

LEGISLATIVE BILL 407

Approved by the Governor April 27, 2017

Introduced by Pansing Brooks, 28; Baker, 30; Brewer, 43; Crawford, 45;
Kolterman, 24; Lindstrom, 18; McDonnell, 5; Wishart, 27.

A BILL FOR AN ACT relating to public health; to create and provide duties for a task force; and to provide for termination.

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

Section 1. (1) The Whiteclay Public Health Emergency Task Force is created.

(2) The task force shall consist of five voting members: The chairperson of the State-Tribal Relations Committee of the Legislature, an additional member of the State-Tribal Relations Committee of the Legislature, the chairperson of the Health and Human Services Committee of the Legislature or his or her designee, the chairperson of the Appropriations Committee of the Legislature or his or her designee, and the chairperson of the Judiciary Committee of the Legislature or his or her designee. The voting members of the task force shall choose a chairperson and vice-chairperson from among the voting members.

(3) The task force shall also include the following nonvoting, ex officio members: The executive director of the Commission on Indian Affairs or his or her designee, a public health expert, and a data analysis expert from the University of Nebraska Medical Center appointed by the Chancellor of the University of Nebraska Medical Center.

(4) The task force shall consult with (a) advocacy groups that focus on public health issues and economic development issues, (b) academic experts in health care and economic development issues, (c) service providers, (d) educational institutions, (e) workforce development agencies, and (f) experts in public health issues for Native American people.

Sec. 2. (1) The Whiteclay Public Health Emergency Task Force shall examine public health implications of alcohol sales in Whiteclay, Nebraska, on the Whiteclay community and surrounding areas, including the neighboring Pine Ridge Reservation. The task force shall: (a) Collect, examine, and analyze data on fetal alcohol syndrome and other health conditions related to alcoholism in such areas; (b) collect, examine, and analyze data on access in such areas to detoxification, treatment facilities, telehealth, distance learning, and other health resources for those affected by the consumption of alcohol, including affected children; (c) collect, examine, and analyze data on children in such areas who are at risk of continuing a cycle of alcoholism unless outside intervention is made available; (d) encourage participation and obtain input from academic and medical experts, including, but not limited to, the University of Nebraska Medical Center; (e) encourage and obtain input from nonprofit organizations, faith-based institutions, and city, county, and tribal government officials to evaluate and develop strategies and solutions to help victims escape alcoholism; (f) study, evaluate, and report on the status and effectiveness of policies, procedures, and programs implemented by other states directed toward Native American populations as they relate to preventing and combating alcoholism; (g) evaluate the adequacy of interagency data sharing and policy coordination and recommend changes as necessary; (h) examine sources of federal, state, and private funds that may be available for prevention, detoxification, treatment, rehabilitation, and economic development; (i) create a long-range strategic plan containing measurable goals and benchmarks, including future action needed to attain those goals and benchmarks, for decreasing the incidence of alcohol-related health problems through prevention programs and increasing treatment, access to detoxification services, and economic growth in Whiteclay, Nebraska, and the surrounding areas; and (j) recommend data-supported changes to policies, procedures, and programs to address the needs of children affected by alcohol-related health issues and to help those children escape the cycle of alcoholism, including the steps that will be required to make the recommended changes and whether further action is required by the Legislature or local governments.

(2) To accomplish the objectives set forth in subsection (1) of this section, the task force may request, obtain, review, and analyze information relating to public health issues in Whiteclay, Nebraska, and surrounding areas, including, but not limited to, reports, audits, data, projections, and statistics.

Sec. 3. On or before December 15, 2017, and on or before December 15, 2018, the Whiteclay Public Health Emergency Task Force shall submit a preliminary report to the Governor, the executive director of the Commission on Indian Affairs, and electronically to the State-Tribal Relations Committee of the Legislature and the Executive Board of the Legislative Council. On or before December 31, 2019, the task force shall submit a final report to the Governor, the executive director of the Commission on Indian Affairs, and electronically to the State-Tribal Relations Committee of the Legislature and the Executive Board of the Legislative Council. The preliminary reports and the final report shall include: (1) The long-range strategic plan required pursuant

to section 2 of this act; (2) a summary of the actions taken by the task force to fulfill its statutory purposes and duties during the time period covered by the report; (3) a description of the policies, procedures, and programs that have been implemented or modified to help rectify the Whiteclay public health emergency; and (4) the task force's recommendations on how the state should act to solve issues relating to the Whiteclay public health emergency and the economic and social issues contributing to the emergency.

The Whiteclay Public Health Emergency Task Force shall terminate on December 31, 2019.