

AMENDMENTS TO LB227

(Amendments to Standing Committee amendments, AM848)

Introduced by Hansen, B., 16.

1           1. Strike the original sections and all amendments thereto and  
2 insert the following new sections:

3           Section 1. Sections 1 to 14 of this act shall be known and may be  
4 cited as the Behavior Analyst Practice Act.

5           Sec. 2. For purposes of the Behavior Analyst Practice Act, the  
6 definitions found in sections 3 to 8 of this act apply.

7           Sec. 3. Behavior technician means an individual who practices under  
8 the close, ongoing supervision of a licensed behavior analyst or a  
9 licensed assistant behavior analyst.

10          Sec. 4. Board means the Board of Behavior Analysts.

11          Sec. 5. Certifying entity means the Behavior Analyst Certification  
12 Board or another equivalent entity approved by the Board of Behavior  
13 Analysts which has programs to credential practitioners of applied  
14 behavior analysis that have substantially equivalent requirements as the  
15 programs offered by the Behavior Analyst Certification Board as  
16 determined by the Board of Behavior Analysts.

17          Sec. 6. Licensed assistant behavior analyst means an individual  
18 practicing under the close ongoing supervision of a licensed behavior  
19 analyst and who also meets the requirements specified in section 10 of  
20 this act and is issued a license as a licensed assistant behavior analyst  
21 under the Behavior Analyst Practice Act by the department.

22          Sec. 7. Licensed behavior analyst means an individual who meets the  
23 requirements specified in section 10 of this act and who is issued a  
24 license as a licensed behavior analyst under the Behavior Analyst  
25 Practice Act by the department.

26          Sec. 8. (1) Practice of applied behavior analysis means the design,

1 implementation, and evaluation of instructional and environmental  
2 modifications to produce socially significant improvements in human  
3 behavior.

4 (2) Practice of applied behavior analysis includes the empirical  
5 identification of functional relations between behavior and environmental  
6 factors, known as functional assessment and analysis.

7 (3) Applied behavior analysis interventions (a) are based on  
8 scientific research and direct and indirect observation and measurement  
9 of behavior and environment and (b) utilize contextual factors,  
10 motivating operations, antecedent stimuli, positive reinforcement, and  
11 other procedures to help individuals develop new behaviors, increase or  
12 decrease existing behaviors, and emit behaviors under specific  
13 environmental conditions.

14 (4) Practice of applied behavior analysis excludes (a) diagnosis of  
15 disorders, (b) psychological testing, (c) psychotherapy, (d) cognitive  
16 therapy, (e) psychoanalysis, (f) counseling, (g) functional movement  
17 analysis, (h) practice by persons required to be credentialed under the  
18 Audiology and Speech-Language Pathology Practice Act in the diagnosis or  
19 treatment of hearing, speech, communication, or swallowing disorders, or  
20 (i) practice by persons required to be credentialed under the  
21 Occupational Therapy Practice Act in the treatment of occupational  
22 performance dysfunction, such as activities of daily living and  
23 instrumental activities of daily living.

24 Sec. 9. The Behavior Analyst Practice Act shall not be construed as  
25 prohibiting the practice of any of the following:

26 (1) A licensed psychologist in the State of Nebraska and any person  
27 who delivers psychological services under the supervision of a licensed  
28 psychologist, if the applied behavior analysis services are provided  
29 within the scope of the licensed psychologist's education, training, and  
30 competence and the licensed psychologist does not represent that the  
31 psychologist is a licensed behavior analyst unless the psychologist is

1 licensed as a behavior analyst under the act;

2 (2) An individual licensed to practice any other profession in the  
3 State of Nebraska and any person who delivers services under the  
4 supervision of the licensed professional, if (a) applied behavior  
5 analysis is stated in the Uniform Credentialing Act as being in the scope  
6 of practice of the profession, (b) the applied behavior analysis services  
7 provided are within the scope of the licensed professional's education,  
8 training, and competence, and (c) the licensed professional does not  
9 represent that the professional is a licensed behavior analyst unless the  
10 professional is licensed as a behavior analyst under the act;

11 (3) A behavior technician who delivers applied behavior analysis  
12 services under the extended authority and direction of a licensed  
13 behavior analyst or a licensed assistant behavior analyst;

14 (4) A caregiver of a recipient of applied behavior analysis services  
15 who delivers those services to the recipient under the extended authority  
16 and direction of a licensed behavior analyst. A caregiver shall not  
17 represent that the caregiver is a professional behavior analyst;

18 (5) A behavior analyst who practices with animals, including applied  
19 animal behaviorists and animal trainers. Such a behavior analyst may use  
20 the title "behavior analyst" but may not represent that the behavior  
21 analyst is a licensed behavior analyst unless the behavior analyst is  
22 licensed under the act;

23 (6) A professional who provides general applied behavior analysis  
24 services to organizations, so long as those services are for the benefit  
25 of the organizations and do not involve direct services to individuals.  
26 Such a professional may use the title "behavior analyst" but may not  
27 represent that the professional is a licensed behavior analyst unless the  
28 professional is licensed under the act;

29 (7) A matriculated college or university student or postdoctoral  
30 fellow whose applied behavior analysis activity is part of a defined  
31 program of study, course, practicum, internship, or fellowship and is

1 directly supervised by a licensed behavior analyst licensed in Nebraska  
2 or a qualified faculty member of a college or university offering a  
3 program of study, course, practicum, internship or fellowship in applied  
4 behavior analysis. Such student or fellow shall not represent that the  
5 student or fellow is a professional behavior analyst and shall use a  
6 title that clearly indicates the trainee status, such as student, intern,  
7 or trainee;

8 (8) An unlicensed individual pursuing experience in applied behavior  
9 analysis consistent with the experience requirements of the certifying  
10 entity, if such experience is supervised in accordance with the  
11 requirements of the certifying entity;

12 (9) An individual who teaches behavior analysis or conducts  
13 behavior-analytic research, if such activities do not involve the direct  
14 delivery of applied behavior analysis services beyond the typical  
15 parameters of applied research. Such an individual may use the title  
16 "behavior analyst" but shall not represent that the individual is a  
17 licensed behavior analyst unless the individual is licensed under the  
18 act; and

19 (10) An individual employed by a school district performing the  
20 duties for which employed. Such an individual shall not represent that  
21 the individual is a licensed behavior analyst unless the individual is  
22 licensed under the act, shall not offer applied behavior analysis  
23 services to any person or entity other than the school which employs the  
24 individual, and shall not accept remuneration for providing applied  
25 behavior analysis services other than the remuneration received for the  
26 duties for which employed by the school employer.

27 Sec. 10. (1) Beginning one year after the operative date of this  
28 section, each applicant for licensure as a licensed behavior analyst or  
29 licensed assistant behavior analyst shall submit an application that  
30 includes evidence that the applicant meets the requirements of the  
31 Uniform Credentialing Act for a license as a licensed behavior analyst or

1 licensed assistant behavior analyst, as applicable.

2 (2) The board shall adopt rules and regulations to specify minimum  
3 standards required for a license as a licensed behavior analyst or a  
4 licensed assistant behavior analyst as provided in section 38-126. The  
5 board shall include certification by the certifying entity as a Board  
6 Certified Behavior Analyst® or a Board Certified Behavior Analyst-  
7 Doctoral® as part of the minimum standards for licensure as a licensed  
8 behavior analyst. The board shall include certification by the certifying  
9 entity as a Board Certified Assistant Behavior Analyst® as part of the  
10 minimum standards for licensure as a licensed assistant behavior analyst.

11 Sec. 11. (1) A behavior analyst or an assistant behavior analyst  
12 who is licensed in another jurisdiction or certified by the certifying  
13 entity to practice independently and who provides applied behavior  
14 analysis services in the State of Nebraska on a short-term basis may  
15 apply for a temporary license. An applicant for a temporary license shall  
16 submit evidence that the practice in Nebraska will be temporary as  
17 determined by the board according to rules and regulations adopted and  
18 promulgated pursuant to section 38-126. The department shall issue a  
19 temporary license under this subsection only if the department verifies  
20 the applicant's licensure or certification status with the relevant  
21 entity.

22 (2) An applicant for licensure as a licensed behavior analyst or as  
23 a licensed assistant behavior analyst under the Behavior Analyst Practice  
24 Act who is a military spouse may apply for a temporary license as  
25 provided in section 38-129.01.

26 Sec. 12. A behavior technician shall not represent that the  
27 technician is a professional behavior analyst and shall use a title that  
28 indicates the nonprofessional status, such as Registered Behavior  
29 Technician®, behavior technician, or tutor.

30 A behavior technician shall not design assessment or intervention  
31 plans or procedures but may deliver services as assigned by the

1 supervisor responsible for the technician's work as designated by the  
2 licensed behavior analyst.

3       Sec. 13. The board shall adopt a code of conduct for licensed  
4 behavior analysts and licensed assistant behavior analysts. The code of  
5 conduct shall be based on the Ethics Code for Behavior Analysts adopted  
6 by the certifying entity.

7       Sec. 14. The department shall establish and collect fees for  
8 initial licensure and renewal under the Behavior Analyst Practice Act as  
9 provided in sections 38-151 to 38-157.

10       Sec. 15. Section 38-101, Revised Statutes Cumulative Supplement,  
11 2022, is amended to read:

12       38-101 Sections 38-101 to 38-1,147 and the following practice acts  
13 shall be known and may be cited as the Uniform Credentialing Act:

- 14       (1) The Advanced Practice Registered Nurse Practice Act;
- 15       (2) The Alcohol and Drug Counseling Practice Act;
- 16       (3) The Athletic Training Practice Act;
- 17       (4) The Audiology and Speech-Language Pathology Practice Act;
- 18       (5) The Behavior Analyst Practice Act;
- 19       (6) ~~(5)~~ The Certified Nurse Midwifery Practice Act;
- 20       (7) ~~(6)~~ The Certified Registered Nurse Anesthetist Practice Act;
- 21       (8) ~~(7)~~ The Chiropractic Practice Act;
- 22       (9) ~~(8)~~ The Clinical Nurse Specialist Practice Act;
- 23       (10) ~~(9)~~ The Cosmetology, Electrology, Esthetics, Nail Technology,  
24 and Body Art Practice Act;
- 25       (11) ~~(10)~~ The Dentistry Practice Act;
- 26       (12) ~~(11)~~ The Dialysis Patient Care Technician Registration Act;
- 27       (13) ~~(12)~~ The Emergency Medical Services Practice Act;
- 28       (14) ~~(13)~~ The Environmental Health Specialists Practice Act;
- 29       (15) ~~(14)~~ The Funeral Directing and Embalming Practice Act;
- 30       (16) ~~(15)~~ The Genetic Counseling Practice Act;
- 31       (17) ~~(16)~~ The Hearing Instrument Specialists Practice Act;

- 1           ~~(18)~~ ~~(17)~~ The Licensed Practical Nurse-Certified Practice Act until  
2 November 1, 2017;
- 3           ~~(19)~~ ~~(18)~~ The Massage Therapy Practice Act;
- 4           ~~(20)~~ ~~(19)~~ The Medical Nutrition Therapy Practice Act;
- 5           ~~(21)~~ ~~(20)~~ The Medical Radiography Practice Act;
- 6           ~~(22)~~ ~~(21)~~ The Medicine and Surgery Practice Act;
- 7           ~~(23)~~ ~~(22)~~ The Mental Health Practice Act;
- 8           ~~(24)~~ ~~(23)~~ The Nurse Practice Act;
- 9           ~~(25)~~ ~~(24)~~ The Nurse Practitioner Practice Act;
- 10          ~~(26)~~ ~~(25)~~ The Nursing Home Administrator Practice Act;
- 11          ~~(27)~~ ~~(26)~~ The Occupational Therapy Practice Act;
- 12          ~~(28)~~ ~~(27)~~ The Optometry Practice Act;
- 13          ~~(29)~~ ~~(28)~~ The Perfusion Practice Act;
- 14          ~~(30)~~ ~~(29)~~ The Pharmacy Practice Act;
- 15          ~~(31)~~ ~~(30)~~ The Physical Therapy Practice Act;
- 16          ~~(32)~~ ~~(31)~~ The Podiatry Practice Act;
- 17          ~~(33)~~ ~~(32)~~ The Psychology Practice Act;
- 18          ~~(34)~~ ~~(33)~~ The Respiratory Care Practice Act;
- 19          ~~(35)~~ ~~(34)~~ The Surgical First Assistant Practice Act; and
- 20          ~~(36)~~ ~~(35)~~ The Veterinary Medicine and Surgery Practice Act.

21           If there is any conflict between any provision of sections 38-101 to  
22 38-1,147 and any provision of a practice act, the provision of the  
23 practice act shall prevail except as otherwise specifically provided in  
24 section 38-129.02.

25           Sec. 16. Section 38-121, Revised Statutes Cumulative Supplement,  
26 2022, is amended to read:

27           38-121 (1) No individual shall engage in the following practices  
28 unless such individual has obtained a credential under the Uniform  
29 Credentialing Act:

30           (a) Acupuncture;

31           (b) Advanced practice nursing;

- 1 (c) Alcohol and drug counseling;
- 2 (d) Asbestos abatement, inspection, project design, and training;
- 3 (e) Athletic training;
- 4 (f) Audiology;
- 5 (g) Speech-language pathology;
- 6 (h) Beginning one year after the operative date of this section,
- 7 behavior analysis;
- 8 (i) ~~(h)~~ Body art;
- 9 (j) ~~(i)~~ Chiropractic;
- 10 (k) ~~(j)~~ Cosmetology;
- 11 (l) ~~(k)~~ Dentistry;
- 12 (m) ~~(l)~~ Dental hygiene;
- 13 (n) ~~(m)~~ Electrology;
- 14 (o) ~~(n)~~ Emergency medical services;
- 15 (p) ~~(o)~~ Esthetics;
- 16 (q) ~~(p)~~ Funeral directing and embalming;
- 17 (r) ~~(q)~~ Genetic counseling;
- 18 (s) ~~(r)~~ Hearing instrument dispensing and fitting;
- 19 (t) ~~(s)~~ Lead-based paint abatement, inspection, project design, and
- 20 training;
- 21 (u) ~~(t)~~ Licensed practical nurse-certified until November 1, 2017;
- 22 (v) ~~(u)~~ Massage therapy;
- 23 (w) ~~(v)~~ Medical nutrition therapy;
- 24 (x) ~~(w)~~ Medical radiography;
- 25 (y) ~~(x)~~ Medicine and surgery;
- 26 (z) ~~(y)~~ Mental health practice;
- 27 (aa) ~~(z)~~ Nail technology;
- 28 (bb) ~~(aa)~~ Nursing;
- 29 (cc) ~~(bb)~~ Nursing home administration;
- 30 (dd) ~~(cc)~~ Occupational therapy;
- 31 (ee) ~~(dd)~~ Optometry;



- 1            (ff) ~~(ee)~~ Osteopathy;
- 2            (gg) ~~(ff)~~ Perfusion;
- 3            (hh) ~~(gg)~~ Pharmacy;
- 4            (ii) ~~(hh)~~ Physical therapy;
- 5            (jj) ~~(ii)~~ Podiatry;
- 6            (kk) ~~(jj)~~ Psychology;
- 7            (ll) ~~(kk)~~ Radon detection, measurement, and mitigation;
- 8            (mm) ~~(ll)~~ Respiratory care;
- 9            (nn) ~~(mm)~~ Surgical assisting; and
- 10           (oo) ~~(nn)~~ Veterinary medicine and surgery.

11           (2) No individual shall hold himself or herself out as any of the  
12 following until such individual has obtained a credential under the  
13 Uniform Credentialing Act for that purpose:

- 14           (a) Registered environmental health specialist;
- 15           (b) Certified marriage and family therapist;
- 16           (c) Certified professional counselor;
- 17           (d) Social worker; or
- 18           (e) Dialysis patient care technician.

19           (3) No business shall operate for the provision of any of the  
20 following services unless such business has obtained a credential under  
21 the Uniform Credentialing Act:

- 22           (a) Body art;
- 23           (b) Cosmetology;
- 24           (c) Emergency medical services;
- 25           (d) Esthetics;
- 26           (e) Funeral directing and embalming;
- 27           (f) Massage therapy; or
- 28           (g) Nail technology.

29           Sec. 17. Section 38-129.02, Revised Statutes Cumulative Supplement,  
30 2022, is amended to read:

31           38-129.02 (1) This section provides an additional method of issuing

1 a credential based on reciprocity and is supplemental to the methods of  
2 credentialing found in the various practice acts within the Uniform  
3 Credentialing Act. Any person required to be credentialed under any of  
4 the various practice acts who meets the requirements of this section  
5 shall be issued a credential subject to the provisions of this section.

6 (2) A person who has a credential that is current and valid in  
7 another state, a territory of the United States, or the District of  
8 Columbia may apply to the department for the equivalent credential under  
9 the Uniform Credentialing Act. The department, with the recommendation of  
10 the board with jurisdiction over the equivalent credential, shall  
11 determine the appropriate level of credential for which the applicant  
12 qualifies under this section. The department shall determine the  
13 documentation required to comply with subsection (3) of this section. The  
14 department shall issue the credential if the applicant meets the  
15 requirements of subsections (3) and (4) of this section and section  
16 38-129 and submits the appropriate fees for issuance of the credential,  
17 including fees for a criminal background check if required for the  
18 profession. A credential issued under this section shall not be valid for  
19 purposes of an interstate compact or for reciprocity provisions of any  
20 practice act under the Uniform Credentialing Act.

21 (3) The applicant shall provide documentation of the following:

22 (a) The credential held in the other state, territory, or District  
23 of Columbia, the level of such credential, and the profession for which  
24 credentialed;

25 (b) Such credential is valid and current and has been valid for at  
26 least one year;

27 (c) Educational requirements;

28 (d) The minimum work experience and clinical supervision  
29 requirements, if any, required for such credential and verification of  
30 the applicant's completion of such requirements;

31 (e) The passage of an examination for such credential if such

1 passage is required to obtain the credential in the other jurisdiction;

2 (f) Such credential is not and has not been subject to revocation or  
3 any other disciplinary action or voluntarily surrendered while the  
4 applicant was under investigation for unprofessional conduct or any other  
5 conduct which would be subject to section 38-178 if the conduct occurred  
6 in Nebraska;

7 (g) Such credential has not been subject to disciplinary action. If  
8 another jurisdiction has taken disciplinary action against the applicant  
9 on any credential the applicant has held, the appropriate board under the  
10 Uniform Credentialing Act shall determine if the cause for the  
11 disciplinary action was corrected and the matter resolved. If the matter  
12 has not been resolved, the applicant is not eligible for a credential  
13 under this section until the matter is resolved; and

14 (h) Receipt of a passing score on a credentialing examination  
15 specific to the laws of Nebraska if required by the appropriate board  
16 under the Uniform Credentialing Act.

17 (4) An applicant who obtains a credential upon compliance with  
18 subsections (2) and (3) of this section shall establish residency in  
19 Nebraska within one hundred eighty days after the issuance of the  
20 credential and shall provide proof of residency in a manner and within  
21 the time period required by the department. The department shall  
22 automatically revoke the credential of any credential holder who fails to  
23 comply with this subsection.

24 (5) In addition to failure to submit the required documentation in  
25 subsection (3) of this section, an applicant shall not be eligible for a  
26 credential under this section if:

27 (a) The applicant had a credential revoked, subject to any other  
28 disciplinary action, or voluntarily surrendered due to an investigation  
29 in any jurisdiction for unprofessional conduct or any other conduct which  
30 would be subject to section 38-178 if the conduct occurred in Nebraska;

31 (b) The applicant has a complaint, allegation, or investigation

1 pending before any jurisdiction that relates to unprofessional conduct or  
2 any other conduct which would be subject to section 38-178 if the conduct  
3 occurred in Nebraska. If the matter has not been resolved, the applicant  
4 is not eligible for a credential under this section until the matter is  
5 resolved; or

6 (c) The person has a disqualifying criminal history as determined by  
7 the appropriate board pursuant to the Uniform Credentialing Act and rules  
8 and regulations adopted and promulgated under the act.

9 (6) A person who holds a credential under this section shall be  
10 subject to the Uniform Credentialing Act and other laws of this state  
11 relating to the person's practice under the credential and shall be  
12 subject to the jurisdiction of the appropriate board.

13 (7) This section applies to credentials for:

14 (a) Professions governed by the Advanced Practice Registered Nurse  
15 Practice Act, the Behavior Analyst Practice Act, the Certified Nurse  
16 Midwifery Practice Act, the Certified Registered Nurse Anesthetist  
17 Practice Act, the Clinical Nurse Specialist Practice Act, the Dentistry  
18 Practice Act, the Dialysis Patient Care Technician Registration Act, the  
19 Emergency Medical Services Practice Act, the Medical Nutrition Therapy  
20 Practice Act, the Medical Radiography Practice Act, the Nurse  
21 Practitioner Practice Act, the Optometry Practice Act, the Perfusion  
22 Practice Act, the Pharmacy Practice Act, the Psychology Practice Act, and  
23 the Surgical First Assistant Practice Act; and

24 (b) Physician assistants and acupuncturists credentialed pursuant to  
25 the Medicine and Surgery Practice Act.

26 Sec. 18. Section 38-131, Revised Statutes Cumulative Supplement,  
27 2022, is amended to read:

28 38-131 (1) An applicant for an initial license to practice as a  
29 registered nurse, a licensed practical nurse, a physical therapist, a  
30 physical therapy assistant, a psychologist, an advanced emergency medical  
31 technician, an emergency medical technician, an audiologist, a speech-

1 language pathologist, a licensed behavior analyst, a licensed assistant  
2 behavior analyst, a licensed independent mental health practitioner, an  
3 occupational therapist, an occupational therapy assistant, or a paramedic  
4 or to practice a profession which is authorized to prescribe controlled  
5 substances shall be subject to a criminal background check. A criminal  
6 background check may also be required for initial licensure or  
7 reinstatement of a license governed by the Uniform Credentialing Act if a  
8 criminal background check is required by an interstate licensure compact.  
9 Except as provided in subsection (3) of this section, such an the  
10 applicant for an initial license shall submit with the application a full  
11 set of fingerprints which shall be forwarded to the Nebraska State Patrol  
12 to be submitted to the Federal Bureau of Investigation for a national  
13 criminal history record information check. The applicant shall authorize  
14 release of the results of the national criminal history record  
15 information check by the Federal Bureau of Investigation to the  
16 department. The applicant shall pay the actual cost of the fingerprinting  
17 and criminal background check.

18 (2) The Nebraska State Patrol is authorized to submit the  
19 fingerprints of such applicants to the Federal Bureau of Investigation  
20 and to issue a report to the department that includes the criminal  
21 history record information concerning the applicant. The Nebraska State  
22 Patrol shall forward submitted fingerprints to the Federal Bureau of  
23 Investigation for a national criminal history record information check.  
24 The Nebraska State Patrol shall issue a report to the department that  
25 includes the criminal history record information concerning the  
26 applicant.

27 (3) (2) This section shall not apply to a dentist who is an  
28 applicant for a dental locum tenens under section 38-1122, to a physician  
29 or osteopathic physician who is an applicant for a physician locum tenens  
30 under section 38-2036, or to a veterinarian who is an applicant for a  
31 veterinarian locum tenens under section 38-3335.

1           (4) ~~(3)~~ An applicant for a temporary educational permit as defined  
2 in section 38-2019 shall have ninety days from the issuance of the permit  
3 to comply with subsection (1) of this section and shall have such ~~his or~~  
4 ~~her~~ permit suspended after such ninety-day period if the criminal  
5 background check is not complete or revoked if the criminal background  
6 check reveals that the applicant was not qualified for the permit.

7           (5) The department and the Nebraska State Patrol may adopt and  
8 promulgate rules and regulations concerning costs associated with the  
9 fingerprinting and the national criminal history record information  
10 check.

11           (6) For purposes of interpretation by the Federal Bureau of  
12 Investigation, the term department in this section means the Division of  
13 Public Health of the Department of Health and Human Services.

14           Sec. 19. Section 38-167, Revised Statutes Cumulative Supplement,  
15 2022, is amended to read:

16           38-167 (1) Boards shall be designated as follows:

17           (a) Board of Advanced Practice Registered Nurses;

18           (b) Board of Alcohol and Drug Counseling;

19           (c) Board of Athletic Training;

20           (d) Board of Audiology and Speech-Language Pathology;

21           (e) Board of Behavior Analysts;

22           (f) ~~(e)~~ Board of Chiropractic;

23           (g) ~~(f)~~ Board of Cosmetology, Electrology, Esthetics, Nail  
24 Technology, and Body Art;

25           (h) ~~(g)~~ Board of Dentistry;

26           (i) ~~(h)~~ Board of Emergency Medical Services;

27           (j) ~~(i)~~ Board of Registered Environmental Health Specialists;

28           (k) ~~(j)~~ Board of Funeral Directing and Embalming;

29           (l) ~~(k)~~ Board of Hearing Instrument Specialists;

30           (m) ~~(l)~~ Board of Massage Therapy;

31           (n) ~~(m)~~ Board of Medical Nutrition Therapy;

- 1        ~~(o)~~ ~~(n)~~ Board of Medical Radiography;
- 2        ~~(p)~~ ~~(o)~~ Board of Medicine and Surgery;
- 3        ~~(q)~~ ~~(p)~~ Board of Mental Health Practice;
- 4        ~~(r)~~ ~~(q)~~ Board of Nursing;
- 5        ~~(s)~~ ~~(r)~~ Board of Nursing Home Administration;
- 6        ~~(t)~~ ~~(s)~~ Board of Occupational Therapy Practice;
- 7        ~~(u)~~ ~~(t)~~ Board of Optometry;
- 8        ~~(v)~~ ~~(u)~~ Board of Pharmacy;
- 9        ~~(w)~~ ~~(v)~~ Board of Physical Therapy;
- 10       ~~(x)~~ ~~(w)~~ Board of Podiatry;
- 11       ~~(y)~~ ~~(x)~~ Board of Psychology;
- 12       ~~(z)~~ ~~(y)~~ Board of Respiratory Care Practice; and
- 13       ~~(aa)~~ ~~(z)~~ Board of Veterinary Medicine and Surgery.

14       (2) Any change made by the Legislature of the names of boards listed  
15 in this section shall not change the membership of such boards or affect  
16 the validity of any action taken by or the status of any action pending  
17 before any of such boards. Any such board newly named by the Legislature  
18 shall be the direct and only successor to the board as previously named.

19       Sec. 20. Section 38-186, Revised Statutes Cumulative Supplement,  
20 2022, is amended to read:

21       38-186 (1) A petition shall be filed by the Attorney General in  
22 order for the director to discipline a credential obtained under the  
23 Uniform Credentialing Act to:

24       (a) Practice or represent oneself as being certified under any of  
25 the practice acts enumerated in section 38-101 other than subdivision  
26 (21) subdivisions (1) through (19) and (21) through (35) of section  
27 38-101; or

28       (b) Operate as a business for the provision of services in body art;  
29 cosmetology; emergency medical services; esthetics; funeral directing and  
30 embalming; massage therapy; and nail technology in accordance with  
31 subsection (3) of section 38-121.

1 (2) The petition shall be filed in the office of the director. The  
2 department may withhold a petition for discipline or a final decision  
3 from public access for a period of five days from the date of filing the  
4 petition or the date the decision is entered or until service is made,  
5 whichever is earliest.

6 (3) The proceeding shall be summary in its nature and triable as an  
7 equity action and shall be heard by the director or by a hearing officer  
8 designated by the director under rules and regulations of the department.  
9 Affidavits may be received in evidence in the discretion of the director  
10 or hearing officer. The department shall have the power to administer  
11 oaths, to subpoena witnesses and compel their attendance, and to issue  
12 subpoenas duces tecum and require the production of books, accounts, and  
13 documents in the same manner and to the same extent as the district  
14 courts of the state. Depositions may be used by either party.

15 Sec. 21. Section 38-1801, Reissue Revised Statutes of Nebraska, is  
16 amended to read:

17 38-1801 Sections 38-1801 to 38-1816 and sections 24, 27, 29, 31 to  
18 37, and 42 to 47 of this act shall be known and may be cited as the  
19 Medical Nutrition Therapy Practice Act.

20 Sec. 22. Section 38-1802, Reissue Revised Statutes of Nebraska, is  
21 amended to read:

22 38-1802 (1) The Legislature finds that:

23 (a) The unregulated practice of medical nutrition therapy can  
24 clearly harm or endanger the health, safety, and welfare of the public;

25 (b) The public can reasonably be expected to benefit from an  
26 assurance of initial and continuing professional ability; and

27 (c) The public cannot be effectively protected by a less cost-  
28 effective means than state regulation of the practice of medical  
29 nutrition therapy. The Legislature also finds that dietitians and  
30 nutritionists ~~medical nutrition therapists~~ must exercise independent  
31 judgment and that professional education, training, and experience are



1 required to make such judgment.

2 (2) The Legislature further finds that the practice of medical  
3 nutrition therapy in the State of Nebraska is not sufficiently regulated  
4 for the protection of the health, safety, and welfare of the public. It  
5 declares that this is a matter of statewide concern and it shall be the  
6 policy of the State of Nebraska to promote high standards of professional  
7 performance by those persons representing themselves as licensed  
8 dietitian nutritionists and licensed nutritionists ~~medical nutrition~~  
9 ~~therapists~~.

10 Sec. 23. Section 38-1803, Reissue Revised Statutes of Nebraska, is  
11 amended to read:

12 38-1803 For purposes of the Medical Nutrition Therapy Practice Act  
13 and elsewhere in the Uniform Credentialing Act, unless the context  
14 otherwise requires, the definitions found in sections ~~38-1805 38-1804~~ to  
15 38-1810 and sections 24, 27, 29, and 31 to 37 of this act apply.

16 Sec. 24. Appropriate supervision means the specific type,  
17 intensity, and frequency of supervision determined by an assessment of a  
18 combination of factors, which include discipline, level of education and  
19 experience of the supervisee, and assigned level of responsibility.

20 Sec. 25. Section 38-1806, Reissue Revised Statutes of Nebraska, is  
21 amended to read:

22 38-1806 Consultation means conferring with a physician, nurse  
23 practitioner, or physician assistant regarding the provision of medical  
24 nutrition therapy activities of the licensed medical nutrition therapist.  
25 In the inpatient setting, consultation may be satisfied by practicing  
26 under clinical privileges or following facility-established protocols. In  
27 the outpatient setting, consultation may be satisfied by conferring with  
28 a consulting physician or the referring primary care practitioner or  
29 physician of the patient.

30 Sec. 26. Section 38-1807, Reissue Revised Statutes of Nebraska, is  
31 amended to read:

1           38-1807 General nonmedical nutrition information means information  
2 on any of the following:

3           (1) Principles of good nutrition and food preparation;

4           (2) Food that should be included in the normal diet;

5           (3) Essential nutrients needed by the human body;

6           (4) Recommended amounts of essential nutrients required by the human  
7 body;

8           (5) Actions of nutrients in the human body; and

9           (6) Food and supplements that are good sources of essential  
10 nutrients required by the human body.

11           ~~General nutrition services includes, but is not limited to:~~

12           ~~(1) Identifying the nutritional needs of individuals and groups in~~  
13 ~~relation to normal nutritional requirements; and~~

14           ~~(2) Planning, implementing, and evaluating nutrition education~~  
15 ~~programs for individuals and groups in the selection of food to meet~~  
16 ~~normal nutritional needs throughout the life cycle.~~

17           Sec. 27. General supervision for the purpose of post-degree  
18 clinical practice experience means the qualified supervisor is onsite and  
19 present at the location where nutrition-care services are provided or is  
20 immediately available by means of electronic communications to the  
21 supervisee providing the services and both maintains continued  
22 involvement in the appropriate aspects of patient care and has primary  
23 responsibility for all nutrition-care services rendered by the  
24 supervisee.

25           Sec. 28. Section 38-1808, Reissue Revised Statutes of Nebraska, is  
26 amended to read:

27           38-1808 Licensed dietitian nutritionist ~~medical nutrition therapist~~  
28 means a person who is licensed to practice medical nutrition therapy  
29 pursuant to the Uniform Credentialing Act and who holds a current license  
30 issued by the department pursuant to section 38-1813 ~~the Medical~~  
31 ~~Nutrition Therapy Practice Act.~~

1           Sec. 29. Licensed nutritionist means a person who is licensed to  
2 practice medical nutrition therapy pursuant to the Uniform Credentialing  
3 Act and who holds a current license issued by the department pursuant to  
4 section 42 of this act.

5           Sec. 30. Section 38-1809, Reissue Revised Statutes of Nebraska, is  
6 amended to read:

7           38-1809 Medical nutrition therapy means the assessment of the  
8 nutritional status of patients and the provision of the following  
9 nutrition-care services for the treatment or management of a disease or  
10 medical condition by: assessment of the nutritional status of patients.  
11 ~~Medical nutrition therapy involves the assessment of patient nutritional~~  
12 ~~status followed by treatment, ranging from diet modification to~~  
13 ~~specialized nutrition support, such as determining nutrient needs for~~  
14 ~~enteral and parenteral nutrition, and monitoring to evaluate patient~~  
15 ~~response to such treatment.~~

16           (1) Assessing and evaluating the nutritional needs of people and  
17 groups and determining resources and constraints in the practice setting,  
18 including ordering laboratory tests to check and track nutrition status,  
19 creating dietary plans and orders, and monitoring the effectiveness of  
20 such plans and orders;

21           (2) Establishing priorities, goals, and objectives that meet  
22 nutritional needs and are consistent with available resources and  
23 constraints;

24           (3) Providing nutrition counseling; and

25           (4) Ordering therapeutic diets.

26           Sec. 31. Nutrition-care services means any or all of the following  
27 services provided within a systematic process:

28           (1) Assessing and evaluating the nutritional needs of people and  
29 groups and determining resources and constraints in the practice setting,  
30 including ordering laboratory tests to check and track nutrition status,  
31 creating dietary plans and orders, and monitoring the effectiveness of

1 such plans and orders;

2 (2) Establishing priorities, goals, and objectives that meet  
3 nutritional needs and are consistent with available resources and  
4 constraints;

5 (3) Providing nutrition counseling, including in health and disease;

6 (4) Developing, implementing, and managing nutrition-care systems;

7 (5) Evaluating, changing, and maintaining appropriate standards of  
8 quality in food and nutrition services; and

9 (6) Ordering therapeutic diets.

10 Sec. 32. Nutrition counseling means a supportive process,  
11 characterized by a collaborative counselor-patient or counselor-client  
12 relationship with individuals or groups, to establish food and nutrition  
13 priorities, goals, and individualized action plans and general physical  
14 activity guidance that acknowledge and foster responsibility for self-  
15 care to treat or manage an existing disease or medical condition or to  
16 promote health and wellness.

17 Sec. 33. Practice of dietetics and nutrition means the integration  
18 and application of scientific principles derived from the study of food,  
19 nutrition, biochemistry, metabolism, nutrigenomics, physiology, food  
20 management, and behavioral and social sciences in achieving and  
21 maintaining health throughout the life span and in providing nutrition  
22 care in person or by telehealth, including medical nutrition therapy, for  
23 the purpose of disease management and prevention, or to treat or  
24 rehabilitate an illness, injury, or condition. The primary functions of  
25 the practice of dietetics and nutrition are the provision of medical  
26 nutrition therapy for the purpose of disease management or to treat or  
27 rehabilitate an illness, injury, or condition and the provision of other  
28 nutrition-care services for health and wellness and as primary prevention  
29 of chronic disease.

30 Sec. 34. Primary care practitioner means a physician licensed  
31 pursuant to section 38-2026 or sections 38-2029 to 38-2033 who provides

1 primary care services, a nurse practitioner licensed pursuant to section  
2 38-2317 who provides primary care services, or a physician assistant  
3 licensed pursuant to section 38-2049 who provides primary care services  
4 under a collaborative agreement with the supervision of a physician.

5 Sec. 35. (1) Qualified supervisor means:

6 (a) When supervising the provision of medical nutrition therapy by a  
7 person who is completing post-degree clinical practice experience, a  
8 person who either:

9 (i) Is a licensed dietitian nutritionist, a licensed nutritionist,  
10 or a health care provider licensed in any state or territory, including  
11 licensed or certified dietitian nutritionists and licensed nutritionists,  
12 whose scope of practice includes the provision of medical nutrition  
13 therapy; or

14 (ii) In the case of a person in a state that does not provide for  
15 such licensure or certification, meets such other criteria as the board  
16 may establish, including by a registered dietitian nutritionist or a  
17 certified nutrition specialist, or is a health care provider authorized  
18 in another state or territory to provide medical nutrition therapy; and

19 (b) When supervising the provision of nutrition-care services that  
20 does not constitute medical nutrition therapy, a person who:

21 (i) Meets the qualifications of subdivision (1)(a) of this section;  
22 or

23 (ii) Has worked in the field of clinical nutrition for at least  
24 three of the last five years immediately preceding commencement of the  
25 applicant's supervised practice experience and holds a master's or  
26 doctoral degree with a major course of study in dietetics, human  
27 nutrition, foods and nutrition, clinical nutrition, applied clinical  
28 nutrition, community nutrition, public health nutrition, naturopathic  
29 medicine, nutrition education, nutrition counseling, nutrition science,  
30 nutrition and functional medicine, nutritional biochemistry, or nutrition  
31 and integrative health, or an equivalent course of study as approved by

1 the board.

2 (2) In order to qualify as a qualified supervisor in Nebraska, a  
3 supervisor obtaining a doctoral degree outside the United States or its  
4 territories shall have such degree validated by the board as equivalent  
5 to the doctoral degree conferred by an accredited college or university  
6 in the United States or its territories.

7 (3) A qualified supervisor shall be licensed under the Uniform  
8 Credentialing Act to provide medical nutrition therapy if supervising an  
9 applicant providing medical nutrition therapy to a person in this state.

10 Sec. 36. Registered dietitian or registered dietitian nutritionist  
11 means a person who is currently registered as a registered dietitian or a  
12 registered dietitian nutritionist by the Commission on Dietetic  
13 Registration of the Academy of Nutrition and Dietetics or a similar  
14 successor entity approved by the department.

15 Sec. 37. Therapeutic diet means a diet intervention prescribed by a  
16 physician or other health care professional that provides food or  
17 nutrients via oral, enteral, or parenteral routes as part of the  
18 treatment of a disease or diagnosed clinical condition to modify,  
19 eliminate, decrease, or increase identified micronutrients or  
20 macronutrients in the diet or to provide mechanically altered food when  
21 indicated.

22 Sec. 38. Section 38-1810, Reissue Revised Statutes of Nebraska, is  
23 amended to read:

24 38-1810 Patient means an individual recipient of medical nutrition  
25 therapy, whether in the outpatient or inpatient setting ~~a person with a~~  
26 ~~disease, illness, injury, or medical condition for which nutritional~~  
27 ~~interventions are an essential component of standard care.~~

28 Sec. 39. Section 38-1811, Reissue Revised Statutes of Nebraska, is  
29 amended to read:

30 38-1811 (1) The board shall consist of three professional members,  
31 one physician, and one public member appointed pursuant to section 38-158

1 until December 1, 2023.

2 (2) Beginning on December 1, 2023, the board shall consist of five  
3 members as follows: Three professional members, of which one shall be a  
4 licensed nutritionist or a licensed dietitian nutritionist and two shall  
5 be licensed dietitian nutritionists; one physician; and one public  
6 member.

7 (3) The members shall meet the requirements of sections 38-164 and  
8 38-165.

9 Sec. 40. Section 38-1812, Reissue Revised Statutes of Nebraska, is  
10 amended to read:

11 38-1812 No person shall practice medical nutrition therapy unless he  
12 ~~or she is~~ licensed for such purpose pursuant to the Uniform Credentialing  
13 Act. The practice of medical nutrition therapy shall be provided with the  
14 consultation of a physician licensed pursuant to section 38-2026 or  
15 sections 38-2029 to 38-2033, a nurse practitioner licensed pursuant to  
16 section 38-2317, or a physician assistant licensed pursuant to section  
17 38-2049. The Medical Nutrition Therapy Practice Act shall not be  
18 construed to require a license under the act in order to ~~The practice of~~  
19 ~~medical nutrition therapy shall not include:~~

20 (1) Practice medical nutrition therapy within the scope of the  
21 official duties of an employee of the state or federal government or  
22 while serving in the armed forces of the United States;

23 (2) Engage in practice within the scope of a credential issued under  
24 the Uniform Credentialing Act;

25 (3) Practice medical nutrition therapy as a student while pursuing a  
26 course of study leading to a degree in dietetics, nutrition, or an  
27 equivalent major course of study from an accredited school or program as  
28 part of a supervised course of study, if all of the following apply: (a)  
29 The person is not engaged in the unrestricted practice of medical  
30 nutrition therapy; (b) the person uses a title clearly indicating the  
31 person's status as a student or trainee; and (c) the person is in

1 compliance with appropriate supervision requirements developed by the  
2 board, including the requirement that the supervised practice experience  
3 must be under the order, control, and full professional responsibility of  
4 such supervisor. Nothing in this subdivision shall be construed to permit  
5 students, trainees, or supervisees to practice medical nutrition therapy  
6 other than as specifically allowed in this subdivision and as provided in  
7 section 47 of this act;

8 (4) Be employed as a nutrition or dietetic technician or other food  
9 service professional who is working in a hospital setting or other  
10 regulated health care facility or program and who has been trained and is  
11 supervised while engaged in the provision of medical nutrition therapy by  
12 an individual licensed pursuant to the Medical Nutrition Therapy Practice  
13 Act whose services are retained by that facility or program on a full-  
14 time or regular, part-time, or consultant basis;

15 (5) Provide individualized nutrition information, guidance,  
16 motivation, nutrition recommendations, behavior change management, health  
17 coaching, holistic and wellness education, or other nutrition-care  
18 services that do not constitute medical nutrition therapy as long as such  
19 activity is being performed by a person who is not licensed under the  
20 Medical Nutrition Therapy Practice Act and who is not acting in the  
21 capacity of or claiming to be a licensed dietitian nutritionist or  
22 licensed nutritionist;

23 (6) Accept or transmit written, verbal, delegated, or  
24 electromagnetically transmitted orders for medical nutrition therapy from  
25 a referring provider by a registered nurse or licensed practical nurse;

26 (7) Provide medical nutrition therapy without remuneration to family  
27 members;

28 (8) Aide in the provision of medical nutrition therapy if:

29 (a) The person performs nutrition-care services at the direction of  
30 an individual licensed under the Uniform Credentialing Act whose scope of  
31 practice includes provision of medical nutrition therapy; and



1           (b) The person performs only support activities of medical nutrition  
2 therapy that do not require the exercise of independent judgment for  
3 which a license under the Medical Nutrition Therapy Practice Act is  
4 required;

5           ~~(1) Any person credentialed in this state pursuant to the Uniform~~  
6 ~~Credentialing Act and engaging in such profession or occupation for which~~  
7 ~~he or she is credentialed;~~

8           ~~(2) Any student engaged in an academic program under the supervision~~  
9 ~~of a licensed medical nutrition therapist as part of a major course of~~  
10 ~~study in human nutrition, food and nutrition, or dietetics, or an~~  
11 ~~equivalent major course of study approved by the board, and who is~~  
12 ~~designated with a title which clearly indicates the person's status as a~~  
13 ~~student or trainee;~~

14           ~~(3) Persons practicing medical nutrition therapy who serve in the~~  
15 ~~armed forces of the United States or the United States Public Health~~  
16 ~~Service or who are employed by the United States Department of Veterans~~  
17 ~~Affairs or other federal agencies, if their practice is limited to that~~  
18 ~~service or employment;~~

19           (9) Practice ~~(4) Persons practicing medical nutrition therapy if the~~  
20 ~~practitioner is who are licensed in another state, United States~~  
21 ~~territory possession, or country, has or have received at least a~~  
22 ~~baccalaureate degree, and is are in this state for the purpose of:~~

23           (a) Consultation, if the practice in this state is limited to  
24 consultation; or

25           (b) Conducting a teaching clinical demonstration in connection with  
26 a program of basic clinical education, graduate education, or  
27 postgraduate education which is sponsored by a dietetic education program  
28 or a major course of study in human nutrition, food and nutrition, or  
29 dietetics, or an equivalent major course of study approved by the board;

30           (10) Perform individualized ~~(5) Persons performing general~~  
31 ~~nutrition-care nutrition services, not constituting medical nutrition~~

1 therapy, incidental to the practice of the profession insofar as it does  
2 not exceed the scope of the person's ~~their~~ education and training;

3 (11) Market ~~(6) Persons who market~~ or distribute food, food  
4 materials, or dietary supplements, advise regarding ~~including~~ persons  
5 ~~employed in health food stores, or persons engaged in the advising of the~~  
6 use of those products, ~~or the preparation of those products,~~ or counsel  
7 ~~the counseling of~~ individuals or groups in the selection of products to  
8 meet general nutrition needs;

9 (12) Conduct ~~(7) Persons conducting~~ classes or disseminate  
10 ~~disseminating information related to~~ general nonmedical nutrition  
11 information services;

12 (13) Provide ~~(8) Persons who~~ care for the sick in accordance with  
13 the tenets and practices of any bona fide church or religious  
14 denomination;

15 (14) Practice medical nutrition therapy for the limited purpose of  
16 education and research by any person with a master's or doctoral degree  
17 from a United States accredited college or university with a major course  
18 of study in nutrition or an equivalent course of study as approved by the  
19 department;

20 (15) Provide ~~(9) Persons who~~ provide information and instructions  
21 regarding food intake or exercise as a part of a weight control program;  
22 and

23 (16) Participate ~~(10) Persons with advanced postgraduate degrees~~  
24 ~~involved in academic teaching or research~~ with an advanced postgraduate  
25 degree; and -

26 (17) Present a general program of instruction for medical weight  
27 control for an individual with prediabetes or obesity if the program has  
28 been approved in writing by, consultation is available from, and no  
29 program change is initiated without prior approval from, any one of the  
30 following:

31 (a) A licensed dietitian nutritionist or a licensed nutritionist;

- 1           (b) A registered dietitian or registered dietitian nutritionist;  
2           (c) A certified nutritionist specialist; or  
3           (d) A licensed health care practitioner acting within the scope of  
4 such practitioner's license as part of a plan of care.

5           Sec. 41. Section 38-1813, Revised Statutes Cumulative Supplement,  
6 2022, is amended to read:

7           38-1813 (1) A person shall be eligible ~~qualified~~ to be a licensed  
8 dietitian nutritionist ~~medical nutrition therapist~~ if such person is  
9 eighteen years of age or older, submits a completed application as  
10 required by the board, submits fees required by the board, and furnishes  
11 evidence of that he or she:

12           (a) A current, valid registration as a registered dietitian  
13 nutritionist with the Commission on Dietetic Registration or a similar  
14 successor entity approved by the department; or

15           (b)(i)(A) A master's or doctoral degree from a college or university  
16 accredited at the time of graduation from the appropriate accrediting  
17 agency recognized by the Council for Higher Education Accreditation and  
18 the United States Department of Education with a major course of study in  
19 human nutrition, foods and nutrition, dietetics, food systems management,  
20 nutrition education, nutrition, nutrition science, clinical nutrition,  
21 applied clinical nutrition, nutrition counseling, nutrition and  
22 functional medicine, nutritional biochemistry, nutrition and integrative  
23 health, or an equivalent course of study that, as approved by the board,  
24 meets the competency requirements of an accredited didactic program in  
25 dietetics of the Accreditation Council for Education in Nutrition and  
26 Dietetics or a similar successor entity approved by the Department of  
27 Health and Human Services; or

28           (B) An academic degree from a foreign country that has been  
29 validated as equivalent by a credential evaluation agency recognized by  
30 the United States Department of Education and that, as approved by the  
31 board, meets the competency requirements of an accredited didactic

1 program in dietetics of the Accreditation Council for Education in  
2 Nutrition and Dietetics;

3 (ii) Successful completion of a planned clinical program in an  
4 approved practice of dietetics and nutrition that, as approved by the  
5 board, meets the competency requirements of an accredited supervised  
6 practice experience in dietetics of the Accreditation Council for  
7 Education in Nutrition and Dietetics comprised of not less than one  
8 thousand hours of practice under the supervision of a registered  
9 dietitian nutritionist. A supervisor who obtained a doctoral degree  
10 outside of the United States and territories of the United States shall  
11 have the degree validated as equivalent to a doctoral degree conferred by  
12 an accredited college or university in the United States by a credential  
13 evaluation agency recognized by the United States Department of Education  
14 as approved by the Department of Health and Human Services; and

15 (iii) Successful completion of the examination for dietitian  
16 nutritionists administered by the Commission on Dietetic Registration of  
17 the Academy of Nutrition and Dietetics or a similar successor entity  
18 approved by the Department of Health and Human Services.

19 (2) A person licensed as a licensed medical nutrition therapist and  
20 credentialed as a registered dietitian nutritionist by the Commission on  
21 Dietetic Registration or a similar successor entity recognized by the  
22 board on the operative date of this section shall be deemed to be  
23 licensed as a licensed dietitian nutritionist for the term of the  
24 license. A person licensed as a licensed medical nutrition therapist who  
25 is not credentialed as a registered dietitian on the operative date of  
26 this section shall be deemed to be licensed as a licensed nutritionist  
27 for the term of the license.

28 ~~(a) Has met the requirements for and is a registered dietitian by~~  
29 ~~the American Dietetic Association or an equivalent entity recognized by~~  
30 ~~the board;~~

31 ~~(b)(i) Has satisfactorily passed an examination approved by the~~

1 board;

2 ~~(ii) Has received a baccalaureate degree from an accredited college~~  
3 ~~or university with a major course of study in human nutrition, food and~~  
4 ~~nutrition, dietetics, or an equivalent major course of study approved by~~  
5 ~~the board; and~~

6 ~~(iii) Has satisfactorily completed a program of supervised clinical~~  
7 ~~experience approved by the department. Such clinical experience shall~~  
8 ~~consist of not less than nine hundred hours of a planned continuous~~  
9 ~~experience in human nutrition, food and nutrition, or dietetics under the~~  
10 ~~supervision of an individual meeting the qualifications of this section;~~  
11 ~~or~~

12 ~~(c)(i) Has satisfactorily passed an examination approved by the~~  
13 ~~board; and~~

14 ~~(ii)(A) Has received a master's or doctorate degree from an~~  
15 ~~accredited college or university in human nutrition, nutrition education,~~  
16 ~~food and nutrition, or public health nutrition or in an equivalent major~~  
17 ~~course of study approved by the board; or~~

18 ~~(B) Has received a master's or doctorate degree from an accredited~~  
19 ~~college or university which includes a major course of study in clinical~~  
20 ~~nutrition. Such course of study shall consist of not less than a combined~~  
21 ~~two hundred hours of biochemistry and physiology and not less than~~  
22 ~~seventy-five hours in human nutrition.~~

23 ~~(2) For purposes of this section, accredited college or university~~  
24 ~~means an institution currently listed with the United States Secretary of~~  
25 ~~Education as accredited. Applicants who have obtained their education~~  
26 ~~outside of the United States and its territories shall have their~~  
27 ~~academic degrees validated as equivalent to a baccalaureate or master's~~  
28 ~~degree conferred by a United States accredited college or university.~~

29 ~~(3)(a) The practice of medical nutrition therapy shall be performed~~  
30 ~~under the consultation of a physician licensed pursuant to section~~  
31 ~~38-2026 or sections 38-2029 to 38-2033.~~

1           ~~(b) A licensed medical nutrition therapist may order patient diets,~~  
2 ~~including therapeutic diets, in accordance with this subsection.~~

3           Sec. 42. A person shall be eligible to be a licensed nutritionist  
4 if such person is eighteen years of age or older, submits a completed  
5 application as required by the board, submits fees required by the board,  
6 and furnishes evidence of:

7           (1) Certification as a certified nutrition specialist or proof of  
8 successful completion of the examination administered by the board for  
9 Certification of Nutrition Specialists of the American Nutrition  
10 Association or a similar successor entity approved by the department or  
11 an equivalent examination dealing with all aspects of the practice of  
12 dietetics and nutrition approved by the department;

13           (2)(a) A master's or doctoral degree from a college or university  
14 accredited at the time of graduation from the appropriate accrediting  
15 agency recognized by the Council on Higher Education Accreditation and  
16 the United States Department of Education with a major course of study as  
17 approved by the board that provides the knowledge requirements necessary  
18 for the competent provision of medical nutrition therapy; or

19           (b) An academic degree from a foreign country that has been  
20 validated as equivalent to the degree and course of study described in  
21 subdivision (b) of this subdivision as determined by the board;

22           (3) Successful completion of coursework leading to competence in  
23 medical nutrition therapy which includes (a) fifteen semester hours of  
24 clinical or life sciences, including such courses as chemistry, organic  
25 chemistry, biology, molecular biology, biotechnology, botany, genetics,  
26 genomics, neuroscience, experimental science, immunotherapy, pathology,  
27 pharmacology, toxicology, research methods, applied statistics,  
28 biostatistics, epidemiology, energy production, molecular pathways,  
29 hormone and transmitter regulations and imbalance, and pathophysiologic  
30 base of disease, with at least three semester hours in human anatomy and  
31 physiology or the equivalent, and (b) fifteen semester hours of nutrition

1 and metabolism, with at least six semester hours in biochemistry or an  
2 equivalent approved by the board; and

3 (4) Successful completion of a board-approved, planned, continuous  
4 internship or a documented, planned, continuous, supervised practice  
5 experience with a qualified supervisor, demonstrating competency in  
6 nutrition-care services and the provision of medical nutrition therapy  
7 comprised of not less than one thousand hours involving at least two  
8 hundred hours of nutrition assessment and nutrition diagnosis, two  
9 hundred hours of nutrition intervention or counseling, and two hundred  
10 hours of nutrition monitoring and evaluation. A minimum of seven hundred  
11 hours of the supervised practice experience is required in professional  
12 work settings, and no more than three hundred hours may be in alternate  
13 supervised experiences such as observational interactions between patient  
14 and practitioner, simulation, case studies, or role playing. This  
15 experience shall be under the supervision of a qualified supervisor.  
16 Qualified supervisors shall provide general supervision of an applicant's  
17 supervised practice experience in the provision of medical nutrition  
18 therapy and provide appropriate supervision of an applicant's provision  
19 of other nutrition-care services that do not constitute medical nutrition  
20 therapy. For purposes of this subdivision, a supervisor shall be licensed  
21 in this state if supervising an applicant providing medical nutrition  
22 therapy to a person in this state. A supervisor who obtained a doctoral  
23 degree outside of the United States and territories of the United States  
24 shall have the degree validated as equivalent to a doctoral degree  
25 conferred by an accredited college or university in the United States by  
26 a credential evaluation agency recognized by the United States Department  
27 of Education.

28 Sec. 43. The board shall develop requirements for appropriate  
29 supervision consistent with prevailing professional standards considering  
30 factors that include, but are not limited to, level of education,  
31 experience, and level of responsibility. The requirements shall include:

1           (1) Adequate, active, and continuing review of the supervisee's  
2 activities to assure that the supervisee is performing as directed and  
3 complying with the statutes and all related administrative regulations;

4           (2) Personal review by the qualified supervisor of the supervisee's  
5 practice on a regular basis and regularly scheduled, face-to-face,  
6 education and review conferences between the qualified supervisor and the  
7 supervisee;

8           (3) Personal review of all charts, records, and clinical notes of  
9 the supervisee on a regular basis;

10           (4) Designation of an alternate qualified supervisor to supervise  
11 any services provided in the event of a qualified supervisor's absence;  
12 and

13           (5) Knowledge of, and adherence to, by each supervisee and qualified  
14 supervisor, the assigned level of responsibility and the permissible  
15 types of supervision and documentation as determined by the board in  
16 supervision requirements.

17           Sec. 44. (1) A temporary license to practice medical nutrition  
18 therapy may be granted to any person who meets all the requirements for a  
19 license except passage of the examination required by section 38-1813 or  
20 section 42 of this act. A temporary licensee shall be supervised by a  
21 qualified supervisor. A temporary license shall be valid for one year or  
22 until the temporary licensee takes the examination, whichever occurs  
23 first. The temporary licensee shall be designated by a title clearly  
24 indicating such licensee's status as a student or trainee. If a temporary  
25 licensee fails the examination required by section 38-1813 or section 42  
26 of this act, the temporary license shall be null and void, except that  
27 the department, with the recommendation of the board, may extend the  
28 temporary license upon a showing of good cause for up to six months. A  
29 temporary license shall not be issued to any person who fails to pass the  
30 examination if such person did not hold a valid temporary license prior  
31 to the failure to pass the examination.



1           (2) This section shall not apply to a temporary license issued as  
2 provided under section 38-129.01.

3           Sec. 45. (1) Unless otherwise authorized or exempted under the  
4 Medical Nutrition Therapy Practice Act:

5           (a) Only a licensed dietitian nutritionist or licensed nutritionist  
6 may provide medical nutrition therapy; and

7           (b) No person shall use the title dietitian nutritionist,  
8 nutritionist, dietitian, licensed dietitian nutritionist, licensed  
9 medical nutrition therapist, licensed nutritionist, medical nutrition  
10 therapist, or licensed nutrition specialist, or the abbreviation LDN or  
11 LN, or any other title, designation, word, letter, abbreviation, or  
12 insignia indicating that the person is a provider of medical nutrition  
13 therapy or licensed under the Medical Nutrition Therapy Practice Act  
14 unless the person is a licensed dietitian nutritionist or a licensed  
15 nutritionist.

16           (2) Only a person who is issued a license as a dietitian  
17 nutritionist under the act may use the words licensed dietitian  
18 nutritionist, dietitian nutritionist, or dietitian or the letters LDN in  
19 connection with such person's name. Only a person who is issued a license  
20 as a nutritionist under the act may use the words licensed nutritionist  
21 or the letters LN in connection with such person's name. Only a person  
22 licensed under the act may use the word nutritionist in connection with  
23 such person's name. A person may use any lawfully earned federally  
24 trademarked title, and the following persons may use the following words,  
25 titles, or letters: (a) A registered dietitian nutritionist may use  
26 registered dietitian, registered dietitian nutritionist, rd, or rdn; (b)  
27 a person who is credentialed by the Board for Certification of Nutrition  
28 Specialists as a certified nutrition specialist may use certified  
29 nutrition specialist or cns; or (c) a board-certified nutrition  
30 pharmacist may use the title nutrition specialist.

31           Sec. 46. (1) A licensed dietitian nutritionist or a licensed

1 nutritionist, unless otherwise exempt, shall:

2 (a) Provide medical nutrition therapy using evidence-based practice  
3 and the nutrition-care services process for patients and clients in  
4 clinical and community settings for the purpose of treatment or  
5 management of a diagnosed medical disease or medical condition. The  
6 nutrition-care services process involves application of the scientific  
7 method to medical nutrition therapy and consists of four distinct, but  
8 interrelated, steps of nutrition assessment, nutrition diagnosis,  
9 nutrition intervention, and nutrition monitoring and evaluation;

10 (b) Use specialized knowledge and skill to apply the systematic  
11 problem-solving method to make diagnostic judgments when providing  
12 medical nutrition therapy for safe, effective, and high-quality care; and

13 (c) Use critical thinking to collect relevant data, determine  
14 nutrition diagnosis based upon interpreted data, establish patient and  
15 client goals, determine a nutrition plan and interventions to solve the  
16 problem, and evaluate the effectiveness of interventions and progress  
17 toward the desired goals or outcomes.

18 (2) A licensed dietitian nutritionist or a licensed nutritionist  
19 may:

20 (a) Accept or transmit written, verbal, delegated, or  
21 electromagnetically transmitted orders from a referring provider  
22 consistent with the Medical Nutrition Therapy Practice Act and rules and  
23 regulations adopted and promulgated pursuant to the act and with any  
24 controlling protocols established to implement medical nutrition therapy;

25 (b) Recommend and order patient diets, including therapeutic diets,  
26 oral nutrition supplements, and dietary supplements, in accordance with  
27 the Medical Nutrition Therapy Practice Act and the rules and regulations  
28 adopted and promulgated pursuant to the act. Therapeutic diets may  
29 include oral, enteral, or parenteral nutrition therapy. Enteral and  
30 parenteral nutrition therapy consists of enteral feedings or specialized  
31 intravenous solutions and associated nutrition-related services as part

1 of a therapeutic diet and shall only be ordered, initiated, or performed  
2 by a licensed dietitian nutritionist or licensed nutritionist who also  
3 meets one of the following criteria:

4 (i) The licensee is a registered dietitian nutritionist;

5 (ii) The licensee is a certified nutrition support clinician  
6 certified by the National Board of Nutrition Support Certification; or

7 (iii) The licensee meets other requirements demonstrating competency  
8 as determined by the board in evaluating and ordering enteral and  
9 parenteral therapy and administering enteral therapy;

10 (c) Order medical or laboratory tests related to nutritional  
11 therapeutic treatments;

12 (d) Implement prescription drug dose adjustments for specific  
13 disease treatment protocols within the limits of such licensee's  
14 knowledge, skills, judgment, and clinical practice guidelines pursuant to  
15 any applicable and controlling facility-approved protocol and as approved  
16 and delegated by the licensed prescriber, physician, or other authorized  
17 health care provider who prescribed the drug or drugs to be adjusted.  
18 Nothing in this subdivision shall be construed to permit individuals  
19 licensed under the Medical Nutrition Therapy Practice Act to  
20 independently prescribe or initiate drug treatment. A licensed dietitian  
21 nutritionist or a licensed nutritionist may recommend and order or  
22 discontinue vitamin and mineral supplements; and

23 (e) Develop, implement, and manage nutrition-care services systems  
24 and evaluate, change, and maintain appropriate standards of quality in  
25 food and nutrition-care services.

26 (3)(a) Nothing in this section shall be construed to limit the  
27 ability of any other licensed health care professional to order  
28 therapeutic diets if ordering therapeutic diets falls within the scope of  
29 practice of the licensed health care professional.

30 (b) Nothing in this section shall be construed to limit the ability  
31 of persons who are not licensed dietitian nutritionists or licensed

1 nutritionists from providing services which they are lawfully able to  
2 provide.

3       Sec. 47. A student enrolled in an accredited course on dietetics  
4 and nutrition recognized by the board may perform any action necessary to  
5 complete the student's course of study and engage in the practice of  
6 medical nutrition therapy under the appropriate supervision of a  
7 supervisor in accordance with section 38-1813 or section 42 of this act  
8 for a period of no more than five years after the student completes the  
9 course of study. The board may, in its discretion, grant a limited  
10 extension to such five-year period in the event of extraordinary  
11 circumstances to allow the student to satisfy the qualifications for  
12 licensure under section 38-1813 or section 42 of this act. For purposes  
13 of this section, extraordinary circumstances may include circumstances in  
14 which a person who legally provides medical nutrition therapy in another  
15 state has not met the qualifications for licensure under section 38-1813  
16 or section 42 of this act within the five-year period after completion of  
17 the course of study.

18       Sec. 48. Section 38-1816, Reissue Revised Statutes of Nebraska, is  
19 amended to read:

20       38-1816 (1) Nothing in the Medical Nutrition Therapy Practice Act  
21 shall be construed to permit a licensed ~~dietitian nutritionist or a~~  
22 licensed nutritionist ~~medical nutrition therapist~~ to practice any other  
23 profession regulated under the Uniform Credentialing Act.

24       (2) Nothing in the Medical Nutrition Therapy Practice Act shall  
25 require assisted living facilities or nursing facilities to provide  
26 medical nutrition therapy, unless otherwise required by law, or employ or  
27 consult with licensed dietitian nutritionists or licensed nutritionists,  
28 so long as any medical nutrition therapy provided in such facilities is  
29 provided under an exemption listed under section 40 of this act.

30       Sec. 49. Section 38-2801, Revised Statutes Cumulative Supplement,  
31 2022, is amended to read:

1           38-2801 Sections 38-2801 to 38-28,107 and section 50 of this act and  
2 the Nebraska Drug Product Selection Act shall be known and may be cited  
3 as the Pharmacy Practice Act.

4           Sec. 50. A prescription that is valid when written remains valid  
5 for the period stated in the medical order notwithstanding the  
6 prescribing practitioner's subsequent death or retirement or the  
7 suspension or revocation of the prescribing practitioner's credential by  
8 the appropriate board, and a pharmacist may use professional judgment to  
9 fill or refill such a prescription which has sufficient fills remaining.  
10 This section shall not apply to a prescription issued by a veterinarian.

11           Sec. 51. Section 38-2852, Reissue Revised Statutes of Nebraska, is  
12 amended to read:

13           38-2852 Every applicant for licensure as a pharmacist shall be  
14 required to attain a grade to be determined by the board in an  
15 examination in pharmacy and ~~a grade of seventy-five~~ in an examination in  
16 jurisprudence of pharmacy.

17           Sec. 52. Section 38-2867.01, Reissue Revised Statutes of Nebraska,  
18 is amended to read:

19           38-2867.01 (1) Any person authorized to compound shall compound in  
20 compliance with the standards of chapters 795 and 797 of The United  
21 States Pharmacopeia and The National Formulary, as such chapters existed  
22 on January 1, 2023 ~~2015~~, and shall compound (a) as the result of a  
23 practitioner's medical order or initiative occurring in the course of  
24 practice based upon the relationship between the practitioner, patient,  
25 and pharmacist, (b) for the purpose of, or as an incident to, research,  
26 teaching, or chemical analysis and not for sale or dispensing, or (c) for  
27 office use only and not for resale.

28           (2) Compounding in a hospital pharmacy may occur for any hospital  
29 which is part of the same health care system under common ownership or  
30 which is a member of or an affiliated member of a formal network or  
31 partnership agreement.

1 (3)(a) Any authorized person may reconstitute a commercially  
2 available drug product in accordance with directions contained in  
3 approved labeling provided by the product's manufacturer and other  
4 manufacturer directions consistent with labeling.

5 (b) Any authorized person using beyond-use dating must follow the  
6 approved product manufacturer's labeling or the standards of The United  
7 States Pharmacopeia and The National Formulary if the product  
8 manufacturer's labeling does not specify beyond-use dating.

9 (c) Any authorized person engaged in activities listed in this  
10 subsection is not engaged in compounding, except that any variance from  
11 the approved product manufacturer's labeling will result in the person  
12 being engaged in compounding.

13 (4) Any authorized person splitting a scored tablet along scored  
14 lines or adding flavoring to a commercially available drug product is not  
15 engaged in compounding.

16 (5) No person shall compound:

17 (a) A drug that has been identified by the federal Food and Drug  
18 Administration as withdrawn or removed from the market because the drug  
19 was found to be unsafe or ineffective;

20 (b) A drug that is essentially a copy of an approved drug unless  
21 there is a drug shortage as determined by the board or unless a patient  
22 has an allergic reaction to the approved drug; or

23 (c) A drug that has been identified by the federal Food and Drug  
24 Administration or the board as a product which may not be compounded.

25 Sec. 53. Section 38-2891, Revised Statutes Cumulative Supplement,  
26 2022, is amended to read:

27 38-2891 (1) A pharmacy technician shall only perform tasks which do  
28 not require the professional judgment of a pharmacist and which are  
29 subject to verification to assist a pharmacist in the practice of  
30 pharmacy.

31 (2) A pharmacy technician may administer vaccines, and such

1 administration shall not be considered to be performing a task requiring  
2 the professional judgment of a pharmacist, when:

3 (a) The vaccines are verified by the pharmacist responsible for the  
4 supervision and verification of the activities of the pharmacy technician  
5 prior to administration;

6 (b) Administration is limited to intra-muscular in the deltoid  
7 muscle or subcutaneous on the arm to a person three years of age or  
8 older;

9 (c) The pharmacy technician is certified as required by section  
10 38-2890;

11 (d) The pharmacy technician has completed certificate training in  
12 vaccine administration that includes, at a minimum, vaccine  
13 administration, blood-borne pathogen exposure, safety measures during  
14 administration, and biohazard handling;

15 (e) The pharmacy technician is currently certified in basic life-  
16 support skills for health care providers as determined by the board; and

17 (f) The pharmacist responsible for the supervision and verification  
18 of the activities of the pharmacy technician is on site.

19 (3) ~~(2)~~ The functions and tasks which shall not be performed by  
20 pharmacy technicians include, but are not limited to:

21 (a) Receiving oral medical orders from a practitioner or his or her  
22 agent except as otherwise provided in subsection (4) of section 38-2870;

23 (b) Providing patient counseling;

24 (c) Performing any evaluation or necessary clarification of a  
25 medical order or performing any functions other than strictly clerical  
26 functions involving a medical order;

27 (d) Supervising or verifying the tasks and functions of pharmacy  
28 technicians;

29 (e) Interpreting or evaluating the data contained in a patient's  
30 record maintained pursuant to section 38-2869;

31 (f) Releasing any confidential information maintained by the

1 pharmacy;

2 (g) Performing any professional consultations; and

3 (h) Drug product selection, with regard to an individual medical  
4 order, in accordance with the Nebraska Drug Product Selection Act.

5 (4) ~~(3)~~ The director shall, with the recommendation of the board,  
6 waive any of the limitations in subsection (2) of this section for  
7 purposes of a scientific study of the role of pharmacy technicians  
8 approved by the board. Such study shall be based upon providing improved  
9 patient care or enhanced pharmaceutical care. Any such waiver shall state  
10 the length of the study and shall require that all study data and results  
11 be made available to the board upon the completion of the study. Nothing  
12 in this subsection requires the board to approve any study proposed under  
13 this subsection.

14 Sec. 54. Section 68-901, Revised Statutes Cumulative Supplement,  
15 2022, is amended to read:

16 68-901 Sections 68-901 to 68-9,101 and sections 55 to 57 of this act  
17 shall be known and may be cited as the Medical Assistance Act.

18 Sec. 55. The department shall enroll long-term acute care hospitals  
19 in Nebraska as providers eligible to receive funding under the medical  
20 assistance program.

21 Sec. 56. No later than July 1, 2023, the department shall submit a  
22 state plan amendment or waiver to the federal Centers for Medicare and  
23 Medicaid Services to provide coverage under the medical assistance  
24 program for long-term acute care hospitals.

25 Sec. 57. The department shall provide for rebasing inpatient  
26 interim per diem rates for critical access hospitals. The department  
27 shall rebase the rates every two years, and the most recent audited  
28 medicare cost report shall be used as the basis for the rebasing process  
29 within ninety days after receiving the cost report.

30 Sec. 58. Section 68-1006.01, Reissue Revised Statutes of Nebraska,  
31 is amended to read:



1           68-1006.01 The Department of Health and Human Services shall include  
2 in the standard of need for eligible aged, blind, and disabled persons  
3 seventy-five at least sixty dollars per month for a personal needs  
4 allowance if such persons reside in an alternative living arrangement.

5           For purposes of this section, an alternative living arrangement  
6 shall include board and room, a boarding home, a certified adult family  
7 home, a licensed assisted-living facility, a licensed residential child-  
8 caring agency as defined in section 71-1926, a licensed center for the  
9 developmentally disabled, and a long-term care facility.

10          Sec. 59. (1) The state shall provide medicaid reimbursement to a  
11 hospital at one hundred percent of the statewide average nursing facility  
12 per diem rate for an individual if the individual: (a) Is enrolled in the  
13 medical assistance program; (b) has been admitted as an inpatient to such  
14 hospital; (c) no longer requires acute inpatient care and discharge  
15 planning as described in 42 C.F.R. 482.43; (d) requires nursing facility  
16 level of care upon discharge; and (e) is unable to be transferred to a  
17 nursing facility due to a lack of available nursing facility beds  
18 available to the individual or, in cases where the transfer requires a  
19 guardian, has been approved for appointment of a public guardian and the  
20 State Court Administrator is unable to appoint a public guardian.

21          (2) Reimbursement for services shall be subject to federal approval.

22          Sec. 60. (1) The Department of Health and Human Services shall  
23 either directly, or through a contract or grant to an eligible entity,  
24 implement a pilot program to facilitate the transfer of patients with  
25 complex health needs from eligible acute care hospitals to appropriate  
26 post-acute care settings, including facilities that provide skilled  
27 nursing or long-term care.

28          (2) The purposes of the pilot program are to ensure that:

29          (a) Patients with complex health needs are able to access timely  
30 transition from an acute care hospital to a post-acute care setting;

31          (b) Patients receive the appropriate type of care at the appropriate

1 time to best meet their needs; and

2 (c) Acute-care hospitals have available capacity to meet the needs  
3 of patients.

4 (3) For purposes of this section:

5 (a) Eligible acute care hospital means a facility that is not  
6 designated as a critical access hospital by the federal Centers for  
7 Medicare and Medicaid Services and has reached or exceeded eighty percent  
8 of available staffed capacity for adult intensive-care-unit beds and  
9 acute care inpatient medical-surgical beds;

10 (b) Eligible entity means a nonprofit statewide association whose  
11 members include eligible acute care hospitals; and

12 (c) Patient means a person who is medically stable and who the  
13 provider believes, with a reasonable medical probability and in  
14 accordance with recognized medical standards, is safe to be discharged or  
15 transferred and is not expected to have his or her condition negatively  
16 impacted during, or as a result of, the discharge or transfer.

17 (4) The department or other eligible entity responsible for  
18 developing the pilot program shall:

19 (a) Determine criteria to define patients with complex health needs;

20 (b) Develop a process for eligible acute care hospitals to determine  
21 capacity and the manner and frequency of reporting changes in capacity;

22 (c) Develop a process to ensure funding is utilized for the purposes  
23 described in this section and in compliance with all applicable state and  
24 federal laws;

25 (d) Include regular consultation with the department and  
26 representatives of acute care hospitals, skilled nursing facilities, and  
27 nursing facilities; and

28 (e) Include quarterly updates to the department.

29 (5) The pilot program may include direct payments to post-acute care  
30 facilities that support care to patients with complex health needs.

31 (6) Funding utilized under the pilot program shall comply with all

1 medicaid and medicare reimbursement policies for skilled nursing  
2 facilities, nursing facilities, and swing-bed hospitals.

3 (7) It is the intent of the Legislature to appropriate one million  
4 dollars from the General Fund to carry out this section.

5 Sec. 61. Section 68-1206, Revised Statutes Cumulative Supplement,  
6 2022, is amended to read:

7 68-1206 (1) The Department of Health and Human Services shall  
8 administer the program of social services in this state. The department  
9 may contract with other social agencies for the purchase of social  
10 services at rates not to exceed those prevailing in the state or the cost  
11 at which the department could provide those services. The statutory  
12 maximum payments for the separate program of aid to dependent children  
13 shall apply only to public assistance grants and shall not apply to  
14 payments for social services.

15 (2)(a) As part of the provision of social services authorized by  
16 section 68-1202, the department shall participate in the federal child  
17 care assistance program under 42 U.S.C. 9857 et seq., as such sections  
18 existed on January 1, 2023 ~~2021~~, and provide child care assistance to  
19 families with incomes up to (i) one hundred eighty-five percent of the  
20 federal poverty level prior to October 1, 2026 ~~2023~~, or (ii) one hundred  
21 thirty percent of the federal poverty level on and after October 1, 2026  
22 ~~2023~~.

23 (b) As part of the provision of social services authorized by this  
24 section and section 68-1202, the department shall participate in the  
25 federal Child Care Subsidy program. A child care provider seeking to  
26 participate in the federal Child Care Subsidy program shall comply with  
27 the criminal history record information check requirements of the Child  
28 Care Licensing Act. In determining ongoing eligibility for this program,  
29 ten percent of a household's gross earned income shall be disregarded  
30 after twelve continuous months on the program and at each subsequent  
31 redetermination. In determining ongoing eligibility, if a family's income

1 exceeds one hundred eighty-five percent of the federal poverty level  
2 prior to October 1, ~~2026~~ 2023, or one hundred thirty percent of the  
3 federal poverty level on and after October 1, ~~2026~~ 2023, the family shall  
4 receive transitional child care assistance through the remainder of the  
5 family's eligibility period or until the family's income exceeds eighty-  
6 five percent of the state median income for a family of the same size as  
7 reported by the United States Bureau of the Census, whichever occurs  
8 first. When the family's eligibility period ends, the family shall  
9 continue to be eligible for transitional child care assistance if the  
10 family's income is below two hundred percent of the federal poverty level  
11 prior to October 1, ~~2026~~ 2023, or one hundred eighty-five percent of the  
12 federal poverty level on and after October 1, ~~2026~~ 2023. The family shall  
13 receive transitional child care assistance through the remainder of the  
14 transitional eligibility period or until the family's income exceeds  
15 eighty-five percent of the state median income for a family of the same  
16 size as reported by the United States Bureau of the Census, whichever  
17 occurs first. The amount of such child care assistance shall be based on  
18 a cost-shared plan between the recipient family and the state and shall  
19 be based on a sliding-scale methodology. A recipient family may be  
20 required to contribute a percentage of such family's gross income for  
21 child care that is no more than the cost-sharing rates in the  
22 transitional child care assistance program as of January 1, 2015, for  
23 those no longer eligible for cash assistance as provided in section  
24 68-1724.

25 (c) For the period beginning July 1, 2021, through September 30,  
26 ~~2026~~ 2023, funds provided to the State of Nebraska pursuant to the Child  
27 Care and Development Block Grant Act of 1990, 42 U.S.C. 9857 et seq., as  
28 such act and sections existed on January 1, 2023 ~~March 24, 2021~~, shall be  
29 used to pay the costs to the state resulting from the income eligibility  
30 changes made in subdivisions (2)(a) and (b) of this section by Laws 2021,  
31 LB485. If the available amount of such funds is insufficient to pay such

1 costs, then funds provided to the state for the Temporary Assistance for  
2 Needy Families program established in 42 U.S.C. 601 et seq. may also be  
3 used. No General Funds shall be used to pay the costs to the state  
4 resulting from the income eligibility changes made in subdivisions (2)(a)  
5 and (b) of this section by Laws 2021, LB485, for the period beginning  
6 July 1, 2021, through September 30, 2026 ~~2023~~.

7 (d) The Department of Health and Human Services shall collaborate  
8 with a private nonprofit organization with expertise in early childhood  
9 care and education for an independent evaluation of the income  
10 eligibility changes made in subdivisions (2)(a) and (b) of this section  
11 by Laws 2021, LB485, if private funding is made available for such  
12 purpose. The evaluation shall be completed by July 1, 2024 ~~December 15,~~  
13 ~~2023~~, and shall be submitted electronically to the department and to the  
14 Health and Human Services Committee of the Legislature.

15 (3) In determining the rate or rates to be paid by the department  
16 for child care as defined in section 43-2605, the department shall adopt  
17 a fixed-rate schedule for the state or a fixed-rate schedule for an area  
18 of the state applicable to each child care program category of provider  
19 as defined in section 71-1910 which may claim reimbursement for services  
20 provided by the federal Child Care Subsidy program, except that the  
21 department shall not pay a rate higher than that charged by an individual  
22 provider to that provider's private clients. The schedule may provide  
23 separate rates for care for infants, for children with special needs,  
24 including disabilities or technological dependence, or for other  
25 individual categories of children. The schedule may also provide tiered  
26 rates based upon a quality scale rating of step three or higher under the  
27 Step Up to Quality Child Care Act. The schedule shall be effective on  
28 October 1 of every year and shall be revised annually by the department.

29 Sec. 62. Section 68-1724, Revised Statutes Cumulative Supplement,  
30 2022, is amended to read:

31 68-1724 (1) Cash assistance shall be provided for a period or

1 periods of time not to exceed a total of sixty months for recipient  
2 families with children subject to the following:

3 (a) If the state fails to meet the specific terms of the self-  
4 sufficiency contract developed under section 68-1719, the sixty-month  
5 time limit established in this section shall be extended;

6 (b) The sixty-month time period for cash assistance shall begin  
7 within the first month of eligibility;

8 (c) When no longer eligible to receive cash assistance, assistance  
9 shall be available to reimburse work-related child care expenses even if  
10 the recipient family has not achieved economic self-sufficiency. The  
11 amount of such assistance shall be based on a cost-shared plan between  
12 the recipient family and the state which shall provide assistance up to  
13 two hundred percent of the federal poverty level prior to October 1, 2026  
14 ~~2023~~, or one hundred eighty-five percent of the federal poverty level on  
15 and after October 1, 2026 ~~2023~~. A recipient family may be required to  
16 contribute up to twenty percent of such family's gross income for child  
17 care. It is the intent of the Legislature that transitional health care  
18 coverage be made available on a sliding-scale basis to individuals and  
19 families with incomes up to one hundred eighty-five percent of the  
20 federal poverty level if other health care coverage is not available; and

21 (d) The self-sufficiency contract shall be revised and cash  
22 assistance extended when there is no job available for adult members of  
23 the recipient family. It is the intent of the Legislature that available  
24 job shall mean a job which results in an income of at least equal to the  
25 amount of cash assistance that would have been available if receiving  
26 assistance minus unearned income available to the recipient family.

27 The department shall develop policy guidelines to allow for cash  
28 assistance to persons who have received the maximum cash assistance  
29 provided by this section and who face extreme hardship without additional  
30 assistance. For purposes of this section, extreme hardship means a  
31 recipient family does not have adequate cash resources to meet the costs

1 of the basic needs of food, clothing, and housing without continuing  
2 assistance or the child or children are at risk of losing care by and  
3 residence with their parent or parents.

4 (2) Cash assistance conditions under the Welfare Reform Act shall be  
5 as follows:

6 (a) Adults in recipient families shall mean individuals at least  
7 nineteen years of age living with and related to a child eighteen years  
8 of age or younger and shall include parents, siblings, uncles, aunts,  
9 cousins, or grandparents, whether the relationship is biological,  
10 adoptive, or step;

11 (b) The payment standard shall be based upon family size;

12 (c) The adults in the recipient family shall ensure that the minor  
13 children regularly attend school. Education is a valuable personal  
14 resource. The cash assistance provided to the recipient family may be  
15 reduced when the parent or parents have failed to take reasonable action  
16 to encourage the minor children of the recipient family ages sixteen and  
17 under to regularly attend school. No reduction of assistance shall be  
18 such as may result in extreme hardship. It is the intent of the  
19 Legislature that a process be developed to insure communication between  
20 the case manager, the parent or parents, and the school to address issues  
21 relating to school attendance;

22 (d) Two-parent families which would otherwise be eligible under  
23 section 43-504 or a federally approved waiver shall receive cash  
24 assistance under this section;

25 (e) For minor parents, the assistance payment shall be based on the  
26 minor parent's income. If the minor parent lives with at least one  
27 parent, the family's income shall be considered in determining  
28 eligibility and cash assistance payment levels for the minor parent. If  
29 the minor parent lives independently, support shall be pursued from the  
30 parents of the minor parent. If the absent parent of the minor's child is  
31 a minor, support from his or her parents shall be pursued. Support from

1 parents as allowed under this subdivision shall not be pursued when the  
2 family income is less than three hundred percent of the federal poverty  
3 guidelines; and

4 (f) For adults who are not biological or adoptive parents or  
5 stepparents of the child or children in the family, if assistance is  
6 requested for the entire family, including the adults, a self-sufficiency  
7 contract shall be entered into as provided in section 68-1719. If  
8 assistance is requested for only the child or children in such a family,  
9 such children shall be eligible after consideration of the family's  
10 income and if (i) the family cooperates in pursuing child support and  
11 (ii) the minor children of the family regularly attend school.

12 Sec. 63. Section 71-417, Revised Statutes Cumulative Supplement,  
13 2022, is amended to read:

14 71-417 (1) Home health agency means a person or any legal entity  
15 which provides skilled nursing care or a minimum of one other therapeutic  
16 service as defined by the department on a full-time, part-time, or  
17 intermittent basis to persons in a place of temporary or permanent  
18 residence used as the person's home.

19 (2) Home health agency does not include a PACE center.

20 (3) Home health agency does not include a person or legal entity  
21 that engages only in social work practice as defined in section 38-2119.

22 Sec. 64. Section 71-475, Reissue Revised Statutes of Nebraska, is  
23 amended to read:

24 71-475 (1)(a) When administration of a drug occurs in a hospital  
25 pursuant to a chart order, hospital personnel may provide the unused  
26 portion of the drug to the patient upon discharge from the hospital for  
27 continued use in treatment of the patient if:

28 (i) The drug has been opened and used for treatment of the patient  
29 at the hospital and is necessary for the continued treatment of the  
30 patient and would be wasted if not used by the patient; and

31 (ii) The drug is:



1 (A) In a multidose device or a multidose container; or  
2 (B) In the form of a liquid reconstituted from a dry stable state to  
3 a liquid resulting in a limited stability.

4 (b) A drug provided to a patient in accordance with this subsection  
5 shall be labeled with the name of the patient, the name of the drug  
6 including the quantity if appropriate, the date the drug was provided,  
7 and the directions for use.

8 (2)(a) A licensed health care practitioner authorized to prescribe  
9 controlled substances may provide to his or her patients being discharged  
10 from a hospital a sufficient quantity of drugs adequate, in the judgment  
11 of the practitioner, to continue treatment, which began in the hospital,  
12 until the patient is reasonably able to access a pharmacy.

13 (b) The pharmacist-in-charge at the hospital shall maintain records  
14 of the drugs provided to patients in accordance with this subsection  
15 which shall include the name of the patient, the name of the drug  
16 including the quantity if appropriate, the date the drug was provided,  
17 and the directions for use.

18 (3) If a drug is provided to a patient in accordance with subsection  
19 (1) or (2) of this section:

20 (a) The drug shall be kept in a locked cabinet or automated  
21 medication system with access only by a licensed health care practitioner  
22 authorized to prescribe, dispense, or administer controlled substances;

23 (b) Prior to providing the drug to the patient, a written or  
24 electronic order shall be in the patient's record;

25 (c) The process at the hospital shall be under the direct  
26 supervision of the prescriber;

27 (d) If the label is prepared by a nurse, the prescriber shall verify  
28 the drug and the directions for the patient;

29 (e) When possible, the directions for the patient shall be  
30 preprinted on the label by the pharmacist;

31 (f) The label shall include the name of the patient, the name of the

1 drug including the quantity if appropriate, the date the drug was  
2 provided, and the directions for use;

3 (g) A written information sheet shall be given to the patient for  
4 each drug provided; and

5 (h) Documentation in a readily retrievable format shall be  
6 maintained each time a drug is provided to a patient from the hospital  
7 pharmacy's inventory which shall include the date, the patient, the drug,  
8 and the prescriber.

9 (4)(a) When a hospital, an ambulatory surgical center, or a health  
10 care practitioner facility provides medication that is ordered at least  
11 twenty-four hours in advance for surgical procedures and is administered  
12 to a patient at the hospital, ambulatory surgical center, or health care  
13 practitioner facility, any unused portion of the medication shall be  
14 offered to the patient upon discharge when it is required for continuing  
15 treatment. The unused portion of any such medication accepted by the  
16 patient upon discharge shall be labeled by the prescriber or a pharmacist  
17 consistent with labeling requirements in section 71-2479.

18 (b) For purposes of this subsection, medication means any topical  
19 antibiotic, anti-inflammatory, dilation, or glaucoma drop or ointment  
20 that a hospital, ambulatory surgical center, or health care practitioner  
21 facility has on stand-by or is retrieved from a dispensing system for a  
22 specified patient for use during a procedure or visit.

23 (c) If the medication is used in an operating room or emergency  
24 department setting, the prescriber is responsible for counseling the  
25 patient on its proper use and administration and no other patient  
26 counseling is required under section 38-2869.

27 Sec. 65. Section 71-2461.01, Revised Statutes Cumulative Supplement,  
28 2022, is amended to read:

29 71-2461.01 (1) Central fill means the preparation, other than by  
30 compounding, of a drug, device, or biological pursuant to a medical order  
31 where the preparation occurs in a pharmacy other than the pharmacy

1 dispensing to the patient or caregiver as defined in section 38-2809.

2 (2) If the dispensing pharmacy and central fill pharmacy are under  
3 common ownership, the central fill pharmacy may deliver such drug,  
4 device, or biological to the patient or caregiver on behalf of the  
5 dispensing pharmacy.

6 Sec. 66. Section 71-2479, Revised Statutes Cumulative Supplement,  
7 2022, is amended to read:

8 71-2479 (1) Any prescription for a legend drug which is not a  
9 controlled substance shall be kept by the pharmacy or the practitioner  
10 who holds a pharmacy license in a readily retrievable format and shall be  
11 maintained for a minimum of five years. The pharmacy or practitioner  
12 shall make all such files readily available to the department and law  
13 enforcement for inspection without a search warrant.

14 (2) Before dispensing a legend drug which is not a controlled  
15 substance pursuant to a written, oral, or electronic prescription, a  
16 label shall be affixed to the container in which the drug is dispensed.  
17 Such label shall bear (a) the name, address, and telephone number of the  
18 pharmacy or practitioner and the name and address of the central fill  
19 pharmacy if central fill is used, (b) the name of the patient, (c) the  
20 date of filling, (d) the serial number of the prescription under which it  
21 is recorded in the practitioner's prescription records, (e) the name of  
22 the prescribing practitioner, (f) the directions for use, (g) the name of  
23 the drug, device, or biological unless instructed to omit by the  
24 prescribing practitioner, (h) the strength of the drug or biological, if  
25 applicable, (i) the quantity of the drug, device, or biological in the  
26 container, except unit-dose containers, (j) the dosage form of the drug  
27 or biological, and (k) any cautionary statements contained in the  
28 prescription.

29 (3) For multidrug containers, more than one drug, device, or  
30 biological may be dispensed in the same container when (a) such container  
31 is prepackaged by the manufacturer, packager, or distributor and shipped

1 directly to the pharmacy in this manner or (b) the container does not  
2 accommodate greater than a thirty-one-day supply of compatible dosage  
3 units and is labeled to identify each drug or biological in the container  
4 in addition to all other information required by law.

5 Sec. 67. Section 71-8202, Reissue Revised Statutes of Nebraska, is  
6 amended to read:

7 71-8202 The Legislature finds and declares that:

8 (1) Trauma is a severe health problem in the State of Nebraska and a  
9 major cause of death and long-term disability;

10 (2) Trauma care is very limited in many parts of Nebraska,  
11 particularly in rural areas where there is a growing danger that some  
12 communities may be left without adequate emergency medical care;

13 (3) It is in the best interests of the citizens of Nebraska to  
14 establish an efficient and well-coordinated statewide trauma system to  
15 reduce costs and incidence of inappropriate and inadequate trauma care  
16 and emergency medical service; and

17 (4) The goals and objectives of a statewide trauma system are to:  
18 (a) Pursue trauma prevention activities to decrease the incidence of  
19 trauma; (b) provide optimal care for trauma victims; (c) prevent  
20 unnecessary death and disability from trauma and emergency illness  
21 ~~without regard to insurance or ability to pay and utilize the protocols~~  
22 ~~established in the rules and regulations adopted under the Statewide~~  
23 ~~Trauma System Act;~~ and (d) contain costs of trauma care and trauma system  
24 implementation.

25 Sec. 68. Section 71-8228, Reissue Revised Statutes of Nebraska, is  
26 amended to read:

27 71-8228 Regional medical director means a physician licensed under  
28 the Uniform Credentialing Act ~~who shall report to the Director of Public~~  
29 ~~Health and carry out the regional plan for his or her region.~~

30 Sec. 69. Section 71-8230, Reissue Revised Statutes of Nebraska, is  
31 amended to read:

1           71-8230 Specialty level burn or pediatric trauma center means a  
2 trauma center that ~~(1) provides specialized care in the areas of burns or~~  
3 ~~pediatrics, (2) provides continuous accessibility regardless of day,~~  
4 ~~season, or patient's ability to pay, and (3) has entry access from each~~  
5 ~~of the designation levels as its online physician or qualified physician~~  
6 ~~surrogate deems appropriate.~~

7           Sec. 70. Section 71-8231, Reissue Revised Statutes of Nebraska, is  
8 amended to read:

9           71-8231 State trauma medical director means a physician licensed  
10 under the Uniform Credentialing Act who advises reports to the department  
11 ~~Director of Public Health~~ and carries out duties under the Statewide  
12 Trauma System Act.

13           Sec. 71. Section 71-8234, Reissue Revised Statutes of Nebraska, is  
14 amended to read:

15           71-8234 Trauma team means a team of physicians, nurses, medical  
16 technicians, and other personnel compiled to respond ~~create a seamless~~  
17 ~~response~~ to an acutely injured patient upon the patient's arrival at the  
18 hospital in a hospital emergency department.

19           Sec. 72. Section 71-8235, Reissue Revised Statutes of Nebraska, is  
20 amended to read:

21           71-8235 Trauma system means an organized approach to providing care  
22 to trauma patients that provides personnel, facilities, and equipment for  
23 effective and coordinated trauma care. The trauma system shall identify  
24 facilities with specific capabilities to provide care and provide that  
25 trauma patients be treated at a designated trauma center appropriate to  
26 the patient's level of injury. Trauma system includes prevention,  
27 prehospital or out-of-hospital care, hospital care, and rehabilitative  
28 ~~services regardless of insurance carrier or ability to pay.~~

29           Sec. 73. Section 71-8236, Revised Statutes Cumulative Supplement,  
30 2022, is amended to read:

31           71-8236 The State Trauma Advisory Board is created. The board shall

1 be composed of representatives knowledgeable in emergency medical  
2 services and trauma care, including emergency medical providers such as  
3 physicians, nurses, hospital personnel, prehospital or emergency care  
4 providers, local government officials, state officials, consumers, and  
5 persons affiliated professionally with health science schools. The  
6 Director of Public Health or his or her designee shall appoint the  
7 members of the board for staggered terms of three years each. The  
8 department shall provide administrative support to the board. All members  
9 of the board may be reimbursed for expenses incurred in the performance  
10 of their duties ~~as such members~~ as provided in sections 81-1174 to  
11 81-1177. The terms of members representing the same field shall not  
12 expire at the same time.

13 The board shall elect a chairperson and a vice-chairperson whose  
14 terms of office shall be for two years. The board shall meet at least  
15 twice per year by written request of the director or the chairperson.

16 Sec. 74. Section 71-8237, Revised Statutes Cumulative Supplement,  
17 2022, is amended to read:

18 71-8237 The State Trauma Advisory Board shall:

19 (1) Advise the department regarding trauma care needs throughout the  
20 state;

21 (2) Advise the Board of Emergency Medical Services regarding trauma  
22 care to be provided throughout the state by emergency medical services;

23 ~~(3) Review the regional trauma plans and recommend changes to the~~  
24 ~~department before the department adopts the plans;~~

25 (3) ~~(4)~~ Review proposed departmental rules and regulations for  
26 trauma care; and

27 (4) ~~(5)~~ Recommend modifications in rules regarding trauma care. ;  
28 and

29 ~~(6) Draft a five-year statewide prevention plan that each trauma~~  
30 ~~care region shall implement.~~

31 Sec. 75. Section 71-8239, Reissue Revised Statutes of Nebraska, is

1 amended to read:

2 71-8239 (1) The department, in consultation with and having  
3 solicited the advice of the State Trauma Advisory Board, shall establish  
4 and maintain the statewide trauma system.

5 (2) The department, with the advice of the board, shall adopt and  
6 promulgate rules and regulations and develop injury prevention strategies  
7 to carry out the Statewide Trauma System Act.

8 (3) The Director of Public Health or his or her designee shall  
9 appoint the state trauma medical director and the regional medical  
10 directors.

11 (4) The department, with the advice of the board, shall identify the  
12 state and regional activities that create, operate, maintain, and enhance  
13 the statewide trauma system.

14 Sec. 76. Section 71-8240, Revised Statutes Cumulative Supplement,  
15 2022, is amended to read:

16 71-8240 The department shall establish and maintain the following on  
17 a statewide basis:

18 (1) Trauma system objectives and priorities;

19 (2) Minimum trauma standards for facilities, equipment, and  
20 personnel for advanced, basic, comprehensive, and general level trauma  
21 centers and specialty level burn or pediatric trauma centers;

22 (3) Minimum standards for facilities, equipment, and personnel for  
23 advanced, intermediate, and general level rehabilitation centers;

24 (4) Minimum trauma standards for the development of facility patient  
25 care protocols;

26 (5) Trauma care regions as provided for in section 71-8250;

27 ~~(6) Recommendations for an effective trauma transportation system;~~

28 ~~(7) The minimum number of hospitals and health care facilities in~~  
29 ~~the state and within each trauma care region that may provide designated~~  
30 ~~trauma care services based upon approved regional trauma plans;~~

31 ~~(8) The minimum number of prehospital or emergency care providers in~~

1 ~~the state and within each trauma care region that may provide trauma care~~  
2 ~~services based upon approved regional trauma plans;~~

3 ~~(9) A format for submission of the regional trauma plans to the~~  
4 ~~department;~~

5 ~~(6) (10) A program for emergency medical services and trauma care~~  
6 ~~research and development; and~~

7 ~~(11) Review and approve regional trauma plans;~~

8 ~~(7) (12) The initial designation of hospitals and health care~~  
9 ~~facilities to provide designated trauma care services, in accordance with~~  
10 ~~needs identified in the approved regional trauma plan; and~~

11 ~~(13) The trauma implementation plan incorporating the regional~~  
12 ~~trauma plans.~~

13 Sec. 77. Section 71-8241, Reissue Revised Statutes of Nebraska, is  
14 amended to read:

15 71-8241 The department shall ~~coordinate the statewide trauma system~~  
16 ~~to assure integration and smooth operation among the trauma care regions~~  
17 ~~and~~ facilitate coordination of the State Trauma Advisory Board and the  
18 Board of Emergency Medical Services to advise the department on  
19 development of the statewide trauma ~~monitor the system.~~

20 Sec. 78. Section 71-8242, Reissue Revised Statutes of Nebraska, is  
21 amended to read:

22 71-8242 The department shall:

23 (1) Maintain ~~Purchase and maintain~~ the statewide trauma registry  
24 pursuant to section 71-8248 to assess the effectiveness of trauma  
25 delivery and modify standards and other requirements of the statewide  
26 trauma system, to improve the provision of emergency medical services and  
27 trauma care;

28 (2) Develop patient outcome measures to assess the effectiveness of  
29 trauma care in the system;

30 (3) Develop standards for regional trauma care quality assurance  
31 programs; and



1 (4) Coordinate and develop trauma prevention and education programs.  
2 The department shall administer funding allocated to the department  
3 for the purpose of creating, maintaining, or enhancing the statewide  
4 trauma system.

5 Sec. 79. Section 71-8243, Reissue Revised Statutes of Nebraska, is  
6 amended to read:

7 71-8243 Designated trauma centers and rehabilitation centers that  
8 receive trauma patients shall be categorized according to designation  
9 under the Statewide Trauma System Act. ~~All levels of centers shall follow~~  
10 ~~federal regulation guidelines and established referral patterns, as~~  
11 ~~appropriate, to facilitate a seamless patient flow system.~~

12 Sec. 80. Section 71-8244, Reissue Revised Statutes of Nebraska, is  
13 amended to read:

14 71-8244 (1) Any hospital, facility, rehabilitation center, or  
15 specialty level burn or pediatric trauma center that desires to be a  
16 designated center shall request designation from the department whereby  
17 each agrees to maintain a level of commitment and resources sufficient to  
18 meet responsibilities and standards required by the statewide trauma  
19 system. The department shall determine by rule and regulation the manner  
20 and form of such requests.

21 (2) Upon receiving a request, the department shall review the  
22 request to determine whether there is compliance with standards for the  
23 trauma care level for which designation is desired or whether the  
24 appropriate verification or accreditation documentation has been  
25 submitted. Any hospital, facility, rehabilitation center, or specialty  
26 level burn or pediatric trauma center which submits verification or  
27 accreditation documentation from a recognized independent verification or  
28 accreditation body or public agency with standards that are at least as  
29 stringent as those of the State of Nebraska for the trauma care level for  
30 which designation is desired, as determined by the State Trauma Advisory  
31 Board, shall be designated by the department and shall be included in the

1 trauma system or plan established under the Statewide Trauma System Act.  
2 Any medical facility that is currently verified or accredited shall be  
3 designated by the department at the corresponding level of designation  
4 for the same time period in Nebraska without the necessity of an onsite  
5 review by the department.

6 (3) Any medical facility applying for designation may appeal its  
7 designation. The appeal shall be in accordance with the Administrative  
8 Procedure Act.

9 (4) Except as otherwise provided in subsection (2) of this section,  
10 designation is valid for a period of four years and is renewable upon  
11 receipt of a request from the medical facility for renewal prior to  
12 expiration.

13 ~~(5) Regional trauma advisory boards shall be notified promptly of~~  
14 ~~designated medical facilities in their region so they may incorporate~~  
15 ~~them into the regional plan.~~

16 (5) ~~(6)~~ The department may revoke or suspend a designation if it  
17 determines that the medical facility is substantially out of compliance  
18 with the standards and has refused or been unable to comply after a  
19 reasonable period of time has elapsed. The department shall promptly  
20 notify the regional trauma medical director ~~advisory board~~ of designation  
21 suspensions and revocations. Any rehabilitation or trauma center ~~the~~  
22 ~~designation of which has been revoked or suspended~~ may request an  
23 administrative a hearing to review a revocation or suspension ~~the action~~  
24 of the department.

25 Sec. 81. Section 71-8245, Reissue Revised Statutes of Nebraska, is  
26 amended to read:

27 71-8245 (1) ~~The~~ As part of the process to designate and renew the  
28 ~~designation of hospitals and health care facilities as advanced, basic,~~  
29 ~~comprehensive, or general level trauma centers, the department may~~  
30 contract for onsite reviews of such hospitals and health care facilities  
31 to determine compliance with required standards as part of the process to

1 designate and renew the designation of hospitals and health care  
2 facilities as advanced, basic, comprehensive, or general level trauma  
3 centers. The ~~As part of the process to designate a health care facility~~  
4 ~~as a general, an intermediate, or an advanced level rehabilitation center~~  
5 ~~or a specialty level burn or pediatric trauma center,~~ the applicant shall  
6 submit to the department documentation of current verification or  
7 accreditation as part of the process to designate a health care facility  
8 as a general, intermediate, or advanced level rehabilitation center or a  
9 specialty level burn or pediatric trauma center.

10 (2) Members of ~~onsite~~ review teams and staff included in onsite  
11 visits shall not divulge and cannot be subpoenaed to divulge information  
12 obtained or reports written pursuant to this section in any civil action,  
13 except pursuant to a court order which provides for the protection of  
14 sensitive information of interested parties, including the department, in  
15 actions arising out of:

16 (a) ~~The~~ In actions arising out of the designation of a hospital or  
17 health care facility pursuant to section 71-8244;

18 (b) ~~The~~ In actions arising out of the revocation or suspension of a  
19 designation under such section; or

20 (c) ~~The~~ In actions arising out of the restriction or revocation of  
21 the clinical or staff privileges of a health care provider, subject to  
22 any further restrictions on disclosure that may apply.

23 (3) Information that identifies an individual patient shall not be  
24 publicly disclosed without the patient's consent.

25 ~~(4) When a medical facility requests designation for more than one~~  
26 ~~service, the department may coordinate the joint consideration of such~~  
27 ~~requests. Composition and qualification of the designation team shall be~~  
28 ~~set forth in rules and regulations adopted under the Statewide Trauma~~  
29 ~~System Act. Reports prepared pursuant to this section shall not be~~  
30 ~~considered public records.~~

31 (4) ~~(5)~~ The department may establish fees to defray the costs of

1 carrying out onsite reviews required by this section, but such fees shall  
2 not be assessed to health care facilities designated as basic or general  
3 level trauma centers.

4 (5) {6} This section does not restrict the authority of a hospital  
5 or a health care provider to provide services which it has been  
6 authorized to provide by state law.

7 Sec. 82. Section 71-8247, Reissue Revised Statutes of Nebraska, is  
8 amended to read:

9 71-8247 The board shall establish a committee for each trauma  
10 region to maintain a ~~In each trauma region, a regional~~ trauma system  
11 quality assurance program ~~shall be established and maintained~~ by the  
12 health care facilities designated as advanced, basic, comprehensive, and  
13 general level trauma centers. The quality assurance program shall  
14 evaluate trauma data quality, trauma care delivery, patient care  
15 outcomes, and compliance with the Statewide Trauma System Act. The  
16 regional medical director shall participate in the program and all health  
17 care providers and facilities which provide trauma care services within  
18 the region shall be invited to participate in the quality assurance  
19 program.

20 Sec. 83. Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15,  
21 16, 17, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34,  
22 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52,  
23 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74,  
24 75, 76, 77, 78, 79, 80, 81, 82, 84, and 86 of this act become operative  
25 three calendar months after the adjournment of this legislative session.  
26 The other sections of this act become operative on their effective date.

27 Sec. 84. Original sections 38-1801, 38-1802, 38-1803, 38-1806,  
28 38-1807, 38-1808, 38-1809, 38-1810, 38-1811, 38-1812, 38-1816, 38-2852,  
29 38-2867.01, 68-1006.01, 71-475, 71-8202, 71-8228, 71-8230, 71-8231,  
30 71-8234, 71-8235, 71-8239, 71-8241, 71-8242, 71-8243, 71-8244, 71-8245,  
31 and 71-8247, Reissue Revised Statutes of Nebraska, and sections 38-101,

1 38-121, 38-129.02, 38-167, 38-186, 38-2801, 68-1206, 68-1724, 71-417,  
2 71-2461.01, 71-2479, 71-8236, 71-8237, and 71-8240, Revised Statutes  
3 Cumulative Supplement, 2022, are repealed.

4 Sec. 85. Original sections 38-131, 38-2891, and 68-901, Revised  
5 Statutes Cumulative Supplement, 2022, are repealed.

6 Sec. 86. The following sections are outright repealed: Sections  
7 38-1804, 71-8208, 71-8216, 71-8220, 71-8222, 71-8238, 71-8246, and  
8 71-8252, Reissue Revised Statutes of Nebraska, and sections 71-8226,  
9 71-8227, and 71-8251, Revised Statutes Cumulative Supplement, 2022.

10 Sec. 87. Since an emergency exists, this act takes effect when  
11 passed and approved according to law.