

AMENDMENTS TO LB320

(Amendments to Standing Committee amendments, AM767)

Introduced by Davis, 43.

1 1. Insert the following new sections:

2 Sec. 10. Section 68-1107, Revised Statutes Cumulative Supplement,
3 2014, is amended to read:

4 68-1107 (1) The Aging Nebraskans Task Force is created. The purposes
5 purpose of the task force are (a) is to develop and facilitate
6 implementation of a statewide strategic plan for addressing the needs of
7 the aging population in the state and (b) to develop a state plan
8 regarding persons with Alzheimer's or related disorders as provided in
9 section 13 of this act. The task force shall provide a forum for
10 collaboration among state, local, community, public, and private
11 stakeholders in long-term care programs.

12 (2)(a) The executive committee of the task force shall include as
13 voting members the chairperson of the Health and Human Services Committee
14 of the Legislature, a member of the Appropriations Committee of the
15 Legislature appointed by the Executive Board of the Legislative Council,
16 a member of the Health and Human Services Committee of the Legislature
17 appointed by the Executive Board of the Legislative Council, a member of
18 the Legislature's Planning Committee appointed by the Executive Board of
19 the Legislative Council, and an at-large member appointed by the
20 Executive Board of the Legislative Council. The voting members of the
21 executive committee shall choose a chairperson and vice-chairperson from
22 among the voting members.

23 (b) The chief executive officer of the Department of Health and
24 Human Services or his or her designee and the Chief Justice of the
25 Supreme Court or his or her designee shall be nonvoting, ex officio
26 members of the executive committee of the task force.

1 (c) The remaining four members of the task force shall be nonvoting
2 members appointed by the executive committee of the task force through an
3 application and selection process, representing stakeholders in the long-
4 term care system and may include a representative of the Division of
5 Medicaid and Long-Term Care Advisory Committee on Aging, representatives
6 of health care providers, elder law attorneys, representatives of the
7 long-term care ombudsman program, health care economists, geriatric
8 specialists, family caregivers of seniors in at-home care, providers of
9 services to the elderly, seniors currently or previously in institutional
10 care, and aging advocacy organizations.

11 (3) The executive committee of the task force shall advise the task
12 force regarding the interaction among the three branches of government
13 related to long-term care programs and services. The members of the
14 executive committee shall each represent his or her own branch of
15 government, and no member of the executive committee shall participate in
16 actions that could be deemed to be the exercise of the duties and
17 prerogatives of another branch of government or that improperly delegate
18 the powers and duties of any branch of government to another branch of
19 government.

20 (4) The task force shall work with administrators of area agencies
21 on aging, nursing home and assisted-living residence providers,
22 hospitals, rehabilitation centers, managed care companies, senior citizen
23 centers, community stakeholders, advocates for elder services and
24 programs, the Center for Public Affairs Research of the College of Public
25 Affairs and Community Service at the University of Nebraska at Omaha, and
26 seniors statewide to establish effective community collaboration for
27 informed decisionmaking that supports the provisions of effective and
28 efficient long-term care services.

29 (5) The task force shall create a statewide strategic plan for long-
30 term care services in Nebraska which shall consider, but not be limited
31 to:

1 (a) Promotion of independent living through provision of long-term
2 care services and support that enable an individual to live in the
3 setting of his or her choice;

4 (b) Provision of leadership to support sound fiscal management of
5 long-term care budgets so that Nebraska will be able to meet the
6 increasing demand for long-term care services as a growing portion of the
7 state's population reaches the age of eighty years;

8 (c) Expedited creation of workforce development and training
9 programs specific to the needs of and in response to Nebraska's growing
10 aging population;

11 (d) The identification of gaps in the service delivery system that
12 contribute to the inefficient and ineffective delivery of services; and

13 (e) Development of a process for evaluating the quality of
14 residential and home and community-based long-term care services and
15 support.

16 Sec. 11. Section 68-1108, Revised Statutes Cumulative Supplement,
17 2014, is amended to read:

18 68-1108 (1) On or before December 15, 2014, the Aging Nebraskans
19 Task Force shall present electronically to the Legislature a report of
20 recommendations for the statewide strategic plan described in section
21 68-1107. The Department of Health and Human Services shall also annually
22 report electronically to the Legislature the percentage growth of
23 medicaid spending for people over sixty-five years of age for no fewer
24 than five years following acceptance of the application to the State
25 Balancing Incentive Payments Program pursuant to section 81-3138.

26 (2) The task force shall develop a state plan as provided in section
27 13 of this act and electronically deliver the state plan to the Governor
28 and the Legislature on or before December 15, 2016. The task force shall
29 make a presentation of the state plan to the Health and Human Services
30 Committee of the Legislature on or before December 15, 2016.

31 Sec. 12. Section 68-1109, Revised Statutes Cumulative Supplement,

1 2014, is amended to read:

2 68-1109 The Aging Nebraskans Task Force terminates on January 1,
3 2017 June 30, 2016, unless extended by the Legislature.

4 Sec. 13. (1) The Aging Nebraskans Task Force shall develop a state
5 plan regarding persons with Alzheimer's and related disorders. The task
6 force shall work with the chief executive officer of the Department of
7 Health and Human Services, the Public Guardian, the area agencies on
8 aging, organizations advocating for patients and caregivers for patients
9 with Alzheimer's or related disorders, the law enforcement community,
10 patients with Alzheimer's or related disorders, caregivers for patients
11 with Alzheimer's or related disorders, client advocacy organizations,
12 health care provider advocacy organizations, private health care
13 providers, and community-based health professionals.

14 (2) The task force shall:

15 (a) Assess the current and future impact of Alzheimer's and related
16 disorders on residents of the state;

17 (b) Determine the existing services and resources in the state that
18 address the needs of individuals with Alzheimer's and related disorders
19 and their families and caregivers; and

20 (c) Develop recommendations to respond to escalating needs for the
21 services and resources described in subdivision (b) of this subsection.

22 (3) In fulfilling the duties described in subsection (1) of this
23 section, the task force shall examine:

24 (a) Trends and needs in the state relating to populations with
25 Alzheimer's or related disorders, including (i) the state's role in the
26 provision of long-term care, (ii) family caregiver support, (iii) the
27 provision of early-stage diagnoses, assistance, support, and medical
28 services, (iv) younger onset of Alzheimer's or related disorders, (v)
29 ethnic populations at higher risk, and (vi) risk reduction;

30 (b) Existing services, resources, and capacity available to
31 individuals with Alzheimer's or related disorders, including:

1 (i) The type, cost, availability, and adequacy of services,
2 including, (A) home and community-based resources, (B) respite care, (C)
3 residential long-term care, and (D) geriatric-psychiatric units for
4 individuals with associated behavioral disorders;

5 (ii) Dementia-specific training requirements for individuals who are
6 employed to provide care to individuals with Alzheimer's or related
7 disorders;

8 (iii) Quality of care measures for services delivered across the
9 continuum of care;

10 (iv) The capacity of public safety and law enforcement to respond to
11 individuals with Alzheimer's or related disorders; and

12 (v) State support to institutions of higher learning for research on
13 Alzheimer's or related disorders;

14 (c) The need for state policy or action in order to provide clear,
15 coordinated services and support to individuals with Alzheimer's or
16 related disorders and their families and caregivers; and

17 (d) Strategies to identify gaps in services.

18 Sec. 14. Sections 1 to 9 of this act become operative three
19 calendar months after adjournment of this legislative session. The other
20 sections of this act become operative on their effective date.

21 Sec. 15. Original sections 68-1107, 68-1108, and 68-1109, Revised
22 Statutes Cumulative Supplement, 2014, are repealed.

23 Sec. 16. Since an emergency exists, this act takes effect when
24 passed and approved according to law.