



Ninety-Eighth Legislature - First Session - 2003
Committee Statement
LB 724

Hearing Date: February 12, 2003
Committee On: Health and Human Services

Introducer(s): (Jensen)
Title: Adopt the Nebraska Behavioral Health Reform Act

Roll Call Vote – Final Committee Action:

- Advanced to General File
 - X Advanced to General File with Amendments
 - Indefinitely Postponed
-

Vote Results:

6	Yes	Senator Jensen, Byars, Cunningham, Maxwell, Erdman and Johnson
1	No	Senator Stuthman
	Present, not voting	
	Absent	

Proponents:

Senator Jensen
Dr. Jerry Denton
Denis McCarville
Dr. Susan Boust

Jim Cole
Morgan Kupsinel
Carol Boye
J. Rock Johnson

Representing:

Introducer
NAMI
Uta Halle / Cooper Village
Nebraska Medical Association & Nebraska
Psychiatric Society
Nebraska Psychological Association
NAPE
Community Alliance
Self

Opponents:

Thomas Greener
Roger Keetle
Mary Ann Borgeson
Elaine Menzel

Representing:

Region System
Nebraska Hospital Association
Douglas County
Nebraska Association of County Officials

Neutral:

Jeff Golden
Brad Muerrens

Representing:

Boys and Girls Home of Nebraska
Nebraska Advocacy Services

Summary of purpose and/or changes: The bill adopts the Behavioral Health Reform Act, to provide legislative findings and intent for behavioral health reform and a process for implementing such reform, including a substantive recodification of relevant statutes. The bill defines terms.

With respect to the three state hospitals for the mentally ill, or regional centers, the bill provides legislative intent that relevant statutes be revised and recodified to (1) decrease reliance on the regional centers for the inpatient treatment of behavioral health disorders and consolidate the inpatient treatment currently provided at such centers, including the designation of one inpatient regional center facility with a single administrative and clinical staff for all regional center operations; (2) reinvest revenue from the reduction or elimination of inpatient regional center services into the statewide development of community-based behavioral health services; and (3) provide for more accountable and cost-effective utilization of professional staff at the regional centers, consistent with the clinical needs of patients, and ensure that payment for professional services at such centers is only made on an hourly basis for the number of hours of services actually provided.

With respect to the county regional governance system, the bill provides legislative intent that relevant statutes be revised and recodified to (1) reduce the number of behavioral health regions and restructure the regional governing boards to include county board members and other persons with a broad range of interests and expertise in the provision of behavioral health services in the region; (2) limit and redefine duties of the regional governing board, while preserving local control and self-determination to the greatest extent possible in each region; (3) eliminate the county matching funds requirement in sections 71-5009 and 71-5027 and require funding from the regional governing boards based on a maintenance of effort requirement established by the department; and (4) prohibit the regional governing boards from directly providing behavioral health services in the region and permit the regional governing boards currently providing such services to reorganize as separate legal entities with separate boards of directors for the purpose of providing such services.

With respect to the statewide administration and funding of the behavioral health system, the bill provides legislative intent that relevant statutes be revised and recodified to: (1) reduce the overall growth of state expenditures by the system and maximize access to federal Medicaid funding for community-based behavioral health services; (2) provide additional support and guidance for the statewide development of community-based behavioral health services; (3) require that all public funding for the behavioral health care system, including regional center funding, be integrated within the Nebraska Health and Human Services System to provide for the most efficient and effective transition of persons to the least costly and least restrictive treatment environment possible appropriate to the clinical needs of such persons; and (4) restructure the statewide administration of the behavioral health system to require the creation of a separate Division of Mental Health, Substance Abuse, and Addiction Services within the department, and appointment by the Governor of a chief administrative and clinical officer for behavioral health within the Nebraska Health and Human Services System.

The bill requires the chairperson of the Health and Human Services Committee to prepare and introduce legislation or amendments to legislation in the Ninety-Eighth Legislature to implement such intent.

Explanation of amendments, if any: The committee amendment (AM 1031) becomes the bill. It retains legislative findings and definitions in the bill as introduced, and adds a definition for “mental health board.” With respect to the three state hospitals for the mentally ill,

the amendment revises language relating to regional center consolidation and includes permissive language that such consolidation “may include the designation of one inpatient regional center facility with a single administrative and clinical staff for all regional center operations.” Specific intent language is deleted relating to payment for professional services at the regional centers.

The amendment uses more generalized intent language relating to the county regional governance system. It provides intent to “change membership of the regional governing boards to include elected officials and other persons with a broad range of interests and expertise in the provisions of behavioral health services in the region and change the method for the appointment of such members to such boards.” It revises language relating to elimination of the county matching funds requirement, and requires “local funding for behavioral health services provided in each behavioral health region based on a maintenance of effort requirement established by the department, including funding from counties and other public and private sources.” With respect to language prohibiting the regional governing boards from directly providing services in the region, the amendment provides intent that the regional governing boards be “restricted or prohibited” from directly providing services “without state approval.”

The amendment uses more generalized language relating to statewide administration of the behavioral health system. The amendment provides intent to restructure the statewide administration of the behavioral health system and requires appointment of a chief administrative and clinical officer for behavioral health within HHSS, but does not specifically require that the appointment be made by the Governor.

The amendment adds legislative findings and intent with respect to mental health commitments and the Nebraska Mental Health Commitment Act. The amendment finds that “many persons with behavioral health disorders are admitted for inpatient treatment when outpatient treatment would be a clinically appropriate and less restrictive treatment alternative for such persons, mental health board commitments lack uniformity statewide, and persons are frequently retained in emergency protective custody after being committed for treatment by a mental health board and prior to the commencement of such treatment.”

Section 8 of the amendment provides legislative intent that the Nebraska Mental Health Commitment Act be revised and recodified to “(1) limit the number of mental health boards and change provisions relating to such boards, (2) permit physicians and psychologists to initiate emergency protective custody procedures, (3) encourage outpatient community-based commitments, avoid more costly and inappropriate inpatient commitments, and facilitate the transition of person from the regional centers to less restrictive community-based treatment alternatives consistent with the clinical needs of such persons, and (4) clarify the authority and obligation of counties relating to the emergency protective custody of persons after commitment by a mental health board and prior to the admission of such persons for treatment pursuant to such commitment.”

The committee amendment revises intent language in the bill as introduced and allows more flexibility for the chairperson of the Health and Human Services Committee in the drafting of implementing legislation relating to such intent.

Senator Jim Jensen, Chairperson