a white copy amendment which incorporates LB 491, LB 541, and LB 854 into LB 1173. The provisions of LB 1173, as described above, are found in sections 1 through 6 of AM 1959.

The provisions LB 491 would terminate the Department of Health and Human Services' authority to contract with another entity for child welfare case management. Currently under Nebraska law, child welfare case managers must be employees of DHHS, with the exception that the department can contract with a "lead agency" for a "case management lead agency model pilot project" in the Eastern Service Area. LB 491 would strike the statutory authority for such a contract. (Sec. 17.) Additionally, LB 491 strikes references to the lead agency model pilot project in sections of statute related to the family finding services pilot project, DHHS's electronic data collection system, child welfare reporting requirements, caseload requirements, and case manager training. (Secs. 8, 10-15, 18.) Finally, LB 491 outright repeals sections which relate specifically to the lead agency model pilot project or are obsolete, including the sections of statute related to DHHS monitoring and reporting requirements with respect to the pilot project,

an evaluation of the child welfare system commissioned by DHHS, and an evaluation of the lead agency model pilot project commissioned by the Legislature. (Sec. 22.)

The amended provisions of LB 541 are found in sections 9 and 16 of AM 1959. LB 541 would require the Division of Children and Family Services, in collaboration with the Foster Care Reimbursement Rate Committee, to implement additional statewide tiers of foster care reimbursement for specialized care giving with standardized rates by October 1, 2022. (Sec. 9.) Additionally, LB 541 would require the Division of Medicaid and Long-Term Care and the Division of Children and Family Services to develop a plan to implement treatment family care services by October 1, 2022 and submit the plan to the Health and Human Services Commission and the Nebraska Children's Commission. (Sec. 16.) Finally, LB 541 would require that the Division of Medicaid and Long-Term Care implement treatment family care services by October 1, 2023. The Department of Health and Human Services must seek to maximize federal funding for the program, prior to utilizing state Medicaid funds. (Sec. 16.)

The provisions of LB 854 are found in section 7 of AM 1959. LB 854 would require that when the Department of Health and Human Services receives a report of alleged out-of-home child abuse or neglect where the subject of the report is a child care provider or a child care staff member, the Division of Children and Family Services must immediately notify the Division of Public Health of receipt of the report, including whether or not an investigation is being undertaken by a law enforcement agency or the department.

LB 1230 (Hilkemann) Provide for a statewide education program regarding cancer and state intent to appropriate funds from the Nebraska Health Care Cash Fund

Status: lPP'd sine die

Committee Action: None

Summary: LB 1230 would require the Department of Health and Human Services (DHHS) to contract with an organization located in Nebraska which provides comprehensive cancer support and education to provide a statewide education program regarding cancer. It would appropriate $500,000 annually from the Health Care Cash Fund (HCCF).

LB 1243 (Murman) Change priorities relating to funding the medicaid home and community-based services waivers for persons with developmental disabilities

Status: lPP'd sine die

Committee Action: None

Summary: LB 1243 would amend the Developmental Disabilities Services Act to change the age a young person would be included in the fourth funding priority category for Nebraska's Medicaid Home and Community-Based Services (HCBS) Waivers. The age would be decreased from twenty-one to thirteen.

The guaranteed services for fourth priority individuals would therefore change from individuals who are transitioning from the education system, to children who are no longer eligible for child care programs under Title XX of the Social Security Act.

LB 1249 (Hansen, B.) Change provisions of the Medical Nutrition Therapy Practice Act

Status: lPP'd sine die

Committee Action: None

Summary: LB 1249 would eliminate the Licensed Medical Nutrition Therapist (LMNT) credential and replace it with two new credentials: (1) the Licensed Dietitian Nutritionist (LDN) credential and (2) the Licensed Nutritionist (LN) credential. The Licensed Nutritionist credential under LB 1249 provides a pathway to licensure for Certified Nutrition Specialists (CNSs) and other non-Registered Dietician Nutritionists who satisfy standards of eligibility set forth in the act.

Unless otherwise authorized or exempted under the act, LB 1249 provides that only a LDN or LN may provide medical nutrition therapy. LB 1249 would define "medical nutrition therapy" to include:

- Interpreting anthropometric, biochemical, clinical, and dietary data in acute and chronic disease states and to establish a nutrition diagnosis, plan and implement nutrition interventions including recommending and ordering nutrient needs based on dietary data for enteral and parenteral nutrition, and monitor and evaluate interventions,
- Developing, directing, and managing food service operations with functions in nutrition-care or collaborating with directors of food and nutrition services at such operations;
- Medical weight control.

LB 1249 provides a list of activities which do not require a license under the act, including to:

- Practice medical nutrition therapy within the scope of the official duties of an employee of the state or federal government or while serving in the armed forces of the United States;
- Engage in practice within the scope of a credential issued under the Uniform Credentialing Act;
- Practice medical nutrition therapy as a student as part of a supervised course of study;
- Be employed as a nutrition or dietetic technician or other food service professional in a hospital setting or other regulated health care facility and who is supervised by a licensed LDN or LN;
- Furnish or explain general nonmedical nutrition information regarding the use of food, food preparation, herbs, and dietary supplements;
- Provide nutrition information, guidance, motivation, behavior change management, health coaching, holistic and wellness education, and other nutrition-care services;
- Present a general program of instruction for medical weight control for an individual with prediabetes or obesity if the program has been approved and initiated with approval from a LDN, LN, CNS, or a licensed health care practitioner;
- Provide nutrition-care services without remuneration to family members;
- Aide in the provision of medical nutrition therapy under the direction of a licensed individual, if the aide is only support activities and does not require independent judgment;
- Engage in activities to fulfill post-degree practice experience requirements;

- Practice medical nutrition therapy if the practitioner is licensed in another jurisdiction and is in the state for the purpose of consultation or conducting a teaching clinical demonstration;
- Provide care for the sick in accordance with the tenets and practices of any bona fide church or religious denomination; and
- Practice dietetics and nutrition for the limited purpose of education and research by any person with a master's or doctoral in nutrition or an equivalent course of study.

Additionally, LB 1249 would authorize LDNs and LNs to:

- Accept or transmit orders from a referring provider;
- Recommend and order patient diets, including therapeutic diets, oral nutrition supplements, and dietary supplements;
- Order medical or laboratory tests related to nutritional therapeutic treatments; and
- Implement prescription drug dose adjustments for specific disease treatment protocols within the limits of such licensee’s knowledge, skills, judgment, and clinical practice guidelines and as approved and delegated by the licensed prescriber, physician, or health care provider who prescribed the drug.

Under LB 1248, enteral and parenteral nutrition therapy may only be ordered, initiated, or performed by a LDN or LN who is also a registered dietitian nutritionist, a certified nutrition support clinician, or meets other requirements demonstrating competency by the board.

LB 1249 provides for the issuance of a one-year temporary license for persons who meet all the requirements for a license except passage of the required examination.

LB 1249 provides that only LDNs and LNs may use certain titles, including dietitian nutritionist, nutritionist, dietician, nutrition counselor, and other similar designations.

LB 1249 would change membership on the Board of Medical Nutrition Therapy to consist of five members, including:

- one licensed nutritionist or licensed dietitian nutritionist;
- two licensed dietitian nutritionists
- one physician;
- one public member

Finally, LB 1249 would require the Board of Medical Nutrition Therapy to develop requirements for appropriate supervision consistent with prevailing professional standards.

Interim Studies Referenced in 2021

LR	Introducer	Description
LR 110	Lathrop	Interim study to investigate the advertisement and use of unproven stem cell injections as a therapy for health disorders
LR 142	Machaela Cavanaugh	Interim study to determine whether legislation should be enacted to provide for additional supports and further address the issue of maternal depression in Nebraska
LR 143	Stinner	Interim study to examine the mental and behavioral health needs of Nebraskans, assess the shortages of providers, and determine what is needed to ensure an adequate behavioral health service delivery system
LR 151	Murman	Interim study to examine whether the Solemn Covenant of the States to Award Prizes for Curing Diseases compact should be adopted
LR 163	Stinner	Interim study to examine postacute placement challenges in Nebraska's health care system
LR 165	Wishart	Interim study to explore ways of improving dental benefits under the medical assistance program
LR 184	Wishart	Interim study to examine the contract process and rates paid to family service providers in the Northern, Southeast, Central, and Western Service Areas of Nebraska
LR 190	McCollister	Interim study to examine the work participation requirements in the federal Temporary Assistance for Needy Families (TANF) program in Nebraska
LR 198	Hunt	Interim study to examine Nebraska's practices relating to social security benefits owed to certain children in the foster care system
LR 201	HHS	Interim study to examine issues within the jurisdiction of the Health and Human Services Committee
LR 202	HHS	Interim study to examine federal legislation regarding COVID-19 pandemic assistance
LR 203	Flood	Interim study to examine medicaid expansion and behavioral health
LR 207	Morfeld	Interim study to examine methods for preventing the spread of

LR	Introducer	Description
		the human immunodeficiency virus
LR 221	Vargas	Interim study to examine maternal and infant mortality and morbidity
LR 237	Vargas	Interim study to examine existing statutes regarding directed health measures
LR 239	HHS	Interim study to examine the effectiveness of medicaid waivers in Nebraska overseen by the Department of Health and Human Services

Interim Studies Referenced in 2022

LR	Introducer	Description
LR 266	Day	Interim study to examine Nebraska's processes relating to investigation of reports of child abuse or neglect in licensed child care facilities
LR 327	Vargas	Interim study to examine issues relating to severe maternal morbidity
LR 360	Day	Interim study to examine eligibility, enrollment, application, renewal, and redetermination practices for the medical assistance program and the Children's Health Insurance Program under the Department of Health and Human Services
LR 366	Wishart	Interim study to examine at least three of the current certified community behavioral health clinics established through the federal Substance Abuse and Mental Health Services Administration's demonstration program
LR 367	DeBoer	Interim study to examine home visitation for families in Nebraska
LR 368	Cavanaugh, M.	Interim study to identify deficiencies and inefficiencies in Nebraska public policy surrounding disability-related service provision
LR 378	Day	Interim study to examine the process for determining the rate of reimbursement for the child care subsidy program
LR 389	Day	Interim study to examine how information on all Parkinson's disease cases can best be collected and reported to the Parkinson's Disease Registry
LR 390	Murman	Interim study to review the current medicaid reimbursement model and processes for Nebraska's critical access hospitals
LR 397	McDonnell	Interim study to examine the needs, workforce, and funding streams for mental health care across Nebraska
LR 404	McKinney	Interim study to examine the racial and ethnic disproportionality within Nebraska's child welfare system
LR 407	Arch	Interim study to examine how Nebraska is utilizing Temporary Assistance for Needy Families funds

LR	Introducer	Description
LR 408	McKinney	Interim study to examine ways to grow and diversify Nebraska's health care workforce
LR 409	Arch	Interim study to examine the Department of Health and Human Services' capacity and resources to treat individuals who have been committed to the department for treatment to restore competency to stand trial
LR 411	Arch	Interim study to examine issues within the jurisdiction of the Health and Human Services Committee
LR 417	Hansen, B.	Interim study to review the current medicaid reimbursement rates and processes for difficult to place patients in Nebraska's acute care hospitals
LR 438	HHS Cmtee	Interim study to examine systemic communication issues between DHHS, Education, and Judiciary regarding youth, especially those in YRTCs.