

March 10, 1988

LB 1100

CLERK: Madam President, yes, there are. I have an amendment from Senator Lamb. Senator Lamb has been excused.

SENATOR LABEDZ: Is there anyone here prepared to handle the amendment for Senator Lamb? Evidently, pass over.

CLERK: Madam President, the next amendment I have is from Senators Morehead, Hannibal and Miller. This amendment is on page 1224 of the Journal.

SENATOR LABEDZ: Senator Hannibal.

SENATOR HANNIBAL: Thank you, Madam Chair, members of the Legislature, this amendment actually is the bill, LB 259, which is actually Senator Morehead's bill and Senator Morehead has been excused from session and Senator Miller and I are also on the bill and I'll attempt to try to explain it. The bill deals with ICFMRs. It is the Intermediate Care Facility for the Mentally Retarded, and, basically, you're having handed out to you right now a little sheet that tells you what this amendment to LB 1100 does do. It, basically, does four different things. One, it eliminates a sunset provision put into a bill through 921 of, I think, two years ago. It would be set to expire the statute language dealing with ICFMRs as of this year and we are going to try to eliminate that sunset. The reason why that sunset was put in place was so that we could come together on terms of how we wanted to handle ICFMRs in state statutes. The second thing that it does, it allows for the Department of Health to set up regulations, rules and regulations that would allow for an administrator of an ICFMR, again, I have problems with these acronyms, an intermediate care facility for the mentally retarded, to be either a nursing home administrator which is what that person is right now. The head of an ICFMR has to be a nursing home administrator or could be, another acronym for you, a QMRF, which is a qualified person in mental retardation, and it would allow the Department of Health to set up regulations to allow that person, a qualified mental retardation administrator, to be an administrator of an ICFMR. Thirdly, it raises the capacity or the minimum bed number, actually maximum bed number, for ICFMRs from what was in statute before of four beds to 15 beds, meaning that you need to have a facility that will house 15 mentally retarded patients, clients, to be able to be called an ICFMR. This is a concession, if you will, from the ICFMR people to the Department of Social Services because they were not interested in having a lot of what we used