

**ONE HUNDRED NINTH LEGISLATURE - SECOND SESSION - 2026**  
**COMMITTEE STATEMENT**  
**LB912**

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**Hearing Date:** Friday January 30, 2026  
**Committee On:** Health and Human Services  
**Introducer:** Hardin  
**One Liner:** Adopt the Community Health Worker Training Endorsement Act

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**Roll Call Vote - Final Committee Action:**  
Advanced to General File with amendment(s)

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**Vote Results:**

**Aye:** 7 Senators Hardin, Ballard, Fredrickson, Hansen, Meyer, G., Quick, Riepe  
**Nay:**  
**Absent:**  
**Present Not Voting:**

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**Testimony:**

**Proponents:**

Senator Brian Hardin  
Ashley Newmyer  
Jessica Davis

Cheryl Willis  
Susan Bockrath

**Opponents:**

**Neutral:**

**Representing:**

Opening Presenter  
DHHS  
Panhandle Public Health District, Nebraska  
Association of Local Health Directors  
AARP Nebraska  
NE Association of Local Health Directors

**Representing:**

**Representing:**

\* ADA Accommodation Written Testimony

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**Summary of purpose and/or changes:**

LB 912 creates the Community Health Worker Training Endorsement Act. This bill allows the Department of Health and Human Services to adopt and promulgate rules and regulations for the community health worker training program. Nothing in this act or completion of such training program shall be construed to create a licensure or certification. Legislative findings and definitions are provided.

**SECTION BY SECTION SUMMARY:**

Section 1: Sections 1 to 5 of this act shall be known and may be cited as the Community Health Worker Training Endorsement Act.



Section 2: Provides the following new findings and purpose language. First, the Legislature finds that establishing certification of training programs for community health workers will strengthen Nebraska's public health and health care workforce, promote consistent standards of practice, and support improved access to preventive and primary care services. Second, the purpose of the Community Health Worker Training Endorsement Act is to establish a consistent statewide process for recognizing community health worker training programs that meet minimum standards of quality and content and ensure that community health worker services are eligible for reimbursement by Medicaid and private insurers.

Section 3: Provides the following new definitions. First, community health worker is defined as an individual who has successfully completed an endorsed community health worker training program and has a close understanding of the community served and who acts as a liaison between health, behavioral health, and social service systems and the community to facilitate access, promote understanding, and improve health outcomes. Second, community health worker services are defined as preventive, outreach, education, navigation, advocacy, and social support services provided by a community health worker. Third, core competencies are defined as the knowledge, skills, and abilities a certified community health worker is required to demonstrate as determined by the Department of Health and Human Services. Fourth, Department is defined as the Department of Health and Human Services. Lastly, endorsed community health worker training program is defined as an education or training program that the Department of Health and Human Services has determined meets minimum standards, including core competencies as defined by the Department, for the purpose of qualifying for Medicaid reimbursement.

Section 4: Provides new language relating to rules and regulations. Specifically, on or before December 31, the Department of Health and Human Services may adopt and promulgate rules and regulations that identify the core competencies; define the application, approval, and renewal process for training endorsement; set reasonable fees; establish procedures for denial, suspension, and revocation of a training endorsement; approve training programs and training providers; and provide that individuals with grievances may request a hearing.

Section 5: Provides new language relating to licensure. First, nothing in this act shall be construed to create a licensure or certification requirement for a community health worker, authorize a community health worker to perform tasks that require a professional licensure, or limit the scope of practice of a licensed health care professional. Second, completion of a recognized community health worker training program shall not constitute licensure, certification, or credentialing under the Uniform Credentialing Act.

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**Explanation of amendments:**

The Committee considered and adopted an amendment which accomplishes the following:

The Standing Committee Amendment, AM2224, includes LB 912 as amended and incorporates LB 887 as amended, LB 735 as amended, LB 736 as amended, LB 892 as amended, and LB 891 as amended.

LB 912-Sections 1, 2, 3 and 4 of AM2224

LB 912 as amended, strikes the date, December 31, 2026, on which the Department of Health and Human Services may adopt rules and regulations and replaces it with July 1, 2027.

LB 887-Sections 12, 13 and 14 of AM2224

LB 887 was introduced by Senator Hallstrom. As amended, this bill changes laws governing the practice of pharmacy. The bill authorizes accredited pharmacy programs to determine the timing of the required jurisprudence examination for pharmacy students. It clarifies that the certified pharmacy technician requirement does not apply to



pharmacist interns under the supervision of a pharmacist. Additionally, it allows valid prescriptions to be transferred between pharmacies more than once and removes outdated reporting requirements under the Parkinson's Disease Registry Act. As amended, the reporting requirements are reinstated.

LB 887 had a public hearing on January 22, 2026 with the following testimony:

Testifiers on LB887:

Proponents:

Senator Bob Hallstrom , Opening Presenter  
Haley Pertzborn, NE Pharmacists Association  
Allison Dering-Anderson, NE Pharmacists Association  
Teri Miller, NPA - NE Pharmacy Association

Opponents: None

Neutral: None

Committee vote to attach LB887:

Yes: 7 Hardin, Ballard, Fredrickson, Hansen, Meyer, G., Quick, Riepe;  
No: 0;  
Absent: 0;  
Present Not Voting: 0;

LB 735-Sections 6, 8 and 15 of AM2224

LB 735 was introduced by Senator Rountree. This bill, as amended, adopts the Respiratory Care Interstate Compact, a multi-state licensing compact that allows licensed respiratory care therapists to practice across participating states. The purpose of the compact is to improve public access to respiratory therapy services while maintaining patient safety by streamlining licensure, supporting consistent care when patients or providers move, and promoting cooperation among states.

The compact consists of thirteen sections: title and purpose; definitions; state participation in this compact; compact privileges; active military member or spouses; adverse actions; establishment of the Respiratory Care Interstate Commission; data system; rulemaking; oversight, dispute resolution, and enforcement; effective date, withdrawal, and amendment; construction and severability; and consistent effect and conflict with other state laws.

The compact shall come into effect on the date on which the compact statute is enacted into law in the seventh member state.

LB 735 had a public hearing on January 22, with the following testimony:

Testifiers on LB735:

Proponents:

Senator Victor Rountree , Opening Presenter  
Heather Nichols, NE Society of Respiratory Care (NSPC)  
Marcy Wyrens, Board for Respiratory Care



Opponents: None

Neutral: None

Committee vote to attach LB735:

Yes: 7 Hardin, Ballard, Fredrickson, Hansen, Meyer, G., Quick, Riepe;

No: 0;

Absent: 0;

Present Not Voting: 0;

LB 736-Sections 7, 8, 9, and 10 of AM2224

LB 736 was introduced by Senator Rountree. This bill adopts the Athletic Trainer Compact. The goal is to improve public access to athletic training services and reduce unnecessary burdens. Member states seek to establish a regulatory framework which provides for a new multistate licensing program.

The compact consists of fourteen sections: purpose; definitions; member state requirements; compact privileges; compact qualifying licenses; active military member or spouses; adverse actions; establishment and operation of the commission; data system; rulemaking; oversight, dispute resolution, and enforcement; effective date, withdrawal, and amendment; construction and severability; and consistent effect and conflict with other state laws.

The compact shall come into effect on the date on which the compact statute is enacted into law in the seventh member state.

LB 736 had a public hearing on January 22, 2026, with the following testimony:

Testifiers on LB736:

Proponents:

Senator Victor Rountree , Opening Presenter

Cassie Metzner, NE State Athletic Trainers

Shannon Fleming, Board of Certification for Athletic Trainers

Opponents: None

Neutral: None

Committee vote to attach LB736:

Yes: 7 Hardin, Ballard, Fredrickson, Hansen, Meyer, G., Quick, Riepe;

No: 0;

Absent: 0;

Present Not Voting: 0;

LB 892-Section 11 of AM2224

LB 892 was introduced by Senator Hansen. This bill, as amended, clarifies that no person shall engage in massage therapy practices in any location other than a licensed massage therapy establishment except as permitted by Department of Health and Human Services rules and regulations.

LB 892 had a public hearing on January 21, 2026, with the following testimony:



Testifiers on LB892:

Proponents:

Senator Ben Hansen , Opening Presenter

Briana Cudly, AMTA-NE, American Message Therapy Association

Opponents: None

Neutral: None

Committee vote to attach LB892:

Yes: 7 Hardin, Ballard, Fredrickson, Hansen, Meyer, G., Quick, Riepe;

No: 0;

Absent: 0;

Present Not Voting: 0;

LB 891-Sections 16, 17, 18, 19, and 20 of AM2224

LB891 was introduced by Senator Hansen. This bill, as amended, updates provisions of the Child Care Licensing Act. Specifically, the bill aligns state law with federal background check requirements, clarifies how self-reported licensing investigations appear on public records, allows certain eligible volunteers to be counted toward staff-to-child ratios under regulation, and prohibits political subdivisions from instituting residency requirements for a family child care home II.

LB 891 had a public hearing on January 28, 2026, with the following testimony:

Testifiers on LB891:

Proponents:

Senator Ben Hansen , Opening Presenter

Hunter Traynor, Nebraska Chamber of Commerce and Industry and Nebraska Economic Developers Association

Tasha McNeil, Brilliant Brains Learning Center

Wendy Gwennap, South Central Early Childhood Taskforce

Elisabeth Hurst, NE Corn Growers Assoc; NE Farm Bureau; NE Pork Producers Assoc; NE Sorghum Growers Assoc;

NE State Dairy Assoc; NE Soybean Assoc; NE Wheat Growers Assoc; Renewable Fuels Nebraska

Anahi Salazar, Voices for Children in Nebraska

Mitchell Clark, First Five Nebraska

Opponents:

Christy Abraham, League of Nebraska Municipalities

Kent Rogert, City of Grand Island

Elaine Menzel, NACO NE Association of County Officials

Neutral: None

Committee vote to attach LB891:

Yes: 5 Hardin, Ballard, Hansen, Meyer, G., Quick;

No: 2 Fredrickson, Riepe;

Absent: 0;

Present Not Voting: 0;



## Section by Section Summary of AM2224

Section 1-Cites sections 1 through 5 of the act as the of Community Health Worker Training Endorsement Act (LB 912).

Section 2-Provides the findings and purpose language of the Community Health Worker Training Endorsement Act (LB 912).

Section 3-Provides the definitions of community health worker, community health worker services, core competencies, department, and endorsed community health worker training program within the Community Health Worker Training Endorsement Act (LB 912).

Section 4-Allows the Department of Health and Human Services, on or before July 1, 2027, to adopt rules and regulations relating to training (LB 912).

Section 5-Requires that the Community Health Worker Training Endorsement Act shall not be construed as licensure, certification, or credentialing under the Uniform Credentialing Act (LB 912).

Section 6-Adopts the Respiratory Care Interstate Compact in the form provided in this section. The term "compact" will mean the "Respiratory Care Interstate Compact". The compact language in Section 6 is composed of the following sections from LB 735.

Sec. 1 of the Compact, Title and Purpose: The compact facilitates the interstate practice of respiratory therapy to improve public access to services while preserving each state's authority to protect public health and safety through licensure. It creates a streamlined pathway for licensed therapists to practice in member states, promotes cooperation among states, reduces administrative burdens, supports relocating military families, and increases workforce mobility to address shortages.

Sec. 2 of the Compact, Definitions: Definitions are provided for Active Military Member, Adverse Action, Alternative Program, Charter Member States, Commission, Commissioner, Compact, Compact Privilege, Criminal Background Check, Data System, Domicile, Encumbered License, Executive Committee, Home State, Home State License, Jurisprudence Requirement, Licensee, Member State, Model Compact, Remote State, Respiratory Therapist or Practitioner, Respiratory Therapy Practice, Respiratory Therapy Licensing Authority, Rule, Significant Investigative Information, and State.

Sec. 3 of the Compact, State Participation in this Compact: In order to participate in this compact, member states shall enact a compact substantially consistent with the model compact, license respiratory therapists, participate in the Commission's data system and maintain a process to receive and investigate complaints. Also, the member states shall report adverse actions to the Commission, report significant investigative information to the Commission, comply with Commission rules, grant compact privileges to eligible therapists with active home state licenses, conduct criminal background checks for new licensees and may charge fees for granting or renewing compact privileges.

Sec. 4 of the Compact, Compact Privilege: To exercise the compact privilege under the terms and provisions of the compact, the licensee shall hold an active, unrestricted home state respiratory therapy license, maintain an active National Board for Respiratory Care credential, have no adverse license action within the past two years, notify the Commission when seeking a compact privilege, pay all required state and Commission fees, and meet any remote state jurisprudence requirements. In addition, the licensee shall report adverse actions from non-member states within 30 days, report domicile address and any changes within 30 days, and consent to service of process and subpoenas by mail.



This section address validity, maintenance, practice standards and loss and reinstatement. First, the compact privilege remains valid unless the home state license expires, is revoked, or is subject to adverse action. Renewal requires continued compliance and fee payment. Third, practice standards must follow the remote state's scope of practice laws. Fourth, loss of privilege in a remote state remains until restrictions are removed and an encumbered home state license results in the loss of privileges in all remote states. Lastly, reinstatement requires removal of restrictions, a two-year waiting period, and requalification.

Sec. 5 of the Compact, Active Military Member or Their Spouse: Active military members and their spouses may designate and retain a home state license while on active duty. They are exempt from Commission fees for a compact privilege, and remote states may choose to reduce or waive their own fees.

Sec. 6 of the Compact, Adverse Actions: Member states retain authority to discipline licenses they issue and may act on investigative information from other states using their own procedures. Remote states may discipline a therapist's compact privilege, issue and enforce subpoenas, recover investigation costs, and participate in joint investigations, but no state may discipline a licensee or compact privilege for conduct that was lawful where and when it occurred.

Sec. 7 of the Compact, Establishment of the Respiratory Care Interstate Compact Commission: The compact creates the Respiratory Care Interstate Compact Commission, a joint governing body made up of all member states, with one voting commissioner per state to oversee and administer the compact. The Commission has broad authority to adopt rules, manage finances, enforce compliance, conduct meetings, and operate through an executive committee, while remaining transparent through public meetings and reports. It is funded through assessments and fees, and its members and agents are granted immunity, defense, and indemnification for actions taken within their official duties. The members and agents shall have no greater liability than a state employee would have under the same or similar circumstances.

Sec. 8 of the Compact, Data System: The Commission will maintain a shared data system containing licensure, adverse action, and significant investigative information to support public protection and compact administration. Member states must submit required, non-criminal data and monitor the system, with sensitive investigative information shared only among states and expunged records removed as required by law.

Sec. 9 of the Compact, Rulemaking: The Commission may adopt binding rules to administer the compact, following a public, transparent rulemaking process that includes notice, hearings, and opportunity for comment. Rules have the force of law in member states but may be rejected by a majority of state legislatures, and emergency rules may be adopted when necessary to protect public health or safety.

Sec. 10 of the Compact; Oversight, Dispute Resolution, Enforcement: The executive and judicial branches of each member state must enforce the compact, while the Commission has exclusive venue for legal proceedings and standing to intervene. The Commission can provide technical assistance, declare a state in default, and, if uncorrected, terminate a state's membership, though the state remains liable for obligations incurred. The Commission also handles dispute resolution among states and can initiate or face legal action to enforce compliance, with prevailing parties entitled to recover costs and attorney's fees.

Sec. 11 of the Compact; Effective Date, Withdrawal, Amendment: The compact becomes effective when seven states enact it and continues even if states later default, withdraw, or are terminated. New states joining later must follow existing rules and bylaws. States can withdraw with one hundred and eighty days' notice, but must still comply with reporting requirements and recognize existing licenses during that period. The compact can be amended only when all member states enact the changes into law.



Sec. 12 of the Compact; Construction and Severability: The compact and the Commission's rules are to be broadly interpreted to achieve its purposes. If any part is found unconstitutional, the rest remains effective, though the Commission may deny or terminate a state's participation if the issue materially departs from the compact.

Sec. 13 of the Compact; Consistent Effect and Conflict with Other State Laws: State laws not conflicting with the compact remain enforceable, but conflicting laws are superseded. Agreements between the Commission and member states are binding, and the compact does not affect initial licensure.

Section 7-Adopts the Athletic Trainer Compact in the form substantially as follows in this section. The term "Compact" will refer to "Athletic Trainer Compact. The compact language in Section 7 is composed of the following sections from LB 736.

Sec. 1 of the Compact, Title and Purpose: The purposes of the compact are to expand mobility of athletic training practice and improve public access to services by providing qualified licensed athletic trainers the ability to practice in other member states. It creates a streamlined pathway for licensees to practice in member states, promotes cooperation among states, reduces administrative burdens, supports relocating military families, allows for telehealth, supports the uniformity of licensure throughout the States, and increases workforce mobility to address shortages.

Sec. 2 of the Compact, Definitions: Definitions are provided for Active Military Member, Adverse Action, Alternative Program, Athletic Training, Charter Member States, Commission, Commissioner, Athletic Trainer Compact, BOC (Board of Certification), CAATE (Commission on Accreditation of Athletic Training Education), Compact Privilege, Compact Qualifying License, Criminal Background Check, Continuing Competence, Data System, Domicile, Encumbered License, Executive Committee, Home State, Home State License, Investigative Information, Jurisprudence Requirement, Licensee, Member State, Model Compact, Remote State, Rule, Scope of Practice, Single State License, State, and Unencumbered License.

Sec. 3 of the Compact, State Participation in this Compact: In order to participate in this compact, member states shall enact a compact substantially consistent with the model compact, license athletic trainers, participate in the Commission's data system, and maintain a process to receive and investigate complaints. Also, the member states shall report adverse actions to the Commission, report significant investigative information to the Commission, comply with Commission rules, grant compact privileges to licensees, allow individuals with a compact qualifying license to continue to apply for a member state's single-state license, conduct criminal background checks for new licensees, and may charge fees for granting or renewing compact privileges.

Sec. 4 of the Compact, Compact Privilege: To be eligible for a compact privilege, the licensee is required to complete a criminal background check, satisfy certification or educational requirements, and meet continuing competency requirements. Also, the licensee shall have no adverse license action within the past two years, hold a compact qualifying license, notify the Commission when seeking a compact privilege, pay all required state and Commission fees, and meet any remote state jurisprudence requirements. In addition, the licensee shall report adverse actions from non-member states within 30 days, report domicile address and any changes within thirty days, and consent to service of process and subpoenas by mail.

Further requirements for compact privileges are provided. First, the compact privilege is valid until the expiration date of the compact qualifying license. Second, a licensed athletic trainer must follow the scope of practice of the member state. Third, a licensee engaging in the practice of athletic training in a remote state is subject to that state's regulatory authority. Fourth, all member state's disciplinary orders shall result in deactivation of the licensee's compact privilege in all member states. Lastly, requirements are provided for restoration of an encumbered license and loss of a licensee's compact privilege.



Sec. 5 of the Compact, Compact Qualifying License: A licensee may only designate one license as their compact qualifying license. Also, nothing in this Section shall require that the state of qualifying licensure be the state of primary residence, interfere with a licensee's ability to hold a single state's license in multiple states, and affect the member state's requirements of a single-state license.

Sec. 6 of the Compact, Active Military Member or Their Spouse: An active military member or their spouse shall not be required to pay a fee to the Commission for a compact privilege. If a member state chooses to charge a member state fee, it may choose to charge a reduced fee or no fee to an active military member or their spouse for a compact privilege.

Sec. 7 of the Compact, Adverse Actions: Member states retain authority to discipline licenses they issue and may act on investigative information from other states using their own procedures. Remote states may discipline a licensee's compact privilege, issue and enforce subpoenas, recover investigation costs, and participate in joint investigations, but no state may discipline a licensee or compact privilege for conduct that was lawful where and when it occurred.

Sec. 8 of the Compact, Establishment of the Athletic Trainer Licensure Compact Commission: The compact creates the athletic trainer licensure compact commission, a joint governing body made up of all member states, with one voting commissioner per state to oversee and administer the compact. The Commission has broad authority to adopt rules, manage finances, enforce compliance, conduct meetings, and operate through an executive committee, while remaining transparent through public meetings and reports. It is funded through assessments and fees, and its members and agents are granted immunity, defense, and indemnification for actions taken within their official duties. The members and agents shall have no greater liability that a state employee would have under the same or similar circumstances.

Sec. 9 of the Compact, Data System: The Commission will maintain a shared data system containing licensure, adverse action, and current significant investigative information to support public protection and compact administration. Member states must submit a uniform data set and monitor the system, with current significant investigative information shared only among states and expunged records removed as required by law.

Sec. 10 of the Compact, Rulemaking: The Commission may adopt binding rules to administer the compact, following a public, transparent rulemaking process that includes notice, hearings, and opportunity for comment. Rules have the force of law in member states but may be rejected by a majority of state legislatures, and emergency rules may be adopted when necessary to protect public health or safety.

Sec. 11 of the Compact; Oversight, Dispute Resolution, Enforcement: The executive and judicial branches of each member state must enforce the compact, while the Commission has exclusive venue for legal proceedings and standing to intervene. In addition, the Commission can provide technical assistance, declare a state in default, and, if uncorrected, terminate a state's membership, though the state remains liable for obligations incurred. The Commission also handles dispute resolution among states and can initiate or face legal action to enforce compliance, with prevailing parties entitled to recover costs and attorney's fees.

Sec. 12 of the Compact; Effective Date, Withdrawal, Amendment: The compact becomes effective when seven states enact it and continues even if states later default, withdraw, or are terminated. New states joining later must follow existing rules and bylaws. States can withdraw with one hundred and eighty days' notice, but must still comply with reporting requirements and recognize existing licenses during that period. The compact can be amended only when all member states enact the changes into law.

Sec. 13 of the Compact; Construction and Severability: The compact and the Commission's rules are to be broadly interpreted to achieve its purposes. If any part is found unconstitutional, the rest remains effective, though the



Commission may deny or terminate a state's participation if the issue materially departs from the compact.

Sec. 14 of the Compact; Consistent Effect and Conflict with Other State Laws: State laws not conflicting with the compact remain enforceable, but conflicting laws are superseded. Agreements between the Commission and member states are binding, and the compact does not affect initial licensure.

Section 8-Amends Section 38-131 to add an applicant for an initial license as an athletic trainer or respiratory care practitioner to be subject to current criminal background check requirements (LB 735 and LB 736).

Section 9-Amends Section 38-404 to add a health care professional licensed under the Athletic Trainer Compact to the current definition of athletic trainer (LB 736).

Section 10-Amends Section 38-409 to add a person licensed under the Athletic Trainer Compact to current athletic trainer licensure requirements (LB 736).

Section 11-Amends Section 38-1716 which allows massage therapy to be practiced within the rules and regulations adopted and promulgated by the Department of Health and Human Services (LB 892).

Section 12-Amends Section 38-2852 by changing pharmacist examination requirements. Specifically, every applicant must attain a passing grade determined by the Board of Pharmacy. Also, the jurisprudence examination may occur at a time, before or after graduation, as determined by the accredited pharmacy program attended by the applicant (LB 887).

Section 13-Amends Section 38-2866.01 by changing provisions relating to the supervision of pharmacy technicians and pharmacy interns. Specifically, for any pharmacist supervising four pharmacy technicians, but no longer inclusive of pharmacy interns, at least one individual shall be a certified pharmacy technician (LB 887).

Section 14-Amends Section 38-2871 by changing provisions relating to the transfer of prescriptions. Specifically, prescription information may be transferred between pharmacies for refill dispensing as set forth in this section instead of on a one-time basis. Also, prescriptions for drugs and devices not listed in Section 28-405 may be transferred between pharmacies for the purpose of refill dispensing if the number of transfers does not exceed the number of originally authorized refills and the original prescription is still valid. Lastly, a prescription for a controlled substance may be transferred or forwarded as permitted by federal law and reference language relating to federal regulations is struck (LB 887).

Section 15-Amends 33-3208 by prohibiting a person from engaging in respiratory care practice unless such person is licensed pursuant to the Respiratory Care Practice Act or holds a compact privilege under the Respiratory Care Interstate Compact (LB 735).

Section 16-Amends Section 71-1908 by adding sections 19 and 20 of AM2224 to the Child Care Licensing Act (LB 891).

Section 17-Amends Section 71-1912 by changing provisions relating to child care investigations and inspections. Pursuant to 45 C.F.R. 98.43(d)(4), DHHS is required to authorize a prospective child care staff member to begin work for a child care provider after receiving qualifying results from a Federal Bureau of Investigation fingerprint check or a state criminal registry or repository check with the use of fingerprints for the state where the staff member resides. Pending completion of all background check components, the staff member shall be supervised at all times by an individual who received a qualifying result on a background check.



In addition, new language is added to allow exceptions to background checks. Pursuant to 45 C.F.R. 98.43(d)(3), a child care provider, staffing agency, or substitute child care staff pool operator shall not be required to submit a request for a national criminal history record check if they have received qualifying results from the background check within the past five years, and while employed or seeking employment in child care within the state. Also, in order to meet this exception, the Department of Health and Human Services must have provided a qualifying background check and the child care staff member or prospective child care staff member must be employed in child care within the state, or have been separated from employment in child care within the state, for a period of not more than one hundred eighty consecutive days.

Finally, documentation of eligibility for employment in child care from a national criminal history record information check shall be portable between child care providers, child staff members, prospective child care staff members, staffing agencies, and substitute child care staff pool operators (LB 891).

Section 18-Amends Section 71-1918 by adding language to the complaint tracking system which shall identify licensing violations discovered from a complaint investigation, an unannounced inspection, or a self-report investigation for licenses under the Child Care Licensing Act (LB 891).

Section 19-A new section of law that provides new language relating to volunteers in child care. Specifically, no child care program shall be prohibited from including a volunteer in the supervised staff-to-child ratio if the volunteer receives qualifying results from a federal or state background check, submits to all other background checks required under section 71-1912, and is supervised at all times by an individual who received a qualifying result on a background check. In addition, an unsupervised volunteer must meet these background check requirements but must meet staff qualifications and training requirements, and no volunteer shall be included in the staff-to-child ratio for more than ten hours per week. Lastly, the Department of Health and Human Services is required to adopt and promulgate rules and regulations in include volunteer staff who provide direct care to children and any other individual who counts in the staff-to-child ratio in the definition of staff in all licensed settings. This section terminates on December 31, 2028 (LB 891).

Section 20-A new section of law that prohibits a political subdivision from instituting residency requirements for a family child care home II. However, this section shall not be construed to prohibit a political subdivision from regulating business use relating to outside appearance, nuisances, or public health and safety (LB 891).

Section 21-Operative dates

Section 22-Repealer

Section 23-Repealer

Section 24-Repealer

Section 25-Emergency clause



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Brian Hardin, Chairperson

