

AMENDMENTS TO LB376

(Amendments to Standing Committee amendments, AM411)

Introduced by Arch, 14.

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

3        **Section 1.** Section 28-3,107, Reissue Revised Statutes of Nebraska,  
4        is amended to read:

5        28-3,107 (1) Any physician who performs or induces or attempts to  
6        perform or induce an abortion shall report to the Department of Health  
7        and Human Services, on a schedule and in accordance with forms and rules  
8        and regulations adopted and promulgated by the department:

9        (a) If a determination of probable postfertilization age was made,  
10       the probable postfertilization age determined and the method and basis of  
11       the determination;

12       (b) If a determination of probable postfertilization age was not  
13       made, the basis of the determination that a medical emergency existed;

14       (c) If the probable postfertilization age was determined to be  
15       consistent with the postfertilization age limits provided in section  
16       71-6915 ~~twenty or more weeks~~, the basis of the determination that the  
17       pregnant woman had a condition which so complicated her medical condition  
18       as to necessitate the abortion of her pregnancy to avert her death or to  
19       avert serious risk of substantial and irreversible physical impairment of  
20       a major bodily function, or the basis of the determination that it was  
21       necessary to preserve the life of an unborn child; and

22       (d) The method used for the abortion and, in the case of an abortion  
23       performed when the probable postfertilization age was determined to be  
24       consistent with the postfertilization age limits provided in section  
25       71-6915 ~~twenty or more weeks~~, whether the method of abortion used was one  
26       that, in reasonable medical judgment, provided the best opportunity for

1 the unborn child to survive or, if such a method was not used, the basis  
2 of the determination that termination of the pregnancy in that manner  
3 would pose a greater risk either of the death of the pregnant woman or of  
4 the substantial and irreversible physical impairment of a major bodily  
5 function of the woman than would other available methods.

6 (2) By June 30 of each year, the department shall issue a public  
7 report providing statistics for the previous calendar year compiled from  
8 all of the reports covering that year submitted in accordance with this  
9 section for each of the items listed in subsection (1) of this section.  
10 Each such report shall also provide the statistics for all previous  
11 calendar years during which this section was in effect, adjusted to  
12 reflect any additional information from late or corrected reports. The  
13 department shall take care to ensure that none of the information  
14 included in the public reports could reasonably lead to the  
15 identification of any pregnant woman upon whom an abortion was performed.

16 (3) Any physician who fails to submit a report by the end of thirty  
17 days following the due date shall be subject to a late fee of five  
18 hundred dollars for each additional thirty-day period or portion of a  
19 thirty-day period the report is overdue. Any physician required to report  
20 in accordance with the Pain-Capable Unborn Child Protection Act who has  
21 not submitted a report, or has submitted only an incomplete report, more  
22 than one year following the due date, may, in an action brought in the  
23 manner in which actions are brought to enforce the Uniform Credentialing  
24 Act pursuant to section 38-1,139, be directed by a court of competent  
25 jurisdiction to submit a complete report within a time period stated by  
26 court order or be subject to civil contempt. Failure by any physician to  
27 conform to any requirement of this section, other than late filing of a  
28 report, constitutes unprofessional conduct pursuant to section 38-2021.  
29 Failure by any physician to submit a complete report in accordance with a  
30 court order constitutes unprofessional conduct pursuant to section  
31 38-2021. Intentional or reckless falsification of any report required

1 under this section is a Class V misdemeanor.

2 (4) Within ninety days after October 15, 2010, the department shall  
3 adopt and promulgate rules and regulations to assist in compliance with  
4 this section.

5 **Sec. 2.** Section 38-1130, Revised Statutes Cumulative Supplement,  
6 2024, is amended to read:

7 38-1130 (1) Except as otherwise provided in this section, a licensed  
8 dental hygienist shall perform the dental hygiene functions listed in  
9 section 38-1131 only when authorized to do so by a licensed dentist who  
10 shall be responsible for the total oral health care of the patient.

11 (2) The department may authorize a licensed dental hygienist to  
12 perform the following functions in the conduct of public health-related  
13 services in a public health setting or in a health care or related  
14 facility: Preliminary charting and screening examinations; oral health  
15 education, including workshops and inservice training sessions on dental  
16 health; and all of the duties that a dental assistant who is not licensed  
17 is authorized to perform.

18 (3)(a) Except for periodontal scaling, root planing, and the  
19 administration of local anesthesia and nitrous oxide, the department may  
20 authorize a licensed dental hygienist to perform all of the authorized  
21 functions within the scope of practice of a licensed dental hygienist in  
22 the conduct of public health-related services in a public health setting  
23 or in a health care or related facility. In addition, the department may  
24 authorize a licensed dental hygienist to perform the following functions  
25 in such a setting or facility or for such a patient:

26 (i) Upon completion of education and testing approved by the board,  
27 writing prescriptions for mouth rinses and fluoride products that help  
28 decrease risk for tooth decay; and

29 (ii) Upon completion of education and testing approved by the board,  
30 minor denture adjustments.

31 (b) Authorization shall be granted by the department under this

1 subsection upon (i) filing an application with the department and (ii)  
2 providing evidence of current licensure and professional liability  
3 insurance coverage. Authorization may be limited by the department as  
4 necessary to protect the public health and safety upon good cause shown  
5 and may be renewed in connection with renewal of the licensed dental  
6 hygienist's license.

7 (c) A licensed dental hygienist performing dental hygiene functions  
8 as authorized under this subsection shall ~~(i) report authorized functions~~  
9 ~~performed by him or her to the department on a form developed and~~  
10 ~~provided by the department and (ii) advise the patient or recipient of~~  
11 ~~services or his or her authorized representative that such services are~~  
12 ~~preventive in nature and do not constitute a comprehensive dental~~  
13 ~~diagnosis and care.~~

14 ~~(4) The department shall compile the data from the reports provided~~  
15 ~~under subdivision (3)(c)(i) of this section and provide an annual report~~  
16 ~~to the Board of Dentistry and the State Board of Health. The department~~  
17 ~~shall annually evaluate the delivery of dental hygiene services in the~~  
18 ~~state and, on or before September 15 of each year beginning in 2021,~~  
19 ~~provide a report electronically to the Clerk of the Legislature regarding~~  
20 ~~such evaluation. The Health and Human Services Committee of the~~  
21 ~~Legislature shall hold a hearing at least once every three years to~~  
22 ~~assess the reports submitted pursuant to this subsection.~~

23 ~~(4) (5)~~ For purposes of this section:

24 (a) Health care or related facility means a hospital, a nursing  
25 facility, an assisted-living facility, a correctional facility, a tribal  
26 clinic, or a school-based preventive health program; and

27 (b) Public health setting means a federal, state, or local public  
28 health department or clinic, community health center, rural health  
29 clinic, or other similar program or agency that serves primarily public  
30 health care program recipients.

31 **Sec. 3.** Section 38-1208.01, Revised Statutes Cumulative Supplement,

1 2024, is amended to read:

2 38-1208.01 Paramedic practice of emergency medical care means care  
3 provided in accordance with the knowledge and skill acquired through  
4 successful completion of an approved program for a paramedic. Such care  
5 includes, but is not limited to, (1) all of the acts that an advanced  
6 emergency medical technician is authorized to perform ~~technician-intermediate can~~  
7 perform, ~~and~~ (2) visualized intubation, (3) surgical cricothyrotomy, and  
8 (4) until December 31, 2025, all of the acts that an emergency medical  
9 technician-intermediate is authorized to perform.

10 **Sec. 4.** Section 38-1216, Revised Statutes Cumulative Supplement,  
11 2024, is amended to read:

12 38-1216 In addition to any other responsibilities prescribed by the  
13 Emergency Medical Services Practice Act, the board shall:

14 (1) Promote the dissemination of public information and education  
15 programs to inform the public about emergency medical service and other  
16 medical information, including appropriate methods of medical self-help,  
17 first aid, and the availability of emergency medical services training  
18 programs in the state;

19 (2) Provide for the collection of information for evaluation of the  
20 availability and quality of emergency medical care, evaluate the  
21 availability and quality of emergency medical care, and serve as a focal  
22 point for discussion of the provision of emergency medical care;

23 (3) Establish model procedures for patient management in medical  
24 emergencies that do not limit the authority of law enforcement and fire  
25 protection personnel to manage the scene during a medical emergency; and

26 ~~(4) Not less than once each five years, undertake a review and~~  
27 ~~evaluation of the act and its implementation together with a review of~~  
28 ~~the emergency medical care needs of the residents of the State of~~  
29 ~~Nebraska and submit electronically a report to the Legislature with any~~  
30 ~~recommendations which it may have; and~~

31 (4) ~~(5)~~ Identify communication needs of emergency medical services

1 and make recommendations for development of a communications plan for a  
2 communications network for emergency care providers and emergency medical  
3 services.

4 **Sec. 5.** Section 43-512.11, Reissue Revised Statutes of Nebraska, is  
5 amended to read:

6 43-512.11 The Department of Health and Human Services shall submit  
7 electronically an annual report, not later than December ~~February~~ 1 of  
8 each year, to the Legislature regarding the effectiveness of programs  
9 established pursuant to subdivision (5)(a) of section 43-512. The report  
10 shall include, but not be limited to:

- 11 (1) The number of program participants;
- 12 (2) The number of program participants who become employed, whether  
13 such employment is full time or part time or subsidized or unsubsidized,  
14 and whether the employment was retained for at least thirty days;
- 15 (3) Supportive services provided to participants in the program;
- 16 (4) Grant reductions realized; and
- 17 (5) A cost and benefit statement for the program.

18 **Sec. 6.** Section 43-3301, Reissue Revised Statutes of Nebraska, is  
19 amended to read:

20 43-3301 Sections 43-3301 to 43-3325 ~~43-3326~~ shall be known and may  
21 be cited as the License Suspension Act.

22 **Sec. 7.** Section 43-3342.04, Reissue Revised Statutes of Nebraska, is  
23 amended to read:

24 43-3342.04 (1) The Title IV-D Division shall establish a Customer  
25 Service Unit. In hiring the initial staff for the unit, a hiring  
26 preference shall be given to employees of the clerks of the district  
27 court. The duties of the Customer Service Unit include, but are not  
28 limited to:

- 29 (a) Providing account information as well as addressing inquiries  
30 made by customers of the State Disbursement Unit; and
- 31 (b) Administering two statewide toll-free telephone systems, one for

1 use by employers and one for use by all other customers, to provide  
2 responses to inquiries regarding income withholding, the collection and  
3 disbursement of support order payments made to the State Disbursement  
4 Unit, and other child support enforcement issues, including establishing  
5 a call center with sufficient telephone lines, a voice response unit, and  
6 adequate personnel available during normal business hours to ensure that  
7 responses to inquiries are made by the division's personnel or the  
8 division's designee.

9 (2) The physical location of the Customer Service Unit shall be in  
10 Nebraska and shall result in the hiring of a number of new employees or  
11 contractor's staff equal to at least one-fourth of one percent of the  
12 labor force in the county or counties in which the Customer Service Unit  
13 is located. Customer service staff responsible for providing account  
14 information related to the State Disbursement Unit may be located at the  
15 same location as the State Disbursement Unit.

16 ~~(3) The department shall issue a report to the Governor and to the~~  
17 ~~Legislature on or before January 31 of each year which discloses~~  
18 ~~information relating to the operation of the State Disbursement Unit for~~  
19 ~~the preceding calendar year including, but not limited to:~~

20 ~~(a) The number of transactions processed by the State Disbursement~~  
21 ~~Unit;~~

22 ~~(b) The dollar amount collected by the State Disbursement Unit;~~

23 ~~(c) The dollar amount disbursed by the State Disbursement Unit;~~

24 ~~(d) The percentage of identifiable collections disbursed within two~~  
25 ~~business days;~~

26 ~~(e) The percentage of identifiable collections that are matched to~~  
27 ~~the correct case;~~

28 ~~(f) The number and dollar amount of insufficient funds checks~~  
29 ~~received by the State Disbursement Unit;~~

30 ~~(g) The number and dollar amount of insufficient funds checks~~  
31 ~~received by the State Disbursement Unit for which restitution is~~

- 1 ~~subsequently made to the State Disbursement Unit;~~  
2 ~~(h) The number of incoming telephone calls processed through the~~  
3 ~~Customer Service Unit;~~  
4 ~~(i) The average length of incoming calls from employers;~~  
5 ~~(j) The average length of incoming calls from all other customers;~~  
6 ~~(k) The percentage of incoming calls resulting in abandonment by the~~  
7 ~~customer;~~  
8 ~~(l) The percentage of incoming calls resulting in a customer~~  
9 ~~receiving a busy signal;~~  
10 ~~(m) The average holding time for all incoming calls; and~~  
11 ~~(n) The percentage of calls handled by employees of the Customer~~  
12 ~~Service Unit that are resolved within twenty-four hours.~~  
13 ~~(4) The report issued to the Legislature pursuant to subsection (3)~~  
14 ~~of this section shall be issued electronically.~~

15 **Sec. 8.** Section 43-4706, Revised Statutes Cumulative Supplement,  
16 2024, is amended to read:

17 43-4706 (1) The department shall ensure that each foster family home  
18 and child-care institution has policies consistent with this section and  
19 that such foster family home and child-care institution promote and  
20 protect the ability of children to participate in age or developmentally  
21 appropriate extracurricular, enrichment, cultural, and social activities.

22 (2) A caregiver shall use a reasonable and prudent parent standard  
23 in determining whether to give permission for a child to participate in  
24 extracurricular, enrichment, cultural, and social activities. The  
25 caregiver shall take reasonable steps to determine the appropriateness of  
26 the activity in consideration of the child's age, maturity, and  
27 developmental level.

28 (3) The department shall require, as a condition of each contract  
29 entered into by a child-care institution to provide foster care, the  
30 presence onsite of at least one official who, with respect to any child  
31 placed at the child-care institution, is designated to be the caregiver



1 who is (a) authorized to apply the reasonable and prudent parent standard  
2 to decisions involving the participation of the child in age or  
3 developmentally appropriate activities, (b) provided with training in how  
4 to use and apply the reasonable and prudent parent standard in the same  
5 manner as foster parents are provided training in section 43-4707, and  
6 (c) required to consult whenever possible with the child and staff  
7 members identified by the child in applying the reasonable and prudent  
8 parent standard.

9 (4) The department shall also require, as a condition of each  
10 contract entered into by a child-care institution to provide foster care,  
11 that all children placed at the child-care institution be notified  
12 verbally and in writing, in an age or developmentally appropriate manner,  
13 of the process for making a request to participate in age or  
14 developmentally appropriate activities and that a written notice of this  
15 process be posted in an accessible, public place in the child-care  
16 institution.

17 (5)(a) The department shall also require, as a condition of each  
18 contract entered into by a child-care institution to provide foster care,  
19 a written normalcy plan describing how the child-care institution will  
20 ensure that all children have access to age or developmentally  
21 appropriate activities to be filed with the department and a normalcy  
22 report regarding the implementation of the normalcy plan to be filed with  
23 the department annually by July 15 ~~June 30~~. Such plans and reports shall  
24 not be required to be provided by child-care institutions physically  
25 located outside the State of Nebraska or psychiatric residential  
26 treatment facilities.

27 (b) The normalcy plan shall specifically address:

28 (i) Efforts to address barriers to normalcy that are inherent in a  
29 child-care institution setting;

30 (ii) Normalcy efforts for all children placed at the child-care  
31 institution, including, but not limited to, relationships with family,

1 age or developmentally appropriate access to technology and technological  
2 skills, education and school stability, access to health care and  
3 information, and access to a sustainable and durable routine;

4 (iii) Procedures for developing goals and action steps in the child-  
5 care institution's case plan and case planning process related to  
6 participation in age or developmentally appropriate activities for each  
7 child placed at the child-care institution;

8 (iv) Policies on staffing, supervision, permission, and consent to  
9 age or developmentally appropriate activities consistent with the  
10 reasonable and prudent parent standard;

11 (v) A list of activities that the child-care institution provides  
12 onsite and a list of activities in the community regarding which the  
13 child-care institution will make children aware, promote, and support  
14 access;

15 (vi) Identified accommodations and support services so that children  
16 with disabilities and special needs can participate in age or  
17 developmentally appropriate activities to the same extent as their peers;

18 (vii) The individualized needs of all children involved in the  
19 system;

20 (viii) Efforts to reduce disproportionate impact of the system and  
21 services on families and children of color and other populations; and

22 (ix) Efforts to develop a youth board to assist in implementing the  
23 reasonable and prudent parent standard in the child-care institution and  
24 promoting and supporting normalcy.

25 (c) The normalcy report shall specifically address:

26 (i) Compliance with each of the plan requirements set forth in  
27 subdivisions (b)(i) through (ix) of this subsection; and

28 (ii) Compliance with subsections (3) and (4) of this section.

29 (6) The department shall make normalcy plans and reports received  
30 from contracting child-care institutions pursuant to subsection (5) of  
31 this section and plans and reports from all youth rehabilitation and

1 treatment centers pursuant to subsection (7) of this section available  
2 annually ~~upon request~~ to the Nebraska Strengthening Families Act  
3 Committee, the Nebraska Children's Commission, probation, the Governor,  
4 and electronically to the Health and Human Services Committee of the  
5 Legislature, by September 30 ~~1~~ of each year.

6 (7) All youth rehabilitation and treatment centers shall meet the  
7 requirements of subsection (5) of this section.

8 **Sec. 9.** Section 68-130, Reissue Revised Statutes of Nebraska, is  
9 amended to read:

10 68-130 (1) Until June 30, 2028, counties ~~Counties~~ shall maintain, at  
11 no additional cost to the Department of Health and Human Services, office  
12 and service facilities used for the administration of the public  
13 assistance programs as such facilities existed on April 1, 1983.

14 (2) The county board of any county may request in writing that the  
15 department review office and service facilities provided by the county  
16 for the department to determine if the department is able to reduce or  
17 eliminate office and service facilities within the county. The department  
18 shall respond in writing to such request within thirty days after  
19 receiving the request. The final decision with respect to maintaining,  
20 reducing, or eliminating office and service facilities in such county  
21 shall be made by the department, and the county may reduce or eliminate  
22 office and service facilities if authorized by such final decision.

23 **Sec. 10.** Section 68-158, Reissue Revised Statutes of Nebraska, is  
24 amended to read:

25 68-158 The Department of Health and Human Services shall establish a  
26 program to provide amino acid-based elemental formulas for the diagnosis  
27 and treatment of Immunoglobulin E and non-Immunoglobulin E mediated  
28 allergies to multiple food proteins, food-protein-induced enterocolitis  
29 syndrome, eosinophilic disorders, and impaired absorption of nutrients  
30 caused by disorders affecting the absorptive surface, functional length,  
31 and motility of the gastrointestinal tract, when the ordering physician

1 has issued a written order stating that the amino acid-based elemental  
2 formula is medically necessary for the treatment of a disease or  
3 disorder. Up to fifty percent of the actual out-of-pocket cost, not to  
4 exceed twelve thousand dollars, for amino acid-based elemental formulas  
5 shall be available to an individual without fees each twelve-month  
6 period. The department shall distribute funds on a first-come, first-  
7 served basis. Nothing in this section is deemed to be an entitlement. The  
8 ~~maximum total General Fund expenditures per year for amino acid-based~~  
9 ~~elemental formulas shall not exceed two hundred fifty thousand dollars~~  
10 ~~each fiscal year in FY2014-15 and FY2015-16. The Department of Health and~~  
11 ~~Human Services shall provide an electronic report on the program to the~~  
12 ~~Legislature annually on or before December 15 of each year.~~

13 **Sec. 11.** Section 68-909, Reissue Revised Statutes of Nebraska, is  
14 amended to read:

15 68-909 (1) All contracts, agreements, rules, and regulations  
16 relating to the medical assistance program as entered into or adopted and  
17 promulgated by the department prior to July 1, 2006, and all provisions  
18 of the medicaid state plan and waivers adopted by the department prior to  
19 July 1, 2006, shall remain in effect until revised, amended, repealed, or  
20 nullified pursuant to law.

21 ~~(2) Prior to the adoption and promulgation of proposed rules and~~  
22 ~~regulations under section 68-912 or relating to the implementation of~~  
23 ~~medicaid state plan amendments or waivers, the department shall provide a~~  
24 ~~report to the Governor and the Legislature no later than December 1~~  
25 ~~before the next regular session of the Legislature summarizing the~~  
26 ~~purpose and content of such proposed rules and regulations and the~~  
27 ~~projected impact of such proposed rules and regulations on recipients of~~  
28 ~~medical assistance and medical assistance expenditures. The report~~  
29 ~~submitted to the Legislature shall be submitted electronically. Any~~  
30 ~~changes in medicaid copayments in fiscal year 2011-12 are exempt from the~~  
31 ~~reporting requirement of this subsection and the requirements of section~~

1    ~~68-912.~~

2            ~~(2) (3)~~ The department shall monitor the implementation of rules and  
3 regulations, medicaid state plan amendments, and waivers adopted under  
4 the Medical Assistance Act and the effect of such rules and regulations,  
5 amendments, or waivers on eligible recipients of medical assistance and  
6 medical assistance expenditures.

7            **Sec. 12.** Section 68-912, Reissue Revised Statutes of Nebraska, is  
8 amended to read:

9            68-912 (1) The department may establish (a) premiums, copayments,  
10 and deductibles for goods and services provided under the medical  
11 assistance program, (b) limits on the amount, duration, and scope of  
12 goods and services that recipients may receive under the medical  
13 assistance program subject to subsection (5) of this section, and (c)  
14 requirements for recipients of medical assistance as a necessary  
15 condition for the continued receipt of such assistance, including, but  
16 not limited to, active participation in care coordination and appropriate  
17 disease management programs and activities.

18            (2) In establishing and limiting coverage for services under the  
19 medical assistance program, the department shall consider (a) the effect  
20 of such coverage and limitations on recipients of medical assistance and  
21 medical assistance expenditures, (b) the public policy in section 68-905,  
22 (c) the experience and outcomes of other states, (d) the nature and scope  
23 of benchmark or benchmark-equivalent health insurance coverage as  
24 recognized under federal law, and (e) other relevant factors as  
25 determined by the department.

26            (3) Coverage for mandatory and optional services and limitations on  
27 covered services as established by the department prior to July 1, 2006,  
28 shall remain in effect until revised, amended, repealed, or nullified  
29 pursuant to law. Any proposed reduction or expansion of services or  
30 limitation of covered services by the department under this section shall  
31 be subject to the ~~reporting and~~ review requirements of section 68-909.

1           (4) Except as otherwise provided in this subsection, proposed rules  
2 and regulations under this section relating to the establishment of  
3 premiums, copayments, or deductibles for eligible recipients or limits on  
4 the amount, duration, or scope of covered services for eligible  
5 recipients shall not become effective until the conclusion of the  
6 earliest regular session of the Legislature in which there has been a  
7 reasonable opportunity for legislative consideration of such rules and  
8 regulations. This subsection does not apply to rules and regulations that  
9 are (a) required by federal or state law, (b) related to a waiver in  
10 which recipient participation is voluntary, or (c) proposed due to a loss  
11 of federal matching funds relating to a particular covered service or  
12 eligibility category. Legislative consideration includes, but is not  
13 limited to, the introduction of a legislative bill, a legislative  
14 resolution, or an amendment to pending legislation relating to such rules  
15 and regulations.

16           (5) Any limitation on the amount, duration, or scope of goods and  
17 services that recipients may receive under the medical assistance program  
18 shall give full and deliberate consideration to the role of home health  
19 services from private duty nurses in meeting the needs of a disabled  
20 family member or disabled person.

21           **Sec. 13.** Section 68-974, Revised Statutes Cumulative Supplement,  
22 2024, is amended to read:

23           68-974 (1) One or more program integrity contractors may be used to  
24 promote the integrity of the medical assistance program, to assist with  
25 investigations and audits, or to investigate the occurrence of fraud,  
26 waste, or abuse. The contract or contracts may include services for (a)  
27 cost-avoidance through identification of third-party liability, (b) cost  
28 recovery of third-party liability through postpayment reimbursement, (c)  
29 casualty recovery of payments by identifying and recovering costs for  
30 claims that were the result of an accident or neglect and payable by a  
31 casualty insurer, and (d) reviews of claims submitted by providers of

1 services or other individuals furnishing items and services for which  
2 payment has been made to determine whether providers have been underpaid  
3 or overpaid, and to take actions to recover any overpayments identified  
4 or make payment for any underpayment identified.

5 (2) Notwithstanding any other provision of law, all program  
6 integrity contractors when conducting a program integrity audit,  
7 investigation, or review shall:

8 (a) Review claims within four years from the date of the payment;

9 (b) Send a determination letter concluding an audit within one  
10 hundred eighty days after receipt of all requested material from a  
11 provider;

12 (c) In any records request to a provider, furnish information  
13 sufficient for the provider to identify the patient, procedure, or  
14 location;

15 (d) Develop and implement with the department a procedure in which  
16 an improper payment identified by an audit may be resubmitted as a claims  
17 adjustment, including (i) the resubmission of claims denied as a result  
18 of an interpretation of scope of services not previously held by the  
19 department, (ii) the resubmission of documentation when the document  
20 provided is incomplete, illegible, or unclear, and (iii) the resubmission  
21 of documentation when clerical errors resulted in a denial of claims for  
22 services actually provided. If a service was provided and sufficiently  
23 documented but denied because it was determined by the department or the  
24 contractor that a different service should have been provided, the  
25 department or the contractor shall disallow the difference between the  
26 payment for the service that was provided and the payment for the service  
27 that should have been provided;

28 (e) Utilize a licensed health care professional from the specialty  
29 area of practice being audited to establish relevant audit methodology  
30 consistent with (i) state-issued medicaid provider handbooks and (ii)  
31 established clinical practice guidelines and acceptable standards of care

1 established by professional or specialty organizations responsible for  
2 setting such standards of care;

3 (f) Provide a written notification and explanation of an adverse  
4 determination that includes the reason for the adverse determination, the  
5 medical criteria on which the adverse determination was based, an  
6 explanation of the provider's appeal rights, and, if applicable, the  
7 appropriate procedure to submit a claims adjustment in accordance with  
8 subdivision (2)(d) of this section; and

9 (g) Schedule any onsite audits with advance notice of not less than  
10 ten business days and make a good faith effort to establish a mutually  
11 agreed-upon time and date for the onsite audit.

12 (3) A program integrity contractor retained by the department or the  
13 federal Centers for Medicare and Medicaid Services shall work with the  
14 department at the start of a recovery audit to review this section and  
15 section 68-973 and any other relevant state policies, procedures,  
16 regulations, and guidelines regarding program integrity audits. The  
17 program integrity contractor shall comply with this section regarding  
18 audit procedures. A copy of the statutes, policies, and procedures shall  
19 be specifically maintained in the audit records to support the audit  
20 findings.

21 (4) The department shall exclude from the scope of review of  
22 recovery audit contractors any claim processed or paid through a  
23 capitated medicaid managed care program. The department shall exclude  
24 from the scope of review of program integrity contractors any claims that  
25 are currently being audited or that have been audited by a program  
26 integrity contractor, by the department, or by another entity. Claims  
27 processed or paid through a capitated medicaid managed care program shall  
28 be coordinated between the department, the contractor, and the managed  
29 care organization. All such audits shall be coordinated as to scope,  
30 method, and timing. The contractor and the department shall avoid  
31 duplication or simultaneous audits. No payment shall be recovered in a



1 medical necessity review in which the provider has obtained prior  
2 authorization for the service and the service was performed as  
3 authorized.

4 (5) Extrapolated overpayments are not allowed under the Medical  
5 Assistance Act without evidence of a sustained pattern of error, an  
6 excessively high error rate, or the agreement of the provider.

7 (6) The department may contract with one or more persons to support  
8 a health insurance premium assistance payment program.

9 (7) The department may enter into any other contracts deemed to  
10 increase the efforts to promote the integrity of the medical assistance  
11 program.

12 (8) Contracts entered into under the authority of this section may  
13 be on a contingent fee basis. Contracts entered into on a contingent fee  
14 basis shall provide that contingent fee payments are based upon amounts  
15 recovered, not amounts identified. Whether the contract is a contingent  
16 fee contract or otherwise, the contractor shall not recover overpayments  
17 by the department until all appeals have been completed unless there is a  
18 credible allegation of fraudulent activity by the provider, the  
19 contractor has referred the claims to the department for investigation,  
20 and an investigation has commenced. In that event, the contractor may  
21 recover overpayment prior to the conclusion of the appeals process. In  
22 any contract between the department and a program integrity contractor,  
23 the payment or fee provided for identification of overpayments shall be  
24 the same provided for identification of underpayments. Contracts shall be  
25 in compliance with federal law and regulations when pertinent, including  
26 a limit on contingent fees of no more than twelve and one-half percent of  
27 amounts recovered, and initial contracts shall be entered into as soon as  
28 practicable under such federal law and regulations.

29 (9) All amounts recovered and savings generated as a result of this  
30 section shall be returned to the medical assistance program.

31 (10) Records requests made by a program integrity contractor in any

1 one-hundred-eighty-day period shall be limited to not more than two  
2 hundred records for the specific service being reviewed. The contractor  
3 shall allow a provider no less than forty-five days to respond to and  
4 comply with a records request. If the contractor can demonstrate a  
5 significant provider error rate relative to an audit of records, the  
6 contractor may make a request to the department to initiate an additional  
7 records request regarding the subject under review for the purpose of  
8 further review and validation. The contractor shall not make the request  
9 until the time period for the appeals process has expired.

10 (11) On an annual basis, the department shall require the recovery  
11 audit contractor to compile and publish on the department's Internet  
12 website metrics related to the performance of each recovery audit  
13 contractor. Such metrics shall include: (a) The number and type of issues  
14 reviewed; (b) the number of medical records requested; (c) the number of  
15 overpayments and the aggregate dollar amounts associated with the  
16 overpayments identified by the contractor; (d) the number of  
17 underpayments and the aggregate dollar amounts associated with the  
18 identified underpayments; (e) the duration of audits from initiation to  
19 time of completion; (f) the number of adverse determinations and the  
20 overturn rating of those determinations in the appeal process; (g) the  
21 number of appeals filed by providers and the disposition status of such  
22 appeals; (h) the contractor's compensation structure and dollar amount of  
23 compensation; and (i) a copy of the department's contract with the  
24 recovery audit contractor.

25 (12) The program integrity contractor, in conjunction with the  
26 department, shall perform educational and training programs for providers  
27 that encompass a summary of audit results, a description of common  
28 issues, problems, and mistakes identified through audits and reviews, and  
29 opportunities for improvement.

30 (13) Providers shall be allowed to submit records requested as a  
31 result of an audit in electronic format, including compact disc, digital

1 versatile disc, or other electronic format deemed appropriate by the  
2 department or via facsimile transmission, at the request of the provider.

3 (14)(a) A provider shall have the right to appeal a determination  
4 made by the program integrity contractor.

5 (b) The contractor shall establish an informal consultation process  
6 to be utilized prior to the issuance of a final determination. Within  
7 thirty days after receipt of notification of a preliminary finding from  
8 the contractor, the provider may request an informal consultation with  
9 the contractor to discuss and attempt to resolve the findings or portion  
10 of such findings in the preliminary findings letter. The request shall be  
11 made to the contractor. The consultation shall occur within thirty days  
12 after the provider's request for informal consultation, unless otherwise  
13 agreed to by both parties.

14 (c) Within thirty days after notification of an adverse  
15 determination, a provider may request an administrative appeal of the  
16 adverse determination as set forth in the Administrative Procedure Act.

17 ~~(15) The department shall by December 1 of each year report to the~~  
18 ~~Legislature the status of the contracts, including the parties, the~~  
19 ~~programs and issues addressed, the estimated cost recovery, and the~~  
20 ~~savings accrued as a result of the contracts. Such report shall be filed~~  
21 ~~electronically.~~

22 (15) ~~(16)~~ For purposes of this section:

23 (a) Adverse determination means any decision rendered by a program  
24 integrity contractor or recovery audit contractor that results in a  
25 payment to a provider for a claim for service being reduced or rescinded;

26 (b) Extrapolated overpayment means an overpayment amount obtained by  
27 calculating claims denials and reductions from a medical records review  
28 based on a statistical sampling of a claims universe;

29 (c) Person means bodies politic and corporate, societies,  
30 communities, the public generally, individuals, partnerships, limited  
31 liability companies, joint-stock companies, and associations;

1 (d) Program integrity audit means an audit conducted by the federal  
2 Centers for Medicare and Medicaid Services, the department, or the  
3 federal Centers for Medicare and Medicaid Services with the coordination  
4 and cooperation of the department;

5 (e) Program integrity contractor means private entities with which  
6 the department or the federal Centers for Medicare and Medicaid Services  
7 contracts to carry out integrity responsibilities under the medical  
8 assistance program, including, but not limited to, recovery audits,  
9 integrity audits, and unified program integrity audits, in order to  
10 identify underpayments and overpayments and recoup overpayments; and

11 (f) Recovery audit contractor means private entities with which the  
12 department contracts to audit claims for medical assistance, identify  
13 underpayments and overpayments, and recoup overpayments.

14 **Sec. 14.** Section 68-995, Revised Statutes Cumulative Supplement,  
15 2024, is amended to read:

16 68-995 All contracts and agreements relating to the medical  
17 assistance program governing at-risk managed care service delivery for  
18 health services entered into by the department and existing on or after  
19 August 11, 2020, shall:

20 (1) Provide a definition and cap on administrative spending such  
21 that (a) administrative expenditures do not include profit greater than  
22 the contracted amount, (b) any administrative spending is necessary to  
23 improve the health status of the population to be served, and (c)  
24 administrative expenditures do not include contractor incentives.  
25 Administrative spending shall not under any circumstances exceed twelve  
26 percent . ~~Such spending shall be tracked by the contractor and reported~~  
27 ~~quarterly to the department and electronically to the Clerk of the~~  
28 ~~Legislature;~~

29 (2) Provide a definition of annual contractor profits and losses and  
30 restrict such profits and losses under the contract so that profit shall  
31 not exceed a percentage specified by the department but not more than

1 three percent per year as a percentage of the aggregate of all income and  
2 revenue earned by the contractor and related parties, including parent  
3 and subsidiary companies and risk-bearing partners, under the contract;

4 (3) Provide for return of (a) any remittance if the contractor does  
5 not meet the minimum medical loss ratio, (b) any unearned incentive  
6 funds, and (c) any other funds in excess of the contractor limitations  
7 identified in state or federal statute or contract to the State Treasurer  
8 for credit to the Medicaid Managed Care Excess Profit Fund;

9 (4) Provide for a minimum medical loss ratio of eighty-five percent  
10 of the aggregate of all income and revenue earned by the contractor and  
11 related parties under the contract;

12 (5) Provide that contractor incentives, in addition to potential  
13 profit, be up to two percent of the aggregate of all income and revenue  
14 earned by the contractor and related parties under the contract; and

15 (6) Be reviewed and awarded competitively and in full compliance  
16 with the procurement requirements of the State of Nebraska.

17 **Sec. 15.** Section 68-9,109, Revised Statutes Cumulative Supplement,  
18 2024, is amended to read:

19 68-9,109 The Department of Health and Human Services shall  
20 electronically submit a report to the Legislature on or before December  
21 15 of each year beginning December 15, 2024, through December 15, 2029,  
22 on the Nebraska Prenatal Plus Program which includes (1) the number of  
23 mothers served, (2) the services offered, and (3) the birth outcomes for  
24 each mother served.

25 **Sec. 16.** Section 68-1530, Revised Statutes Cumulative Supplement,  
26 2024, is amended to read:

27 68-1530 (1) The Department of Health and Human Services shall apply  
28 for a three-year medicaid waiver under section 1915(c) of the federal  
29 Social Security Act to administer a family support program which is a  
30 home and community-based services program as provided in this section.

31 (2)(a) The Advisory Committee on Developmental Disabilities created

1 in section 83-1212.01 shall assist in the development and guide the  
2 implementation of the family support program. The family support program  
3 shall be administered by the Division of Developmental Disabilities of  
4 the Department of Health and Human Services.

5 (b) It is the intent of the Legislature that any funds distributed  
6 to Nebraska pursuant to section 9817 of the federal American Rescue Plan  
7 Act of 2021, Public Law 117-2, be used to eliminate unmet needs relating  
8 to home and community-based services for persons with developmental  
9 disabilities as much as is possible.

10 (c) If funds are distributed to Nebraska pursuant to section 9817 of  
11 the federal American Rescue Plan Act of 2021, it is the intent of the  
12 Legislature that such funds distributed to Nebraska should at least  
13 partially fund the family support program if doing so is in accordance  
14 with federal law, rules, regulations, or guidance.

15 (3) The family support program shall:

16 (a) Offer an annual capped budget for long-term services and  
17 supports of ten thousand dollars for each eligible applicant;

18 (b) Offer a pathway for medicaid eligibility for disabled children  
19 by disregarding parental income and establishing eligibility based on a  
20 child's income and assets;

21 (c) Allow a family to self-direct services, including contracting  
22 for services and supports approved by the division; and

23 (d) Not exceed eight hundred fifty participants.

24 (4) The department, in consultation with the advisory committee,  
25 shall adopt and promulgate rules and regulations for the implementation  
26 of the family support program to be set at an intermediate care facility  
27 institutional level of care to support children with intellectual and  
28 developmental disabilities and their families. Such rules and regulations  
29 shall include, but not be limited to:

30 (a) Criteria for and types of long-term services and supports to be  
31 provided by the family support program;

1 (b) The method, as provided in section 68-1532, for allocating  
2 resources to family units participating in the family support program;

3 (c) Eligibility determination, including, but not limited to, a  
4 child's maximum income and assets;

5 (d) The enrollment process;

6 (e) Limits on benefits; and

7 (f) Processes to establish quality assurance, including, but not  
8 limited to, measures of family satisfaction.

9 (5) The division shall administer the family support program within  
10 the limits of the appropriations by the Legislature for such program.

11 (6) Until December 31, 2027, the ~~The~~ division shall submit an annual  
12 report electronically to the Legislature on the family support program.  
13 The report shall include:

14 (a) The distribution of available funds, the total number of  
15 children and families served, and the status of the waiting list for the  
16 comprehensive waiver and other applicable waivers;

17 (b) A summary of any grievances filed by family units pertaining to  
18 the family support program, including any appeals and a description of  
19 how such grievances were resolved;

20 (c) The number and demographics of children with disabilities and  
21 their families who applied under the family support program but who were  
22 not found eligible and the reason such children and their families were  
23 not found eligible;

24 (d) Quality assurance activities and the results of annual measures  
25 of family satisfaction; and

26 (e) Recommendations to innovate the family support program, improve  
27 current programming, and maximize limited funding, including, but not  
28 limited to, the potential utilization of other medicaid pathways or  
29 medicaid waivers that could help increase access to medicaid and long-  
30 term services and supports for children with disabilities or special  
31 health care needs.

1           **Sec. 17.** Section 68-1735.03, Reissue Revised Statutes of Nebraska,  
2 is amended to read:

3           68-1735.03 It is the intent of the Legislature that the Department  
4 of Health and Human Services carry out the requirements of sections  
5 68-1735 and 68-1735.01 ~~to 68-1735.02~~ within the limits of its annual  
6 appropriation.

7           **Sec. 18.** Section 68-1804, Reissue Revised Statutes of Nebraska, is  
8 amended to read:

9           68-1804 (1) The ICF/DD Reimbursement Protection Fund is created. Any  
10 money in the fund available for investment shall be invested by the state  
11 investment officer pursuant to the Nebraska Capital Expansion Act and the  
12 Nebraska State Funds Investment Act. Interest and income earned by the  
13 fund shall be credited to the fund.

14           (2) Beginning July 1, 2014, the department shall use the ICF/DD  
15 Reimbursement Protection Fund, including the matching federal financial  
16 participation under Title XIX of the Social Security Act, as amended, for  
17 purposes of enhancing rates paid under the medical assistance program to  
18 intermediate care facilities for persons with developmental disabilities  
19 and for an annual contribution to community-based programs for persons  
20 with developmental disabilities as specified in subsection (4) of this  
21 section, exclusive of the reimbursement paid under the medical assistance  
22 program and any other state appropriations to intermediate care  
23 facilities for persons with developmental disabilities.

24           (3) For FY2011-12 through FY2013-14, proceeds from the tax imposed  
25 pursuant to section 68-1803 shall be remitted to the State Treasurer for  
26 credit to the ICF/DD Reimbursement Protection Fund for allocation as  
27 follows:

28           (a) First, fifty-five thousand dollars for administration of the  
29 fund;

30           (b) Second, the amount needed to reimburse intermediate care  
31 facilities for persons with developmental disabilities for the cost of



1 the tax;

2 (c) Third, three hundred twelve thousand dollars for community-based  
3 services for persons with developmental disabilities;

4 (d) Fourth, six hundred thousand dollars or such lesser amount as  
5 may be available in the fund for non-state-operated intermediate care  
6 facilities for persons with developmental disabilities, in addition to  
7 any continuation appropriations percentage increase provided by the  
8 Legislature to nongovernmental intermediate care facilities for persons  
9 with developmental disabilities under the medical assistance program,  
10 subject to approval by the federal Centers for Medicare and Medicaid  
11 Services of the department's annual application amending the medicaid  
12 state plan reimbursement methodology for intermediate care facilities for  
13 persons with developmental disabilities; and

14 (e) Fifth, the remainder of the proceeds to the General Fund.

15 (4) For FY2016-17 and each fiscal year thereafter, the ICF/DD  
16 Reimbursement Protection Fund shall be used as follows:

17 (a) First, fifty-five thousand dollars to the department for  
18 administration of the fund;

19 (b) Second, payment to the intermediate care facilities for persons  
20 with developmental disabilities for the cost of the tax;

21 (c) Third, three hundred twelve thousand dollars, in addition to any  
22 federal medicaid matching funds, for payment to providers of community-  
23 based services for persons with developmental disabilities;

24 (d) Fourth, one million dollars to the General Fund; and

25 (e) Fifth, rebase rates under the medical assistance program in  
26 accordance with the medicaid state plan as defined in section 68-907. In  
27 calculating rates, the proceeds of the tax provided for in section  
28 68-1803 and not utilized under subdivisions (a), (b), (c), and (d) of  
29 this subsection shall be used to enhance rates in non-state-operated  
30 intermediate care facilities for persons with developmental disabilities  
31 by increasing the annual inflation factor to the extent allowed to ensure

1 federal financial participation for the department's payments to  
2 intermediate care facilities for persons with developmental disabilities.

3 ~~(5) The Division of Medicaid and Long-Term Care of the Department of~~  
4 ~~Health and Human Services shall report electronically, no later than~~  
5 ~~December 1 of each year, to the Health and Human Services Committee of~~  
6 ~~the Legislature and the Revenue Committee of the Legislature the amounts~~  
7 ~~collected from each payer of the tax pursuant to section 68-1803 and the~~  
8 ~~amount of each disbursement from the ICF/DD Reimbursement Protection~~  
9 ~~Fund.~~

10 **Sec. 19.** Section 69-2409.01, Reissue Revised Statutes of Nebraska,  
11 is amended to read:

12 69-2409.01 (1) For purposes of sections 69-2401 to 69-2425, the  
13 Nebraska State Patrol shall be furnished with only such information as  
14 may be necessary for the sole purpose of determining whether an  
15 individual is disqualified from purchasing or possessing a handgun  
16 pursuant to state law or is subject to the disability provisions of 18  
17 U.S.C. 922(d)(4) and (g)(4). Such information shall be furnished by the  
18 Department of Health and Human Services. The clerks of the various courts  
19 shall furnish to the Department of Health and Human Services and Nebraska  
20 State Patrol, as soon as practicable but within thirty days after an  
21 order of commitment or discharge is issued or after removal of firearm-  
22 related disabilities pursuant to section 71-963, all information  
23 necessary to set up and maintain the database required by this section.  
24 This information shall include (a) information regarding those persons  
25 who are currently receiving mental health treatment pursuant to a  
26 commitment order of a mental health board or who have been discharged,  
27 (b) information regarding those persons who have been committed to  
28 treatment pursuant to section 29-3702, and (c) information regarding  
29 those persons who have had firearm-related disabilities removed pursuant  
30 to section 71-963. The mental health board shall notify the Department of  
31 Health and Human Services and the Nebraska State Patrol when such

1 disabilities have been removed. The Department of Health and Human  
2 Services shall also maintain in the database a listing of persons  
3 committed to treatment pursuant to section 29-3702. To ensure the  
4 accuracy of the database, any information maintained or disclosed under  
5 this subsection shall be updated, corrected, modified, or removed, as  
6 appropriate, and as soon as practicable, from any database that the state  
7 or federal government maintains and makes available to the National  
8 Instant Criminal Background Check System. The procedures for furnishing  
9 the information shall guarantee that no information is released beyond  
10 what is necessary for purposes of this section.

11 (2) In order to comply with sections 69-2401 and 69-2403 to 69-2408  
12 and this section, the Nebraska State Patrol shall provide to the chief of  
13 police or sheriff of an applicant's place of residence or a licensee in  
14 the process of a criminal history record check pursuant to section  
15 69-2411 only the information regarding whether or not the applicant is  
16 disqualified from purchasing or possessing a handgun.

17 (3) Any person, agency, or mental health board participating in good  
18 faith in the reporting or disclosure of records and communications under  
19 this section is immune from any liability, civil, criminal, or otherwise,  
20 that might result by reason of the action.

21 (4) Any person who intentionally causes the Nebraska State Patrol to  
22 request information pursuant to this section without reasonable belief  
23 that the named individual has submitted a written application under  
24 section 69-2404 or has completed a consent form under section 69-2410  
25 shall be guilty of a Class II misdemeanor in addition to other civil or  
26 criminal liability under state or federal law.

27 ~~(5) The Nebraska State Patrol and the Department of Health and Human~~  
28 ~~Services shall report electronically to the Clerk of the Legislature on a~~  
29 ~~biannual basis the following information about the database: (a) The~~  
30 ~~number of total records of persons unable to purchase or possess firearms~~  
31 ~~because of disqualification or disability shared with the National~~

1 ~~Instant Criminal Background Check System; (b) the number of shared~~  
2 ~~records by category of such persons; (c) the change in number of total~~  
3 ~~shared records and change in number of records by category from the~~  
4 ~~previous six months; (d) the number of records existing but not able to~~  
5 ~~be shared with the National Instant Criminal Background Check System~~  
6 ~~because the record was incomplete and unable to be accepted by the~~  
7 ~~National Instant Criminal Background Check System; and (e) the number of~~  
8 ~~hours or days, if any, during which the database was unable to share~~  
9 ~~records with the National Instant Criminal Background Check System and~~  
10 ~~the reason for such inability. The report shall also be published on the~~  
11 ~~websites of the Nebraska State Patrol and the Department of Health and~~  
12 ~~Human Services.~~

13       **Sec. 20.** Section 71-509, Revised Statutes Cumulative Supplement,  
14 2024, is amended to read:

15       71-509 (1) If a health care facility or alternate facility  
16 determines that a patient treated or transported by an emergency services  
17 provider has been diagnosed or detected with an infectious airborne  
18 disease, the health care facility or alternate facility shall notify the  
19 department as soon as practical but not later than forty-eight hours  
20 after the determination has been made. The department shall investigate  
21 all notifications from health care facilities and alternate facilities  
22 and notify as soon as practical the physician medical director of each  
23 emergency medical service with an affected emergency medical care  
24 provider employed by or associated with the service, the fire chief of  
25 each fire department with an affected firefighter employed by or  
26 associated with the department, the head of each law enforcement agency  
27 with an affected peace officer employed by or associated with the agency,  
28 the funeral director of each funeral establishment with an affected  
29 individual employed by or associated with the funeral establishment, and  
30 any emergency services provider known to the department with a  
31 significant exposure who is not employed by or associated with an

1 emergency medical service, a fire department, a law enforcement agency,  
2 or a funeral establishment. Notification of affected individuals shall be  
3 made as soon as practical.

4 (2) Whenever an emergency services provider believes he or she has  
5 had a significant exposure while acting as an emergency services  
6 provider, he or she may complete a significant exposure report form. A  
7 copy of the completed form shall be given by the emergency services  
8 provider to the health care facility or alternate facility, to the  
9 emergency services provider's supervisor, and to the designated  
10 physician.

11 (3) Upon receipt of the significant exposure form, if a patient has  
12 been diagnosed during the normal course of treatment as having an  
13 infectious disease or condition or information is received from which it  
14 may be concluded that a patient has an infectious disease or condition,  
15 the health care facility or alternate facility receiving the form shall  
16 notify the designated physician pursuant to subsection (5) of this  
17 section. If the patient has not been diagnosed as having an infectious  
18 disease or condition and upon the request of the designated physician,  
19 the health care facility or alternate facility shall request the  
20 patient's attending physician or other responsible person to order the  
21 necessary diagnostic testing of the patient to determine the presence of  
22 an infectious disease or condition. Upon such request, the patient's  
23 attending physician or other responsible person shall order the necessary  
24 diagnostic testing subject to section 71-510. Each health care facility  
25 shall develop a policy or protocol to administer such testing and assure  
26 confidentiality of such testing.

27 (4) Results of tests conducted under this section and section 71-510  
28 shall be reported by the health care facility or alternate facility that  
29 conducted the test to the designated physician and to the patient's  
30 attending physician, if any.

31 (5) Notification of the patient's diagnosis of infectious disease or

1 condition, including the results of any tests, shall be made orally to  
2 the designated physician within forty-eight hours of confirmed diagnosis.  
3 A written report shall be forwarded to the designated physician within  
4 seventy-two hours of confirmed diagnosis.

5 (6) Upon receipt of notification under subsection (5) of this  
6 section, the designated physician shall notify the emergency services  
7 provider of the exposure to infectious disease or condition and the  
8 results of any tests conducted under this section and section 71-510.

9 (7) The notification to the emergency services provider shall  
10 include the name of the infectious disease or condition diagnosed but  
11 shall not contain the patient's name or any other identifying  
12 information. Any person receiving such notification shall treat the  
13 information received as confidential and shall not disclose the  
14 information except as provided in sections 71-507 to 71-513.

15 (8) The provider agency shall be responsible for the costs of  
16 diagnostic testing required under this section and section 71-510, except  
17 that if a person renders emergency care gratuitously as described in  
18 section 25-21,186, such person shall be responsible for the costs.

19 (9) The patient's attending physician shall inform the patient of  
20 test results for all tests conducted under this section and section  
21 71-510 ~~such sections~~.

22 **Sec. 21.** Section 71-604.02, Revised Statutes Cumulative Supplement,  
23 2024, is amended to read:

24 71-604.02 (1) For purposes of this section:

25 (a) Biological mother means a person who is related to a child as  
26 the source of the egg that resulted in the conception of the child; and

27 (b) Birth mother means the person who gave birth to the child.

28 (2) During the period immediately before or after the in-hospital  
29 birth of a child whose biological mother is not the same as the birth  
30 mother, the person in charge of such hospital or such person's designated  
31 representative shall provide to the child's biological mother and birth

1 mother the documents and written instructions for such biological mother  
2 and birth mother to complete a notarized acknowledgment of maternity.  
3 Such acknowledgment, if signed by both parties and notarized, shall be  
4 filed with the department at the same time at which the certificate of  
5 live birth is filed.

6 (3) Nothing in this section shall be deemed to require the person in  
7 charge of such hospital or such person's designee to seek out or  
8 otherwise locate an alleged mother who is not readily identifiable or  
9 available.

10 (4) The acknowledgment shall be executed on a form prepared by the  
11 department. Such form shall be in essentially the same form provided by  
12 the department. The acknowledgment shall include, but not be limited to,  
13 (a) a statement by the birth mother consenting to the acknowledgment of  
14 maternity and a statement that the biological mother is the legal mother  
15 of the child, (b) a statement by the biological mother that she is the  
16 biological mother of the child, (c) written information regarding  
17 parental rights and responsibilities, and (d) the social security numbers  
18 of the mothers.

19 (5) The form provided for in subsection (4) of this section shall  
20 also contain instructions for completion and filing with the department  
21 if it is not completed and filed with a birth certificate as provided in  
22 subsection (2) of this section.

23 (6) The department shall accept completed acknowledgment forms. The  
24 department may prepare photographic, electronic, or other reproductions  
25 of acknowledgments. Such reproductions, when certified and approved by  
26 the department, shall be accepted as the original records, and the  
27 documents from which permanent reproductions have been made may be  
28 disposed of as provided by rules and regulations of the department.

29 (7) The department shall enter on the birth certificate of any child  
30 described in subsection (2) of this section the name of the biological  
31 mother of the child upon receipt of an acknowledgment of maternity as

1 provided in this section signed by the biological mother of the child and  
2 the birth mother of the child. The name of the birth mother shall not be  
3 entered on the birth certificate. If the birth mother is married, the  
4 name of the birth mother's spouse shall not be entered on the birth  
5 certificate unless paternity for such spouse is otherwise established by  
6 law.

7 (8)(a) The signing of a notarized acknowledgment of maternity,  
8 whether under this section or otherwise, by the biological mother shall  
9 create a rebuttable presumption of maternity as against the biological  
10 mother. The signed, notarized acknowledgment is subject to the right of  
11 any signatory to rescind the acknowledgment at any time prior to the  
12 earlier of:

13 (i) Sixty days after the acknowledgment; or

14 (ii) The date of an administrative or judicial proceeding relating  
15 to the child, including a proceeding to establish a support order in  
16 which the signatory is a party.

17 (b) After the rescission period provided for in subdivision (8)(a)  
18 of this section, a signed, notarized acknowledgment is considered a legal  
19 finding which may be challenged only on the basis of fraud, duress, or  
20 material mistake of fact with the burden of proof upon the challenger,  
21 and the legal responsibilities, including the child support obligation,  
22 of any signatory arising from the acknowledgment shall not be suspended  
23 during the challenge, except for good cause shown. Such a signed and  
24 notarized acknowledgment or a certified copy or certified reproduction  
25 thereof shall be admissible in evidence in any proceeding to establish  
26 support.

27 (9)(a) If the biological mother was married at the time of either  
28 conception or birth or at any time between conception and birth of a  
29 child described in subsection (2) of this section, the name of the  
30 biological mother's spouse shall be entered on the certificate as the  
31 other parent of the child unless:



1 (i) Paternity has been determined otherwise by a court of competent  
2 jurisdiction;

3 (ii) The biological mother and the biological mother's spouse  
4 execute affidavits attesting that the biological mother's spouse is not  
5 the biological parent of the child, in which case information about the  
6 other parent shall be omitted from the certificate; or

7 (iii) The biological mother executes an affidavit attesting that her  
8 spouse is not the biological father and naming the biological father; the  
9 biological father executes an affidavit attesting that he is the  
10 biological father; and the biological mother's spouse executes an  
11 affidavit attesting that such spouse is not the biological parent of the  
12 child. In such case the biological father shall be shown as the other  
13 parent on the certificate.

14 (b) For affidavits executed under subdivision ~~(9)(a)(ii)~~ ~~(8)(a)(ii)~~  
15 or (iii) of this section, each signature shall be individually notarized.

16 (10) If the biological mother was not married at the time of either  
17 conception or birth or at any time between conception and birth, the name  
18 of the biological father shall not be entered on the certificate as the  
19 other parent without the written consent of the biological mother and the  
20 person named as the biological father.

21 (11) In any case in which paternity of a child is determined by a  
22 court of competent jurisdiction, the name of the adjudicated father shall  
23 be entered on the certificate as the other parent in accordance with the  
24 finding of the court.

25 (12) If the other parent is not named on the certificate, no other  
26 information about the other parent shall be entered thereon.

27 (13) The identification of the father as provided in this section  
28 shall not be deemed to affect the legitimacy of the child or the duty to  
29 support as set forth in sections 42-377 and 43-1401 to 43-1418.

30 (14) The department may adopt and promulgate rules and regulations  
31 as necessary and proper to assist it in the implementation and

1 administration of this section and to establish a nominal payment and  
2 procedure for payment for each acknowledgment filed with the department.

3 **Sec. 22.** Section 71-2489, Revised Statutes Cumulative Supplement,  
4 2024, is amended to read:

5 71-2489 The regional behavioral health authorities and local public  
6 health departments shall report on or before November 1 ~~30~~ of each even-  
7 numbered year to the division regarding the use of funds distributed for  
8 purposes of the Opioid Prevention and Treatment Act and the outcomes  
9 achieved from the use of such funds. The division shall report annually  
10 on or before December 31 ~~15~~ to the Legislature, the Governor, and the  
11 Attorney General regarding the use of funds appropriated and distributed  
12 under the Opioid Prevention and Treatment Act and the outcomes achieved  
13 from the use of such funds. The reports submitted to the Legislature  
14 shall be submitted electronically.

15 **Sec. 23.** Section 71-2518, Reissue Revised Statutes of Nebraska, is  
16 amended to read:

17 71-2518 (1) The Division of Public Health of the Department of  
18 Health and Human Services shall establish a lead poisoning prevention  
19 program that has the following components:

20 (a) A coordinated plan to prevent childhood lead poisoning and to  
21 minimize exposure of the general public to lead-based paint hazards. Such  
22 plan shall:

23 (i) Provide a standard, stated in terms of micrograms of lead per  
24 deciliter of whole blood, to be used in identifying elevated blood-lead  
25 levels;

26 (ii) Require that a child be tested for an elevated blood-lead level  
27 in accordance with the medicaid state plan as defined in section 68-907  
28 if the child is a participant in the medical assistance program  
29 established pursuant to the Medical Assistance Act; and

30 (iii) Recommend that a child be tested for elevated blood-lead  
31 levels if the child resides in a zip code with a high prevalence of

1 children with elevated blood-lead levels as demonstrated by previous  
2 testing data or if the child meets one of the criteria included in a lead  
3 poisoning prevention screening questionnaire developed by the department;  
4 and

5 (b) An educational and community outreach plan regarding lead  
6 poisoning prevention that shall, at a minimum, include the development of  
7 appropriate educational materials targeted to health care providers,  
8 child care providers, public school personnel, owners and tenants of  
9 residential dwellings, and parents of young children. Such educational  
10 materials shall be made available to the general public via the  
11 department's website.

12 (2) The results of all blood-lead level tests conducted in Nebraska  
13 shall be reported to the department. When the department receives notice  
14 of a child with an elevated blood-lead level as stated in the plan  
15 required pursuant to subdivision (1)(a) of this section, it shall  
16 initiate contact with the local public health department or the  
17 physician, or both, of such child and offer technical assistance, if  
18 necessary.

19 ~~(3) The department shall report electronically to the Legislature by~~  
20 ~~January 1, 2013, and each January 1 thereafter, the number of children~~  
21 ~~from birth through age six who were screened for elevated blood-lead~~  
22 ~~levels during the preceding fiscal year and who were confirmed to have~~  
23 ~~elevated blood-lead levels as stated in the plan required pursuant to~~  
24 ~~subdivision (1)(a) of this section. The report shall compare such results~~  
25 ~~with those of previous fiscal years and shall identify any revisions to~~  
26 ~~the plan required by subdivision (1)(a) of this section.~~

27 ~~(3) (4)~~ This section does not require the department to pay the cost  
28 of elevated-blood-lead-level testing in accordance with this section  
29 except in cases described in subdivision (1)(a)(ii) of this section.

30 **Sec. 24.** Section 71-4741, Reissue Revised Statutes of Nebraska, is  
31 amended to read:

1           71-4741   ~~(1) The Department of Health and Human Services shall~~  
2   ~~determine which birthing facilities are administering hearing screening~~  
3   ~~tests to newborns and infants on a voluntary basis and the number of~~  
4   ~~newborns and infants screened. The department shall submit electronically~~  
5   ~~an annual report to the Legislature stating the number of:~~

6           ~~(a) Birthing facilities administering voluntary hearing screening~~  
7   ~~tests during birth admission;~~

8           ~~(b) Newborns screened as compared to the total number of newborns~~  
9   ~~born in such facilities;~~

10          ~~(c) Newborns who passed a hearing screening test during birth~~  
11   ~~admission if administered;~~

12          ~~(d) Newborns who did not pass a hearing screening test during birth~~  
13   ~~admission if administered; and~~

14          ~~(e) Newborns recommended for followup care.~~

15          ~~(2) The Department of Health and Human Services, in consultation~~  
16   ~~with the State Department of Education, birthing facilities, and other~~  
17   ~~providers, shall develop approved screening methods and protocol for~~  
18   ~~statewide hearing screening tests of substantially all newborns and~~  
19   ~~infants.~~

20          ~~(3) Subject to available appropriations, the Department of Health~~  
21   ~~and Human Services shall make the report described in this section~~  
22   ~~available.~~

23          **Sec. 25.** Section 76-3507, Revised Statutes Cumulative Supplement,  
24   2024, is amended to read:

25           76-3507 On or before January 1, 2020, and on or before January 1 of  
26   each year thereafter, the department shall compile the results of the  
27   radon measurements performed in the past five years that were reported to  
28   the department pursuant to the rules and regulations adopted and  
29   promulgated by the department regarding the control of radiation and  
30   ~~report such compilation electronically to the Clerk of the Legislature.~~  
31   The department Such report shall determine the average radon

1 concentration in Nebraska by county and identify each county in which  
2 such average concentration exceeds two and seven-tenths picocuries per  
3 liter of air.

4 **Sec. 26.** Section 81-132, Reissue Revised Statutes of Nebraska, is  
5 amended to read:

6 81-132 (1) All departments, offices, institutions, and expending  
7 agencies of the state government requesting appropriations for the next  
8 biennium shall file in the office of the Director of Administrative  
9 Services the budget forms furnished them by the director under the  
10 provisions of sections 81-1113 and 81-1113.01. Such budget forms shall be  
11 filed on or before September 15 of each even-numbered year. The forms  
12 shall show their total estimated requirements for the next biennium for  
13 each unit of their organization and activity classified as to object of  
14 expenditure. With such forms, each department, office, institution, and  
15 expending agency shall file a report showing all money received by such  
16 department, office, institution, or expending agency together with the  
17 estimated receipts for the next biennium. Such estimates shall be  
18 accompanied by a statement in writing giving facts and explanations of  
19 reasons for each item of increased appropriation requested. The report  
20 submitted by the Department of Health and Human Services shall include,  
21 but not be limited to, the key goals, benchmarks, and progress reports  
22 required pursuant to sections 81-3133.01 ~~81-3133~~ to 81-3133.03.

23 (2) Any department, office, institution, or expending agency  
24 proposing changes to its appropriation for the biennium in progress shall  
25 file in the office of the Director of Administrative Services the budget  
26 forms for requesting such changes furnished by the director under the  
27 provisions of sections 81-1113 and 81-1113.01. Such forms shall be filed  
28 on or before October 24 of each odd-numbered year.

29 **Sec. 27.** Section 81-638, Reissue Revised Statutes of Nebraska, is  
30 amended to read:

31 81-638 (1) Subject to subsection (4) of this section, the

1 Legislature shall appropriate for each year from the Health and Human  
2 Services Cash Fund to the department an amount derived from one cent of  
3 the cigarette tax imposed by section 77-2602, less any amount  
4 appropriated from the fund specifically to the University of Nebraska  
5 Eppley Institute for Research in Cancer and Allied Diseases. The  
6 department shall, after deducting expenses incurred in the administration  
7 of such funds, distribute such funds exclusively for grants and contracts  
8 for research of cancer and smoking diseases, for funding the cancer  
9 registry prescribed in sections 81-642 to 81-649.02 ~~81-650~~, and for  
10 associated expenses due to the establishment and maintenance of such  
11 cancer registry. Not more than two hundred thousand dollars shall be  
12 appropriated for funding the cancer registry and associated expenses. The  
13 University of Nebraska may receive such grants and contracts, and other  
14 postsecondary institutions having colleges of medicine located in the  
15 State of Nebraska may receive such contracts.

16 (2) Subject to subsection (4) of this section, the Legislature shall  
17 appropriate for each year from the Health and Human Services Cash Fund to  
18 the department for cancer research an amount derived from two cents of  
19 the cigarette tax imposed by section 77-2602 to be used exclusively for  
20 grants and contracts for research on cancer and smoking diseases. No  
21 amount shall be appropriated or used pursuant to this subsection for the  
22 operation and associated expenses of the cancer registry. Not more than  
23 one-half of the funds appropriated pursuant to this subsection shall be  
24 distributed to the University of Nebraska Medical Center for research in  
25 cancer and allied diseases and the University of Nebraska Eppley  
26 Institute for Research in Cancer and Allied Diseases. The remaining funds  
27 available pursuant to this subsection shall be distributed for contracts  
28 with other postsecondary educational institutions having colleges of  
29 medicine located in Nebraska which have cancer research programs for the  
30 purpose of conducting research in cancer and allied diseases.

31 (3) Any contract between the department and another postsecondary

1 educational institution for cancer research under subsection (2) of this  
2 section shall provide that:

3 (a) Any money appropriated for such contract shall only be used for  
4 cancer research and shall not be used to support any other program in the  
5 institution; and

6 ~~(b) Full and detailed reporting of the expenditure of all funds~~  
7 ~~under the contract is required. The report shall include, but not be~~  
8 ~~limited to, separate accounting for personal services, equipment~~  
9 ~~purchases or leases, and supplies. Such reports shall be made available~~  
10 ~~electronically to the Legislature; and~~

11 ~~(b) (c)~~ No money appropriated for such contract shall be spent for  
12 travel, building construction, or any other purpose not directly related  
13 to the research that is the subject of the contract.

14 (4) The State Treasurer shall transfer seven million dollars from  
15 the Health and Human Services Cash Fund to the General Fund on or before  
16 June 30, 2018, on such dates and in such amounts as directed by the  
17 budget administrator of the budget division of the Department of  
18 Administrative Services. It is the intent of the Legislature that the  
19 transfer to the General Fund in this subsection be from funds credited to  
20 the Cancer Research subfund of the Health and Human Services Cash Fund  
21 which were in excess of appropriations established in subsections (1) and  
22 (2) of this section.

23 **Sec. 28.** Section 81-642, Reissue Revised Statutes of Nebraska, is  
24 amended to read:

25 81-642 It is the intent of the Legislature to require the  
26 establishment and maintenance of a cancer registry for the State of  
27 Nebraska. This responsibility is delegated to the Department of Health  
28 and Human Services along with the authority to exercise the necessary  
29 powers to implement sections 81-642 to 81-649.02 ~~81-650~~. To insure an  
30 accurate and continuing source of data concerning cancer, all hospitals  
31 within the state shall make available to the department upon its request,

1 at least once a year, information contained in the medical records of  
2 patients who have cancer within such time following its diagnosis as the  
3 department shall require. Any medical doctor, osteopathic physician, or  
4 dentist within the state shall make such information available to the  
5 department upon request by the department. This cancer registry should  
6 provide a central data bank of accurate, precise, and current information  
7 which medical authorities state will assist in the research for the  
8 prevention, cure, and control of cancer. The information contained in the  
9 cancer registry may be used as a source of data for scientific and  
10 medical research. Any information released from the cancer registry shall  
11 be disclosed as Class I, Class II, Class III, or Class IV data as  
12 provided in sections 81-663 to 81-675.

13 **Sec. 29.** Section 81-643, Reissue Revised Statutes of Nebraska, is  
14 amended to read:

15 81-643 As used in sections 81-642 to 81-649.02 ~~81-650~~, unless the  
16 context otherwise requires, the definitions in section 81-664 shall be  
17 used and:

18 (1) Cancer shall mean: (a) A large group of diseases characterized  
19 by an uncontrolled growth and spread of abnormal cells; (b) any condition  
20 of tumors having the properties of anaplasia, invasion, and metastasis;  
21 (c) a cellular tumor the natural course of which is fatal; and (d)  
22 malignant neoplasm. Cancer shall be deemed to include, but not be limited  
23 to, carcinoma, sarcoma, melanoma, lymphoma, Hodgkin's disease, and  
24 myeloma, but shall not include precancerous conditions, benign polyps, or  
25 benign tumors; and

26 (2) Cancer registry shall mean the system of reporting established  
27 by sections 81-642 to 81-649.02 ~~81-650~~ in which the cases of cancer in  
28 this state are reported and recorded in order to achieve the goals of  
29 prevention, cure, and control of cancer through research and education.

30 **Sec. 30.** Section 81-645, Reissue Revised Statutes of Nebraska, is  
31 amended to read:



1           81-645 In order to implement the intent and purposes of sections  
2   81-642 to 81-649.02 ~~81-650~~, the department shall:

3           (1) Compile and publish a statistical report annually or at  
4   reasonable intervals containing information obtained from patient data  
5   pursuant to such sections in order to provide accessible information  
6   useful to physicians, medical personnel, and the public. Such report  
7   shall comply with sections 81-663 to 81-675;

8           (2) Comply with all necessary requirements in order to obtain funds  
9   or grants;

10          (3) Coordinate with existing statewide cancer registry programs to  
11   the extent feasible; and

12          (4) Consult with medical professionals, hospital tumor registries,  
13   and medical records representatives in formulating the plans and policies  
14   of the cancer registry program.

15          **Sec. 31.** Section 81-648, Reissue Revised Statutes of Nebraska, is  
16   amended to read:

17          81-648 No hospital, medical doctor, osteopathic physician, or  
18   dentist nor any administrator, officer, or employee of such hospital or  
19   office in which any such professional practices take place who is in  
20   compliance with sections 81-642 to 81-649.02 ~~81-650~~ and 81-663 to 81-675  
21   shall be civilly or criminally liable for divulging the information  
22   required pursuant to such sections. The department or any of its  
23   officials or employees shall not be liable civilly or criminally for the  
24   release of information contained in the cancer registry or for the  
25   conduct or activities of any individual or entity permitted access to  
26   data of the cancer registry if done pursuant to sections 81-663 to  
27   81-675.

28          **Sec. 32.** Section 81-649, Reissue Revised Statutes of Nebraska, is  
29   amended to read:

30          81-649 Sections 81-642 to 81-649.02 ~~81-650~~ shall not be deemed to  
31   compel any individual to submit to any medical examination or supervision

1 by the department, any of its authorized representatives, or an approved  
2 researcher. No person who seeks information or obtains registry data  
3 pursuant to such sections or sections 81-663 to 81-675 shall contact a  
4 patient on the registry or such patient's family unless the registry has  
5 first obtained the permission of such patient or patient's family. The  
6 registry shall coordinate its activities with the person desiring such  
7 contact and may authorize the person desiring such contact to perform  
8 these contacts under the direction of the registry.

9 **Sec. 33.** Section 81-649.02, Reissue Revised Statutes of Nebraska, is  
10 amended to read:

11 81-649.02 Any hospital which fails to make reports as provided in  
12 sections 81-642 to 81-649.02 ~~81-650~~ shall be guilty of a Class V  
13 misdemeanor for each offense.

14 **Sec. 34.** Section 81-664, Reissue Revised Statutes of Nebraska, is  
15 amended to read:

16 81-664 For purposes of sections 81-663 to 81-675:

17 (1) Aggregate data means data contained in the medical record and  
18 health information registries maintained by the department which is  
19 compiled in a statistical format and which does not include patient-  
20 identifying data;

21 (2) Approved researcher means an individual or entity which is  
22 approved by the department pursuant to section 81-666 to obtain access to  
23 data contained in the medical record and health information registries  
24 maintained by the department to assist in the scientific or medical  
25 research for the prevention, cure, or control of a disease or injury  
26 process;

27 (3) Case-specific data means data contained in the medical record  
28 and health information registries concerning a specific individual other  
29 than patient-identifying data;

30 (4) Department means the Department of Health and Human Services;

31 (5) Medical record and health information registry means the system

1 of reporting certain medical conditions occurring in this state, as  
2 prescribed by law, which are reported and recorded in order to achieve  
3 the goals of prevention, cure, and control through research and  
4 education, and includes the birth defects registry established in section  
5 71-646, the cancer registry established in sections 81-642 to 81-649.02  
6 ~~81-650~~, the brain injury registry established in the Brain Injury  
7 Registry Act, the Parkinson's Disease Registry established in the  
8 Parkinson's Disease Registry Act, and the statewide stroke data registry  
9 established in the Stroke System of Care Act;

10 (6) Patient-identifying data means the patient's name, address,  
11 record number, symbol, or other identifying particular assigned to or  
12 related to an individual patient; and

13 (7) Research means study specific to the diseases or injuries for  
14 which access to data is requested and which is dedicated to the  
15 prevention, cure, or control of the diseases or injuries.

16 **Sec. 35.** Section 81-6,116, Reissue Revised Statutes of Nebraska, is  
17 amended to read:

18 81-6,116 ~~(1)~~—Information reported under section 81-6,114 may be  
19 used by the department for statistical and public health planning  
20 purposes and for other public health purposes as identified by the  
21 department in rule and regulation.

22 ~~(2) The department shall periodically review information collected~~  
23 ~~under section 81-6,114 for the purpose of identifying potential policies~~  
24 ~~or practices of any reporting facility which may be detrimental to the~~  
25 ~~public health, including, but not limited to, policies and practices~~  
26 ~~which may have the effect of limiting access to needed health care~~  
27 ~~services for Nebraska residents. The department shall provide~~  
28 ~~electronically recommendations to the Health and Human Services Committee~~  
29 ~~of the Legislature relating to appropriate administrative and legislative~~  
30 ~~responses to such policies and practices and shall provide electronically~~  
31 ~~an annual report to the chairperson of such committee of its findings and~~

1 ~~its current or planned activities under this section, if any.~~

2       **Sec. 36.** Section 81-1113, Reissue Revised Statutes of Nebraska, is  
3 amended to read:

4       81-1113 The budget division shall prepare the executive budget in  
5 accordance with the wishes and policies of the Governor. The budget  
6 division shall have the following duties, powers, and responsibilities:

7       (1) Shall prescribe the forms and procedures to be employed by all  
8 departments and agencies of the state in compiling and submitting their  
9 individual budget requests and shall set up a budget calendar which shall  
10 provide for (a) the date, not later than July 15 of each even-numbered  
11 year, for distribution of instructions, (b) the date by which time  
12 requests for appropriations by each agency shall be submitted, and (c)  
13 the period during which such public hearings as the Governor may elect  
14 shall be held for each department and agency. The budget request shall be  
15 submitted each even-numbered year no later than the date provided in  
16 subsection (1) of section 81-132, shall include the intended receipts and  
17 expenditures by programs, subprograms, and activities and such additional  
18 information as the administrator may deem appropriate for each fiscal  
19 year, including the certification described in subdivision (4) of this  
20 section, shall be made upon a biennial basis, and shall include actual  
21 receipts and actual expenditures for each fiscal year of the most  
22 recently completed biennium and the first year of the current biennium  
23 and estimates for the second year of the current biennium and each year  
24 of the next ensuing biennium;

25       (2) Shall prescribe the forms and procedures to be employed by all  
26 departments and agencies of the state in compiling and submitting their  
27 proposed changes to existing appropriations for the biennium in progress.  
28 The budget division shall distribute instructions and forms to all  
29 departments and agencies no later than September 15 of each odd-numbered  
30 year. Departments and agencies shall submit their proposed changes no  
31 later than the date provided in subsection (2) of section 81-132;

1           (3) Shall work with each governmental department and agency in  
2     developing performance standards for each program, subprogram, and  
3     activity to measure and evaluate present as well as projected levels of  
4     expenditures. The budget division shall also work with the Department of  
5     Health and Human Services to develop key goals, benchmarks, and methods  
6     of quantification of progress required pursuant to sections 81-3133.01  
7     ~~81-3133~~ to 81-3133.03;

8           (4)(a) Shall develop a certification form and procedure to be  
9     included in each budget request under subdivision (1) of this section  
10    through which each department and agency shall certify, for each program  
11    or practice it administers, whether such program or practice is an  
12    evidence-based program or practice, or, if not, whether such program or  
13    practice is reasonably capable of becoming an evidence-based program or  
14    practice;

15          (b) For purposes of this subdivision (4):

16          (i) Evidence-based means that a program or practice (A) offers a  
17    high level of research on effectiveness, determined as a result of  
18    multiple rigorous evaluations, such as randomized controlled trials and  
19    evaluations that incorporate strong comparison group designs or a single  
20    large multisite randomized study and (B) to the extent practicable, has  
21    specified procedures that allow for successful replication;

22          (ii) Program or practice means a function or activity that is  
23    sufficiently identifiable as a discrete unit of service; and

24          (iii) Reasonably capable of becoming an evidence-based program or  
25    practice means the program or practice is susceptible to quantifiable  
26    benchmarks that measure service delivery, client or customer  
27    satisfaction, or efficiency;

28          (5) Shall, following passage of legislative appropriations, be  
29    responsible for the administration of the approved budget through  
30    budgetary allotments;

31          (6) Shall be responsible for a monthly budgetary report for each

1 department and agency showing comparisons between actual expenditures and  
2 allotments, which report shall be subject to review by the director and  
3 budget administrator; and

4 (7) Shall be responsible for the authorization of employee  
5 positions. Such authorizations shall be based on the following:

6 (a) A requirement that a sufficient budget program appropriation and  
7 salary limitation exist to fully fund all authorized positions;

8 (b) A requirement that permanent full-time positions which have been  
9 vacant for ninety days or more be reviewed and reauthorized prior to  
10 being filled. If requested by the budget division, the personnel division  
11 of the Department of Administrative Services shall review such vacant  
12 position to determine the proper classification for the position;

13 (c) A requirement that authorized positions accurately reflect  
14 legislative intent contained in legislative appropriation and intent  
15 bills; and

16 (d) Other relevant criteria as determined by the budget  
17 administrator.

18 **Sec. 37.** Section 83-102, Reissue Revised Statutes of Nebraska, is  
19 amended to read:

20 83-102 (1) Youth rehabilitation and treatment centers shall be  
21 operated to provide programming and services to rehabilitate and treat  
22 juveniles committed under the Nebraska Juvenile Code. Each youth  
23 rehabilitation and treatment center shall be considered a separate  
24 placement. Each youth rehabilitation and treatment center shall provide:

25 (a) Safe and sanitary space for sleeping, hygiene, education,  
26 programming, treatment, recreation, and visitation for each juvenile;

27 (b) Health care and medical services;

28 (c) Appropriate physical separation and segregation of juveniles  
29 based on gender;

30 (d) Sufficient staffing to comply with state and federal law and  
31 protect the safety and security of each juvenile;

1 (e) Training that is specific to the population being served at the  
2 youth rehabilitation and treatment center;

3 (f) A facility administrator for each youth rehabilitation and  
4 treatment center who has the sole responsibility for administration of a  
5 single youth rehabilitation and treatment center;

6 (g) An evaluation process for the development of an individualized  
7 treatment plan within fourteen days after admission to the youth  
8 rehabilitation and treatment center;

9 (h) An age-appropriate and developmentally appropriate education  
10 program for each juvenile that can award relevant and necessary credits  
11 toward high school graduation that will be accepted by any public school  
12 district in the State of Nebraska. Juveniles committed to the youth  
13 rehabilitation and treatment centers are entitled to receive an  
14 appropriate education equivalent to educational opportunities offered  
15 within the regular settings of public school districts across the State  
16 of Nebraska;

17 (i) A case management and coordination process, designed to assure  
18 appropriate reintegration of the juvenile with his or her family, school,  
19 and community;

20 (j) Compliance with the requirements stated in Title XIX and Title  
21 IV-E of the federal Social Security Act, as such act existed on January  
22 1, 2020, the Special Education Act, or other funding guidelines as  
23 appropriate;

24 (k) Research-based or evidence-based programming for all juveniles  
25 that includes a strong academic program and classes in health education,  
26 living skills, vocational training, behavior management and modification,  
27 money management, family and parent responsibilities, substance use  
28 awareness, physical education, job skills training, and job placement  
29 assistance; and

30 (l) Research-based or evidence-based treatment service for  
31 behavioral impairment, severe emotional disturbance, sex offender

1 behavior, other mental health or psychiatric disorder, drug and alcohol  
2 addiction, physical or sexual abuse, and any other treatment indicated by  
3 a juvenile's individualized treatment plan.

4 (2) Each youth rehabilitation and treatment center shall be  
5 accredited by a nationally recognized entity that provides accreditation  
6 for juvenile facilities and shall maintain accreditation as provided in  
7 section 79-703 to provide an age-appropriate and developmentally  
8 appropriate education program.

9 ~~(3) Each youth rehabilitation and treatment center shall~~  
10 ~~electronically submit a report of its activities for the preceding fiscal~~  
11 ~~year to the Clerk of the Legislature on or before July 15 of each year~~  
12 ~~beginning on July 15, 2021. The annual report shall include, but not be~~  
13 ~~limited to, the following information:~~

14 ~~(a) Data on the population served, including, but not limited to,~~  
15 ~~admissions, average daily census, average length of stay, race, and~~  
16 ~~ethnicity;~~

17 ~~(b) An overview of programming and services; and~~

18 ~~(c) An overview of any facility issues or facility improvements.~~

19 **Sec. 38.** Section 83-105, Reissue Revised Statutes of Nebraska, is  
20 amended to read:

21 83-105 (1) It is the intent of the Legislature to establish a  
22 reporting system in order to provide increased accountability and  
23 oversight regarding the treatment of juveniles in youth rehabilitation  
24 and treatment centers.

25 (2) Beginning on January 1, 2021, the Department of Health and Human  
26 Services shall submit a report electronically to the office of Inspector  
27 General of Nebraska Child Welfare each February 15, May 15, August 15,  
28 and November 15 ~~January 1, April 1, July 1, and October 1.~~ Such report  
29 shall include the following information for the prior calendar quarter:

30 (a) The number of grievances filed at each youth rehabilitation and  
31 treatment center separated by facility;



1 (b) A categorization of the issues to which each grievance relates  
2 and the number of grievances received in each category;

3 (c) The process for addressing such grievances; and

4 (d) Any actions or changes made as a result of such grievances.

5 **Sec. 39.** Section 83-4,134.01, Reissue Revised Statutes of Nebraska,  
6 is amended to read:

7 83-4,134.01 (1) It is the intent of the Legislature to establish a  
8 system of investigation and performance review in order to provide  
9 increased accountability and oversight regarding the use of room  
10 confinement for juveniles in a juvenile facility.

11 (2) The following shall apply regarding placement in room  
12 confinement of a juvenile in a juvenile facility:

13 (a) Room confinement of a juvenile for longer than one hour during a  
14 twenty-four-hour period shall be documented and approved in writing by a  
15 supervisor in the juvenile facility. Documentation of the room  
16 confinement shall include the date of the occurrence; the race,  
17 ethnicity, age, and gender of the juvenile; the reason for placement of  
18 the juvenile in room confinement; an explanation of why less restrictive  
19 means were unsuccessful; the ultimate duration of the placement in room  
20 confinement; facility staffing levels at the time of confinement; and any  
21 incidents of self-harm or suicide committed by the juvenile while he or  
22 she was isolated;

23 (b) If any physical or mental health clinical evaluation was  
24 performed during the time the juvenile was in room confinement for longer  
25 than one hour, the results of such evaluation shall be considered in any  
26 decision to place a juvenile in room confinement or to continue room  
27 confinement;

28 (c) The juvenile facility shall submit a report quarterly to the  
29 Legislature on the juveniles placed in room confinement; the length of  
30 time each juvenile was in room confinement; the race, ethnicity, age, and  
31 gender of each juvenile placed in room confinement; facility staffing

1 levels at the time of confinement; and the reason each juvenile was  
2 placed in room confinement. The report shall specifically address each  
3 instance of room confinement of a juvenile for more than four hours,  
4 including all reasons why attempts to return the juvenile to the general  
5 population of the juvenile facility were unsuccessful. The report shall  
6 also detail all corrective measures taken in response to noncompliance  
7 with this section. The report shall redact all personal identifying  
8 information but shall provide individual, not aggregate, data. The report  
9 shall be delivered electronically to the Legislature. The initial  
10 quarterly report shall be submitted within two weeks after the quarter  
11 ending on September 30, 2016. Subsequent reports shall be submitted for  
12 the ensuing quarters within four ~~two~~ weeks after the end of each quarter;  
13 and

14 (d) The Inspector General of Nebraska Child Welfare shall review all  
15 data collected pursuant to this section in order to assess the use of  
16 room confinement for juveniles in each juvenile facility and prepare an  
17 annual report of his or her findings, including, but not limited to,  
18 identifying changes in policy and practice which may lead to decreased  
19 use of such confinement as well as model evidence-based criteria to be  
20 used to determine when a juvenile should be placed in room confinement.  
21 The report shall be delivered electronically to the Legislature on an  
22 annual basis.

23 (3) The use of consecutive periods of room confinement to avoid the  
24 intent or purpose of this section is prohibited.

25 (4) Any juvenile facility which is not a residential child-caring  
26 agency which fails to comply with the requirements of this section is  
27 subject to disciplinary action as provided in section 83-4,134. Any  
28 juvenile facility which is a residential child-caring agency which fails  
29 to comply with the requirements of this section is subject to  
30 disciplinary action as provided in section 71-1940.

31 **Sec. 40.** Section 83-1216.01, Reissue Revised Statutes of Nebraska,

1 is amended to read:

2 83-1216.01 (1)(a) The department shall, with the assistance and  
3 support of the Advisory Committee on Developmental Disabilities, develop  
4 and implement a quality management and improvement plan to promote and  
5 monitor quality relating to services and quality of life for persons with  
6 developmental disabilities.

7 (b) The purpose of the quality management and improvement plan is to  
8 provide information necessary for an accurate assessment of the quality  
9 and effectiveness of services for persons with developmental disabilities  
10 and their families and the delivery of such services, with special  
11 attention to the impact that the services have on the quality of life of  
12 recipients and their families.

13 (c) The quality management and improvement plan shall reflect  
14 national best practice for services for persons with developmental  
15 disabilities and their families as determined by the department with the  
16 assistance of the advisory committee.

17 (d) The quality management and improvement plan shall assess,  
18 through both quantitative and qualitative means, (i) the quality of  
19 services provided to persons with developmental disabilities and their  
20 families, (ii) the ability of the services provided to meet the needs of  
21 the recipients of the services, (iii) the effect of the services to  
22 support or improve the quality of life of the recipients of the services,  
23 and (iv) the satisfaction of the recipients with the process of  
24 determination of eligibility and the process of delivery of the services.  
25 In order to develop the quality management and improvement plan, the  
26 department shall use procedures to collect data from recipients of  
27 services for persons with disabilities and their families by relying on  
28 external, independent evaluators who are not employed by the department.  
29 The quality management and improvement plan shall give significance to  
30 input gathered from recipients of services for persons with developmental  
31 disabilities and families of such recipients and include information

1 gathered from the department.

2 (e) The quality management and improvement plan shall include  
3 recommendations for improvements to the types of services and the  
4 delivery of services for persons with developmental disabilities and  
5 their families.

6 (2) The department shall provide a quality management plan  
7 electronically to the Legislature no later than September 30, 2017. In  
8 the plan the department shall detail its approach to ensuring a  
9 sustainable, continuous, quality improvement management system for the  
10 delivery of services for persons with developmental disabilities and  
11 their families that incorporates responsibilities of the department and  
12 recipients.

13 ~~(3) The department shall issue an implementation report regarding~~  
14 ~~the quality management and improvement plan and publish it on the website~~  
15 ~~of the department and provide it electronically to the Legislature on or~~  
16 ~~before December 30, 2017, and March 30, 2018. Beginning in 2018, the~~  
17 ~~department shall annually provide a report regarding outcomes,~~  
18 ~~improvement priorities, and activities of the department during the~~  
19 ~~previous fiscal year. The report shall be published on the website of the~~  
20 ~~department and shall be provided electronically to the Legislature on or~~  
21 ~~before September 30.~~

22 **Sec. 41.** Original sections 28-3,107, 43-512.11, 43-3301,  
23 43-3342.04, 68-130, 68-158, 68-909, 68-912, 68-1735.03, 68-1804,  
24 69-2409.01, 71-2518, 71-4741, 81-132, 81-638, 81-642, 81-643, 81-645,  
25 81-648, 81-649, 81-649.02, 81-664, 81-6,116, 81-1113, 83-102, 83-105,  
26 83-4,134.01, and 83-1216.01, Reissue Revised Statutes of Nebraska, and  
27 sections 38-1130, 38-1208.01, 38-1216, 43-4706, 68-974, 68-995, 68-9,109,  
28 68-1530, 71-509, 71-604.02, 71-2489, and 76-3507, Revised Statutes  
29 Cumulative Supplement, 2024, are repealed.

30 **Sec. 42.** The following sections are outright repealed: Sections  
31 43-3326, 48-2307, 68-1118, 68-1518, 68-1735.02, 68-2004, 71-17,115,

- 1 71-3005, 71-8313, 81-650, 81-1139.01, and 81-3133, Reissue Revised
- 2 Statutes of Nebraska.