

LEGISLATIVE BILL 692

Approved by the Governor May 16, 2001

Introduced by Byars, 30; Cunningham, 18; Engel, 17; Erdman, 47; Jensen, 20;
Maxwell, 9; Price, 26; Suttle, 10; Robak, 22; Smith, 48;
Redfield, 12; Stuhr, 24; Thompson, 14; Kristensen, 37

AN ACT relating to health care funding; to amend sections 71-1626 and 71-1627, Reissue Revised Statutes of Nebraska, and sections 68-1526, 71-6050, 71-7605, 71-7606, 71-7607 to 71-7609, 71-7611, and 71-7614, Revised Statutes Supplement, 2000; to change provisions relating to local public health departments, the Nebraska Lifespan Respite Services Program, and the Nebraska Health Care Funding Act; to change and eliminate provisions relating to use of funds, grants, loan guarantees, and reports; to harmonize provisions; to provide a duty for the Revisor of Statutes; to repeal the original sections; to outright repeal sections 71-7606.01 and 71-7613, Revised Statutes Supplement, 2000; and to declare an emergency.

Be it enacted by the people of the State of Nebraska,

Section 1. Section 68-1526, Revised Statutes Supplement, 2000, is amended to read:

68-1526. The department shall adopt and promulgate rules and regulations for the operation and administration of the Nebraska Lifespan Respite Services Program, including, but not limited to:

(1) Criteria, procedures, and timelines for designation of the community-based private nonprofit or for-profit agencies or public agencies that will receive funding to provide respite services under community lifespan respite services programs; ~~and~~

(2) A requirement that each community lifespan respite services program publicize the telephone number and address where families and caregivers may contact the program; ~~and~~

(3) Procedures and guidelines for determining priorities, eligibility standards, and eligibility criteria for the selection of caregivers to participate in programs funded under the Nebraska Lifespan Respite Services Program.

Sec. 2. Section 71-1626, Reissue Revised Statutes of Nebraska, is amended to read:

71-1626. For purposes of sections 71-1626 to 71-1636 and sections 4 to 11 of this act:

(1) Core public health functions means assessment, policy development, and assurance designed to protect and improve the health of persons within a geographically defined community by (a) emphasizing services to prevent illness, disease, and disability, (b) promoting effective coordination and use of community resources, and (c) extending health services into the community, including public health nursing, disease prevention and control, public health education, and environmental health services;

(2) A county County, district, or city-county health department shall mean means a state-approved local full-time public health service ~~(1)~~ (a) utilizing local, state, federal, and other funds or any combination thereof, ~~(2)~~ (b) employing qualified public health medical, nursing, environmental health, health education, and other essential personnel who work under the direction and supervision of a full-time qualified medical director or of a full-time qualified lay administrator, are well-trained in public health work, and are assisted at least part time by at least one medical consultant who shall be a licensed physician, and ~~(3)~~ (c) conducted in conformity with the rules, regulations, and policies of the Department of Health and Human Services, the Department of Health and Human Services Regulation and Licensure, and the Department of Health and Human Services Finance and Support. The medical director or lay administrator shall be called the health director; ~~and~~

(3) Local public health department means a county, district, or city-county health department.

Sec. 3. Section 71-1627, Reissue Revised Statutes of Nebraska, is amended to read:

71-1627. ~~Any county or group of counties may establish a county or district~~ A local public health department with shall have a health director at its head, who ~~shall be~~ is required to give his or her entire time to the duties of the office, and such other necessary qualified full or part-time health officers, environmental health specialists, public health nurses,

health educators, and clerical assistants as may be necessary to carry on the activities pertinent to a ~~county or district~~ the health department.

Sec. 4. It is the intent of the Legislature that all persons residing in the State of Nebraska have access to public health services. It is the intent of the Legislature that local public health departments be established statewide and work collaboratively with local providers and community organizations in order to assure the full range of public health services as prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services. The Legislature declares that each local public health department should be able to carry out core public health functions. Core public health functions include assessment and policy development, prevention of illness and disease, and assurance of services including public health nursing, health education, and environmental health services.

Sec. 5. (1) Beginning July 1, 2001, and ending June 30, 2002:

(a) The county board of a county which does not have or is not a part of a local public health department may apply to the Department of Health and Human Services for five thousand dollars to be used solely for the development of (i) a plan for the establishment of a local public health department if the county has more than fifty thousand residents or (ii) an interlocal agreement between counties for the establishment of a local public health department if at least three contiguous counties are involved and the counties involved have a total of at least thirty thousand residents; and

(b) The county board of a county which has or is part of a local public health department may apply to the Department of Health and Human Services for five thousand dollars to be used solely for the development of an interlocal agreement for the establishment of a local public health department with at least two other counties if the counties involved have a total of at least thirty thousand residents.

(2) An application under subsection (1) of this section may be made jointly by two or more counties for the development of an interlocal agreement, and each county which is a party to the application shall receive five thousand dollars under such subsection.

(3) An application shall include, but not be limited to, (a) the name of the county or counties making the application, (b) the number of residents of the county or group of counties, and (c) the projected date of implementation of the plan or agreement.

Sec. 6. One or more counties may petition to become part of an existing county or district health department. As part of the petition, the county board may agree to abide by the existing interlocal agreement or may ask for negotiation of a new interlocal agreement. If the petition is denied by the county or counties which have established such existing department, the denial may be appealed to the Director of Regulation and Licensure. Failure of such county or counties to respond within one hundred twenty days after receiving the petition shall constitute a denial of the petition under this section. The director may review the petition, including the terms of the existing or new agreement, and make a determination as to whether the petition should be granted and fair and reasonable terms in regards to the agreement. If the director determines that the petition should be granted but the county or counties which have established such existing department refuse to accept the petition or refuse to accept the terms determined to be fair and reasonable, the director shall prohibit any future payment of funds under section 11 or 22 of this act to the county or district health department established by such county or counties.

Sec. 7. (1) Each local public health department shall carry out the core public health functions within its geographically defined community.

(2) Each local public health department shall include the essential elements in carrying out the core public health functions to the extent applicable within its geographically defined community and to the extent funds are available. The essential elements include, but are not limited to, (a) monitoring health status to identify community health problems, (b) diagnosing and investigating health problems and health hazards in the community, (c) informing, educating, and empowering people about health issues, (d) mobilizing community partnerships to identify and solve health problems, (e) developing policies and rules that support individual and community health efforts, (f) enforcing laws, rules, and regulations that protect public health and the environment and ensure safety, (g) linking people to needed medical and mental health services and assuring the provision of health care when not otherwise available, (h) assuring a competent workforce within the health care industry and the public health departments, (i) evaluating effectiveness, accessibility, and quality of services within the health care industry and the public health departments, and (j) researching to gain new insights and

innovative solutions to health problems.

Sec. 8. Each local public health department shall prepare an annual report regarding the core public health functions carried out by the department in the prior fiscal year. The report shall be submitted to the Department of Health and Human Services by October 1. The department shall compile the reports and submit the results to the Health and Human Services Committee of the Legislature by December 1.

Sec. 9. The Department of Health and Human Services shall employ two full-time persons with expertise in the public health field to provide technical expertise in carrying out core public health functions and essential elements and coordinate the dissemination of materials to the local public health departments.

Sec. 10. (1) The Department of Health and Human Services shall establish a satellite office of minority health in each congressional district to coordinate and administer state policy relating to minority health. Each office shall implement a minority health initiative in counties with a minority population of at least five percent of the total population of the county as determined by the most recent federal decennial census which shall target, but not be limited to, infant mortality, cardiovascular disease, obesity, diabetes, and asthma.

(2) In any congressional district which has a minority population over seventy-five thousand inhabitants, any funds appropriated under subdivision (2)(a) of section 22 of this act shall be distributed as follows: Seventy percent to federally qualified health centers which serve primarily African Americans and thirty percent to federally qualified health centers which serve primarily Spanish-speaking persons and Native Americans.

(3) Each office shall prepare an annual report regarding the implementation of the minority health initiative in the prior fiscal year. The report shall be submitted to the department by October 1. The department shall submit the report to the Health and Human Services Committee of the Legislature by December 1.

Sec. 11. (1) The County Public Health Aid Program is created. Aid as appropriated by the Legislature shall be distributed as provided in subsections (2) through (4) of this section.

(2) The department shall reserve two million dollars in each fiscal year for purposes of this subsection. One hundred thousand dollars shall be distributed each fiscal year to each local public health department established under sections 71-1626 to 71-1636 and sections 4 to 11 of this act which is composed of at least three contiguous counties and has at least thirty thousand and not more than fifty thousand residents within its geographically defined community. One hundred twenty-five thousand dollars shall be distributed each fiscal year to each local public health department established under sections 71-1626 to 71-1636 and sections 4 to 11 of this act which has more than fifty thousand and not more than one hundred thousand residents within its geographically defined community. One hundred fifty thousand dollars shall be distributed each fiscal year to each local public health department established under sections 71-1626 to 71-1636 and sections 4 to 11 of this act which has more than one hundred thousand residents within its geographically defined community. Each local public health department shall use such funds for establishment, management, and operation of such department and its core public health functions. The Health and Human Services Committee of the Legislature shall annually review the number of local public health departments accessing funds pursuant to this subsection.

(3) The department shall allocate a percentage of the remainder of funds appropriated under the County Public Health Aid Program to each county on a per capita basis as determined by the most recent federal decennial census. The funds for each county shall be distributed to the local public health department of the county if the county has more than fifty thousand residents or the local public health department of which the county is a part if the department is composed of at least three counties and has at least thirty thousand residents within its geographically defined community. If a county does not have or is not a part of such a local public health department, the county's share of funds under this subsection shall be held for the remainder of the fiscal year and may be distributed to the county at any time during such year if the county establishes a local public health department pursuant to section 5 of this act or enters an interlocal agreement to establish or become a part of a local public health department pursuant to section 5 or 6 of this act.

(4) Funds received by a local public health department under this section shall not be used to replace or reduce existing county funding to such department. Funds distributed under this section shall be reduced to offset any such replacement or reduction.

Sec. 12. Section 71-6050, Revised Statutes Supplement, 2000, is amended to read:

71-6050. (1) The council shall advise and make recommendations to the department on all matters pertaining to the licensure and regulation of nursing homes in this state.

(2) ~~In , and in~~ furtherance of such powers, the council shall:

(a) Study, review, and make recommendations from time to time to the department for rules and standards governing the licensing and operation of nursing homes in this state;

(b) Recommend procedures to the department in making inspections, reviewing applications, conducting hearings, and performing other duties of the department relative to nursing homes;

(c) Assist the department in the formulation of minimum standards and regulations for nursing homes in this state; and

(d) Perform such other duties as may be necessary to carry out the purposes and intent of sections 71-6043 to 71-6052.

~~(2) The council shall advise the Department of Health and Human Services Finance and Support and the Director of Finance and Support regarding the awarding of grants or making of loan guarantees under section 71-7613.~~

Sec. 13. Section 71-7605, Revised Statutes Supplement, 2000, is amended to read:

71-7605. Sections 71-7605 to 71-7614 ~~and sections 20 to 26 of this act~~ shall be known and may be cited as the Nebraska Health Care Funding Act.

Sec. 14. Section 71-7606, Revised Statutes Supplement, 2000, is amended to read:

71-7606. (1) The purpose of the Nebraska Health Care Funding Act is to ~~provide for the use of revenue use the investment income received from specifically named funding sources for the provision of health care and long-term care services in the State of Nebraska including (1) alternatives to traditional long-term care services, (2) health insurance, (3) community public health services, (4) health care access and delivery for the medically underserved, and (5) health care quality and cost containment health-care-related expenditures.~~

(2) Except as otherwise provided, any funds appropriated or distributed under the act shall not be considered ongoing entitlements or obligations on the part of the State of Nebraska and shall not be used to replace existing funding for existing programs.

(3) No funds shall be used appropriated or distributed under the Nebraska Health Care Funding Act act shall be used for abortion, abortion counseling, referral for abortion, or school-based health clinics, or research or activity of any kind involving the use of human fetal tissue obtained in connection with the performance of an induced abortion or involving the use of human embryonic stem cells or for the purpose of obtaining other funding for such use.

(4) The Department of Health and Human Services and the Department of Health and Human Services Finance and Support shall report annually to the Legislature and the Governor regarding the use of funds appropriated under the act and the outcomes achieved from such use.

Sec. 15. Section 71-7607, Revised Statutes Supplement, 2000, is amended to read:

71-7607. (1) The Nebraska Medicaid Intergovernmental Trust Fund is created. The fund shall include revenue received ~~on or after January 1, 1998,~~ from governmental nursing facilities receiving payments for nursing facility services under the medical assistance program established pursuant to section 68-1018. The Department of Health and Human Services Finance and Support shall remit such revenue to the State Treasurer for credit to the fund. ~~except that of such revenue received on or after July 1, 2000, fourteen million dollars shall be remitted to the State Treasurer for credit to the Nursing Facility Conversion Cash Fund.~~ The department shall adopt and promulgate rules and regulations to establish procedures for participation by governmental nursing facilities and for the receipt of such revenue under this section. ~~Investment income from the Nebraska Medicaid Intergovernmental Trust Fund Money from the fund shall be transferred to the Nebraska Health Care Cash Fund to be used as provided in section 71-7611.~~

(2) If there is an unanticipated reduction in federal medicaid funds derived pursuant to this section, the department may use revenue in the Nebraska Medicaid Intergovernmental Trust Fund to offset the amount of such reduction.

(3) Any money in the fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act.

Sec. 16. Section 71-7608, Revised Statutes Supplement, 2000, is

amended to read:

71-7608. The Nebraska Tobacco Settlement Trust Fund is created. The fund shall include any settlement payments or other revenue received by the State of Nebraska in connection with any tobacco-related litigation to which the State of Nebraska is a party. The Department of Health and Human Services Finance and Support shall remit such revenue to the State Treasurer for credit to the fund, except that, of such revenue received on or after April 1, 2000, twenty-one million dollars shall be credited to the Tobacco Prevention and Control Cash Fund as follows: (1) Seven million dollars in FY1999-00, (2) seven million dollars in FY2000-01, and (3) seven million dollars in FY2001-02. Subject to the terms and conditions of such litigation, ~~the investment income money from the fund Nebraska Tobacco Settlement Trust Fund~~ shall be transferred to the Nebraska Health Care Cash Fund ~~to be used~~ as provided in section 71-7611. Any money in the Nebraska Tobacco Settlement Trust Fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act.

Sec. 17. Section 71-7609, Revised Statutes Supplement, 2000, is amended to read:

71-7609. The Nursing Facility Conversion Cash Fund is created. The fund shall be used for grants or loan guarantees ~~as provided in section 71-7613 by the Department of Health and Human Services Finance and Support to nursing facilities for capital or one-time expenditures to convert all or a portion of such facilities to licensed assisted-living facilities or other alternatives to nursing facility care after deducting expenses incurred in the administration of such grants or loan guarantees. Grants or loan guarantees awarded from the fund prior to January 1, 2002, may be paid to eligible recipients. This section terminates on January 1, 2003. The State Treasurer shall transfer any unobligated balance in the fund upon termination of this section to the Nebraska Health Care Cash Fund.~~ Any money in the ~~fund~~ Nursing Facility Conversion Cash Fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act.

Sec. 18. Section 71-7611, Revised Statutes Supplement, 2000, is amended to read:

71-7611. (1) The Nebraska Health Care Cash Fund is created. The fund shall include revenue transferred from the Nebraska Medicaid Intergovernmental Trust Fund and the Nebraska Tobacco Settlement Trust Fund. The State Treasurer shall transfer fifty million dollars annually no later than July 15 from the Nebraska Medicaid Intergovernmental Trust Fund and the Nebraska Tobacco Settlement Trust Fund to the Nebraska Health Care Cash Fund. The state investment officer upon consultation with the Nebraska Investment Council shall advise the State Treasurer on the amounts to be transferred from the Nebraska Medicaid Intergovernmental Trust Fund and from the Nebraska Tobacco Settlement Trust Fund under this section in order to sustain such transfers in perpetuity. The state investment officer shall report to the Legislature on or before October 1 of every even-numbered year on the sustainability of such transfers. The Nebraska Health Care Cash Fund shall be used for grants as provided in section 71-7614 after deducting any expenses incurred in the administration of such grants.

(2) Any money in the ~~fund~~ Nebraska Health Care Cash Fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act.

Sec. 19. Section 71-7614, Revised Statutes Supplement, 2000, is amended to read:

71-7614. (1) ~~The Nebraska Health Care Cash Fund shall be used for grants for (a) public health services which focus on health education, preventive health measures, and environmental health, assessment, and assurance, including services for reservation or service areas of federally recognized Native American tribes in Nebraska and organizations that focus on the health of minority groups, (b) activities related to the design, maintenance, or enhancement of the statewide trauma system, support of emergency medical services programs, and support for the emergency medical services programs for children, (c) conversion of hospitals in rural areas of the state to critical access hospitals, (d) education, recruitment, and retention of primary care professionals, behavioral health professionals, and nurses for medically underserved areas, (e) health infrastructure development which is supportive of telemedicine capability, including, but not limited to, high-speed data and medical information transmission, and (f) the development and expansion of community-based aging services designed to promote the independent living status of and delay institutional care for elderly persons,~~

including, but not limited to, personal care, respite care, homemaker care, and chore and transportation services.

(2) (1) The Nebraska Health Care Council is created. The Director of Finance and Support or his or her designee shall be an ex officio member of the council. The council shall consist of a chairperson and eight additional members appointed by the Governor with the approval of a majority of the Legislature. The chairperson and additional members shall be appointed for staggered three-year terms, except that of the initial members, three shall be appointed for one-year terms and three for two-year terms. The membership council shall include at least one consumer, and one health care provider, and one member of a racial or ethnic minority. The Director of Finance and Support or his or her designee shall be a nonvoting, ex officio member of the council, and shall be representative of all geographical regions of the state. Any vacancy shall be filled in the same manner as the original appointment for the unexpired term. Members of the council shall be reimbursed for their actual and necessary expenses as provided in sections 81-1174 to 81-1177. The Department of Health and Human Services Finance and Support shall provide staff support for the council. The Department of Health and Human Services and the Department of Health and Human Services Regulation and Licensure shall also assist the Department of Health and Human Services Finance and Support and the council as may be necessary. Members of the council shall be reimbursed for their actual and necessary expenses as provided in sections 81-1174 to 81-1177.

(2) Five million dollars of the Nebraska Health Care Cash Fund shall be used annually for grants awarded by the council for public health purposes as defined by the council and adopted in rules and regulations of the Department of Health and Human Services Finance and Support. At least seven hundred thousand dollars of such grants shall be awarded annually by the council to improve racial and ethnic minority health. Grants awarded under this section shall not exceed three years in duration, except that extensions of up to one year may be granted by the council for good cause. The council shall report all such extensions to the Department of Health and Human Services Finance and Support and to the Health and Human Services Committee of the Legislature.

(3) The council, with the approval of the Director of Finance and Support, shall award grants under subsection (1) of this section to a person or entity for expenditures, including, but not limited to, startup and training expenses and operating losses, which will improve access to or delivery of health care services to medically underserved individuals or in medically underserved areas or which will help contain or reduce the cost or improve the quality of health care services.

(4) Eligible services under subdivision (1)(a) of this section shall include, but not be limited to, (a) projects to implement the Community Health Care Act, (b) the hiring of school nurses by educational service units, school districts, public health entities, or partnerships between schools and public health entities in order to identify children for medicaid eligibility and to provide immunizations and other public health services, (c) health education and activities that focus on prenatal care, proper diet, physical activity, the reduction of teen and other unintended pregnancies, the prevention of disease, and other public health problems, (d) staffing needs for public health services or education, including recruitment and training, (e) pregnancy testing, (f) tests and screenings for blood pressure, cholesterol, sexually transmitted diseases, cervical cancer, breast cancer, communicable diseases, and other potential public health problems, (g) matching funds for state and federal health programs designed to address public health needs, (h) laboratory equipment to enable the Department of Health and Human Services Regulation and Licensure to carry out its powers and duties relating to laboratory services, and (i) public health environmental services.

(5) This section does not create an entitlement to any funds available for grants under this section, and the council may award grants to the extent funds are available and, within its discretion, to the extent such applications are approved. No project shall receive funding for more than three years through such grants unless the council determines that unusual circumstances dictate the need for an extension of funding. Extensions shall be granted for no more than one year at a time and shall be reported by the Department of Health and Human Services Finance and Support to the Health and Human Services Committee of the Legislature.

(6) (3) The department Department of Health and Human Services Finance and Support shall:

(a) In consultation with the Nebraska Health Care Council council, develop criteria for the awarding of grants from the Nebraska Health Care Cash Fund fund pursuant to subsection (1) of this section;

(b) ~~Have the power to approve~~ Approve or disapprove decisions by the council regarding the selection of projects to be funded and the distribution ~~and duration~~ of project funding;

(c) In consultation with the council, establish standards, formats, procedures, and timelines for the successful implementation of approved projects;

(d) In consultation with the council, assist grant recipients in determining the effectiveness of the project and measure the accomplishment of the grant objectives; ~~and~~

(e) Provide annual reports to the Governor and the Legislature concerning the projects. Each report shall include a listing of priorities established by the council for grants awarded under this section, the number of applicants and approved applicants for such grants, an overview of the various funded projects, and detailed reports of the cost of such projects; each project.

~~(7) The department shall, in~~ (f) In consultation with the council, adopt and promulgate rules and regulations establishing criteria, standards, and procedures regarding the selection and administration of funded projects; and

(g) Require recipients of grants under this section to provide such data relating to the funded projects as the department deems necessary. funded from the fund pursuant to subsection (1) of this section. Such projects shall not include permanent, ongoing programs unless approved by the Legislature. The department or council may recommend projects to the Legislature for establishment as permanent, ongoing programs to be funded from the fund. Permanent, ongoing programs approved by the Legislature shall be fully funded on an annual basis prior to the use of the fund for any other project funded from the fund pursuant to subsection (1) of this section. Recipients of funding pursuant to subsection (1) of this section shall be required to provide, upon request, such data relating to the funded projects as the department deems necessary.

Sec. 20. It is the intent of the Legislature to appropriate from the Nebraska Health Care Cash Fund as follows:

(1)(a) Seven million five hundred thousand dollars in fiscal year 2001-02 and seven million five hundred thousand dollars in fiscal year 2002-03 to the Department of Health and Human Services Finance and Support for rates paid to providers of mental health and substance abuse services other than rates funded under subdivision (b) of this subdivision. The Director of Finance and Support shall ensure that funds appropriated under this subdivision are allocated and distributed solely for such purpose; and

(b) Two million four hundred thousand dollars in fiscal year 2001-02 and two million six hundred thousand dollars in fiscal year 2002-03 to the Department of Health and Human Services Finance and Support for rates paid to providers of inpatient hospital mental health services and hospital-sponsored residential care mental health services under the medicaid mental health managed care contract. The state mental health managed care contractor may negotiate different rates with providers as may be necessary and appropriate. Any funds provided by the state mental health managed care contractor for such purpose shall be offset by an equal reduction in state cash fund and federal fund expenditures disbursed to providers under this subdivision. Any funds not expended in fiscal year 2001-02 shall be reappropriated;

(2) Six million five hundred thousand dollars in fiscal year 2001-02 and six million five hundred thousand dollars in fiscal year 2002-03 to the Department of Health and Human Services Finance and Support for the development of community-based mental health and substance abuse services, including intermediate level residential mental health services. Funds appropriated under this subdivision shall be distributed to each of the six mental health regions defined in subdivision (6) of section 71-5002 based upon a formula determined by the Department of Health and Human Services in consultation with regional governing boards, providers, and other interested parties. Services under this subdivision may be provided directly by a regional governing board only after competitive bidding for such services and a determination by the regional governing board with the approval of the Director of Health and Human Services that such services can be more reasonably and beneficially provided by the regional governing board. The department and regional governing boards shall consult with the State Mental Health Planning and Evaluation Council and the State Alcoholism and Drug Abuse Advisory Committee on matters relating to the development and funding of services under this subdivision. The regional governing boards shall ensure that such services are equitably provided in all counties within the region based on need;

(3) One million five hundred thousand dollars in fiscal year 2001-02

and one million five hundred thousand dollars in fiscal year 2002-03 to the Department of Health and Human Services Finance and Support for the cost of maintenance and treatment of persons in emergency protective custody under the Nebraska Mental Health Commitment Act until such persons are admitted for treatment pursuant to an order of commitment by a district court or a mental health board under section 29-1823 or 83-1037. Funds appropriated under this subdivision shall be distributed to mental health regions defined in subdivision (6) of section 71-5002 based on a formula established by the Department of Health and Human Services; and

(4) One million dollars in fiscal year 2001-02 and one million dollars in fiscal year 2002-03 to the Office of Juvenile Services for mental health services to juvenile offenders under section 43-407.

Sec. 21. It is the intent of the Legislature to appropriate three million dollars in fiscal year 2001-02 and five million dollars in fiscal year 2002-03 from the Nebraska Health Care Cash Fund to the Department of Health and Human Services Finance and Support to provide services to persons with developmental disabilities who are on the waiting list for such services beginning with those who have been on the waiting list for the greatest length of time past their date of need.

Sec. 22. It is the intent of the Legislature to appropriate from the Nebraska Health Care Cash Fund as follows:

(1) Five million seven hundred thousand dollars in fiscal year 2001-02 and five million seven hundred thousand dollars in fiscal year 2002-03 for local public health services, public health planning, and public health infrastructure development. Funds appropriated under this subdivision shall be distributed in each fiscal year as follows:

(a) One hundred thousand dollars to the Department of Health and Human Services for two full-time employees with public health expertise and related operating costs; and

(b) Five million six hundred thousand dollars to the Department of Health and Human Services Finance and Support for public health planning grants to counties and for aid to local public health departments as provided in sections 5 and 11 of this act.

Any funds not expended in fiscal year 2001-02 and fiscal year 2002-03 shall be reappropriated each fiscal year; and

(2) Two million eight hundred thousand dollars in fiscal year 2001-02 and two million eight hundred thousand dollars in fiscal year 2002-03 for minority public health services. Funds appropriated under this subdivision shall be distributed in each fiscal year as follows:

(a) One million dollars to federally qualified health centers in a congressional district which has a minority population of over seventy-five thousand inhabitants pursuant to section 10 of this act;

(b) One million five hundred eighty thousand dollars to the Department of Health and Human Services Finance and Support for minority public health services in counties having a minority population equal to or exceeding five percent of the total population of the county in the first and third congressional districts as determined by the most recent federal decennial census. The department shall distribute the funds on a per capita basis for the purpose of implementing a statewide minority health initiative which may target, but shall not be limited to, infant mortality, cardiovascular disease, obesity, diabetes, and asthma; and

(c) Two hundred twenty thousand dollars to the Department of Health and Human Services to establish and operate a satellite office of minority health in the second and third congressional districts to coordinate and administer state policy relating to minority health.

Sec. 23. It is the intent of the Legislature to appropriate from the Nebraska Health Care Cash Fund as follows:

(1) One hundred fifty thousand dollars in fiscal year 2001-02 and one hundred fifty thousand dollars in fiscal year 2002-03 to the Department of Health and Human Services for the development of new respite programs in each of the service areas designated by the Policy Cabinet established in section 81-3009;

(2) One hundred thousand dollars in fiscal year 2001-02 and one hundred thousand dollars in fiscal year 2002-03 to the Department of Health and Human Services for personnel and other administrative costs related to the Nebraska Lifespan Respite Services Program; and

(3) Eight hundred ten thousand dollars in fiscal year 2001-02 and eight hundred ten thousand dollars in fiscal year 2002-03 to the Department of Health and Human Services Finance and Support to aid in carrying out the Nebraska Lifespan Respite Services Program to provide payment to caregivers to purchase services under the respite subsidy program.

Sec. 24. It is the intent of the Legislature to appropriate ten

million dollars in fiscal year 2001-02, ten million dollars in fiscal year 2002-03, twelve million dollars in fiscal year 2003-04, twelve million dollars in fiscal year 2004-05, and fourteen million dollars in each fiscal year thereafter from the Nebraska Health Care Cash Fund to the Department of Health and Human Services Finance and Support for biomedical research. At least seven hundred thousand dollars of such appropriated funds shall be used annually for research to improve racial and ethnic minority health. Twenty-four percent of the appropriated funds shall be distributed annually to the University of Nebraska, sixteen percent for contracts with other postsecondary educational institutions having colleges of medicine in Nebraska and their affiliated research hospitals in Nebraska, and sixty percent to the University of Nebraska and for contracts with other postsecondary educational institutions having colleges of medicine in Nebraska and their affiliated research hospitals in Nebraska based on the percentage of all funds expended by such institutions from the National Institutes of Health of the United States Department of Health and Human Services in the prior year as contained in a certified report of such expenditures to the department from such institutions, excluding any such funds expended for research involving the use of human fetal tissue obtained in connection with the performance of an induced abortion or involving the use of human embryonic stem cells. Each recipient of funds under this section shall report annually to the Legislature and to the Governor regarding the use of such funds received. The Appropriations Committee and the Health and Human Services Committee of the Legislature shall conduct a review of all appropriations to such institutions under this section no later than five years after the effective date of this act and every five years thereafter.

Sec. 25. It is the intent of the Legislature to appropriate five hundred thousand dollars in fiscal year 2001-02 from the Nebraska Health Care Cash Fund to the Legislative Council for the purpose of an evaluation and planning study relating to the delivery of publicly funded health and human services in the State of Nebraska to be directed by the Health and Human Services Committee of the Legislature. The chairperson of the committee shall submit a plan for the study to the Legislature on or before September 1, 2001, and the study shall be completed on or before January 1, 2003. The committee shall report its findings and recommendations to the Governor and to the Legislature on or before January 1, 2003. This section terminates on January 1, 2003.

Sec. 26. It is the intent of the Legislature to appropriate seventy-five thousand dollars in fiscal year 2001-02 and seventy-five thousand dollars in fiscal year 2002-03 from the Nebraska Health Care Cash Fund to the Department of Justice for enforcement of sections 69-2702 and 69-2703.

Sec. 27. The Revisor of Statutes shall assign sections 4 to 11 of this act within sections 71-1626 to 71-1636.

Sec. 28. Original sections 71-1626 and 71-1627, Reissue Revised Statutes of Nebraska, and sections 68-1526, 71-6050, 71-7605, 71-7606, 71-7607 to 71-7609, 71-7611, and 71-7614, Revised Statutes Supplement, 2000, are repealed.

Sec. 29. The following sections are outright repealed: Sections 71-7606.01 and 71-7613, Revised Statutes Supplement, 2000.

Sec. 30. Since an emergency exists, this act takes effect when passed and approved according to law.