

ENGROSSED LEGISLATIVE BILL 376

Introduced by Health and Human Services Committee: Hardin, 48, Chairperson;
Ballard, 21; Hansen, 16; Meyer, 17.

A BILL FOR AN ACT relating to government; to amend sections 28-3,107, 43-512.11, 43-3301, 43-3342.04, 68-130, 68-158, 68-909, 68-912, 68-1735.03, 68-1804, 69-2409.01, 71-2518, 71-4741, 81-132, 81-638, 81-642, 81-643, 81-645, 81-648, 81-649, 81-649.02, 81-664, 81-6,116, 81-1113, 83-102, 83-105, 83-4,134.01, and 83-1216.01, Reissue Revised Statutes of Nebraska, and sections 38-1130, 38-1208.01, 38-1216, 43-4706, 68-974, 68-995, 68-9,109, 68-1530, 71-509, 71-604.02, 71-2489, and 76-3507, Revised Statutes Cumulative Supplement, 2024; to change requirements for physicians performing or inducing an abortion, dental hygienists, and the paramedic practice of emergency medical care; to change and eliminate certain reporting requirements regarding licensed dental hygienists, assistance for dependent children, the License Suspension Act, the New Hire Reporting Act, the State Disbursement Unit, child-care institutions providing foster care, amino acid-based elemental formulas, the medical assistance program, program integrity contractors, at-risk managed care service delivery, the Nebraska Prenatal Plus Program, aging and disability resource centers, the family support program, self-sufficiency contracts, the ICF/DD Reimbursement Protection Fund, utilization controls, a database for firearm purchases, nursing faculty student loans, the Opioid Prevention and Treatment Act, elevated blood-lead levels in children, hearing screening tests for newborns and infants, mental health first aid, health care facilities, radon measurements, the cancer registry, cancer research expenditures, hospitals, ambulatory surgical centers, youth rehabilitation and treatment centers, juvenile facilities, and services for persons with developmental disabilities; to change and eliminate requirements relating to certain office space maintained by counties; to change provisions regarding notification of certain test results and

affidavits relating to acknowledgement of maternity; to change and eliminate powers and duties of the Board of Emergency Medical Services, the Division of Children and Family Services, the Department of Health and Human Services, the Nebraska State Patrol, and the Director of Motor Vehicles; to eliminate obsolete provisions; to harmonize provisions; to repeal the original sections; and to outright repeal sections 43-3326, 48-2307, 68-1118, 68-1518, 68-1735.02, 68-2004, 71-17,115, 71-3005, 71-8313, 81-650, 81-1139.01, and 81-3133, Reissue Revised Statutes of Nebraska.

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

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

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

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

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

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

(d) The method used for the abortion and, in the case of an abortion performed when the probable postfertilization age was determined to be consistent with the postfertilization age limits provided in section 71-6915,

whether the method of abortion used was one that, in reasonable medical judgment, provided the best opportunity for the unborn child to survive or, if such a method was not used, the basis of the determination that termination of the pregnancy in that manner would pose a greater risk either of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function of the woman than would other available methods.

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

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

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

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

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

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

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

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

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

(b) Authorization shall be granted by the department under this subsection upon (i) filing an application with the department and (ii) providing evidence of current licensure and professional liability insurance coverage. Authorization may be limited by the department as necessary to protect the

public health and safety upon good cause shown and may be renewed in connection with renewal of the licensed dental hygienist's license.

(c) A licensed dental hygienist performing dental hygiene functions as authorized under this subsection shall advise the patient or recipient of services or his or her authorized representative that such services are preventive in nature and do not constitute a comprehensive dental diagnosis and care.

(4) For purposes of this section:

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

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

Sec. 3. Section 38-1208.01, Revised Statutes Cumulative Supplement, 2024, is amended to read:

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

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

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

(1) Promote the dissemination of public information and education programs to inform the public about emergency medical service and other medical information, including appropriate methods of medical self-help, first aid, and

the availability of emergency medical services training programs in the state;

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

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

(4) Identify communication needs of emergency medical services and make recommendations for development of a communications plan for a communications network for emergency care providers and emergency medical services.

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

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

(1) The number of program participants;

(2) The number of program participants who become employed, whether such employment is full time or part time or subsidized or unsubsidized, and whether the employment was retained for at least thirty days;

(3) Supportive services provided to participants in the program;

(4) Grant reductions realized; and

(5) A cost and benefit statement for the program.

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

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

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

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

(a) Providing account information as well as addressing inquiries made by customers of the State Disbursement Unit; and

(b) Administering two statewide toll-free telephone systems, one for use by employers and one for use by all other customers, to provide responses to inquiries regarding income withholding, the collection and disbursement of support order payments made to the State Disbursement Unit, and other child support enforcement issues, including establishing a call center with sufficient telephone lines, a voice response unit, and adequate personnel available during normal business hours to ensure that responses to inquiries are made by the division's personnel or the division's designee.

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

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

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

(2) A caregiver shall use a reasonable and prudent parent standard in determining whether to give permission for a child to participate in extracurricular, enrichment, cultural, and social activities. The caregiver

shall take reasonable steps to determine the appropriateness of the activity in consideration of the child's age, maturity, and developmental level.

(3) The department shall require, as a condition of each contract entered into by a child-care institution to provide foster care, the presence onsite of at least one official who, with respect to any child placed at the child-care institution, is designated to be the caregiver who is (a) authorized to apply the reasonable and prudent parent standard to decisions involving the participation of the child in age or developmentally appropriate activities, (b) provided with training in how to use and apply the reasonable and prudent parent standard in the same manner as foster parents are provided training in section 43-4707, and (c) required to consult whenever possible with the child and staff members identified by the child in applying the reasonable and prudent parent standard.

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

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

(b) The normalcy plan shall specifically address:

(i) Efforts to address barriers to normalcy that are inherent in a child-

care institution setting;

(ii) Normalcy efforts for all children placed at the child-care institution, including, but not limited to, relationships with family, age or developmentally appropriate access to technology and technological skills, education and school stability, access to health care and information, and access to a sustainable and durable routine;

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

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

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

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

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

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

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

(c) The normalcy report shall specifically address:

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

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

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

and plans and reports from all youth rehabilitation and treatment centers pursuant to subsection (7) of this section available annually to the Nebraska Strengthening Families Act Committee, the Nebraska Children's Commission, probation, the Governor, and electronically to the Health and Human Services Committee of the Legislature, by September 30 of each year.

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

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

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

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

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

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

order stating that the amino acid-based elemental formula is medically necessary for the treatment of a disease or disorder. Up to fifty percent of the actual out-of-pocket cost, not to exceed twelve thousand dollars, for amino acid-based elemental formulas shall be available to an individual without fees each twelve-month period. The department shall distribute funds on a first-come, first-served basis. Nothing in this section is deemed to be an entitlement.

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

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

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

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

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

(2) In establishing and limiting coverage for services under the medical assistance program, the department shall consider (a) the effect of such

coverage and limitations on recipients of medical assistance and medical assistance expenditures, (b) the public policy in section 68-905, (c) the experience and outcomes of other states, (d) the nature and scope of benchmark or benchmark-equivalent health insurance coverage as recognized under federal law, and (e) other relevant factors as determined by the department.

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

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

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

Sec. 13. Section 68-974, Revised Statutes Cumulative Supplement, 2024, is

amended to read:

68-974 (1) One or more program integrity contractors may be used to promote the integrity of the medical assistance program, to assist with investigations and audits, or to investigate the occurrence of fraud, waste, or abuse. The contract or contracts may include services for (a) cost-avoidance through identification of third-party liability, (b) cost recovery of third-party liability through postpayment reimbursement, (c) casualty recovery of payments by identifying and recovering costs for claims that were the result of an accident or neglect and payable by a casualty insurer, and (d) reviews of claims submitted by providers of services or other individuals furnishing items and services for which payment has been made to determine whether providers have been underpaid or overpaid, and to take actions to recover any overpayments identified or make payment for any underpayment identified.

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

- (a) Review claims within four years from the date of the payment;
- (b) Send a determination letter concluding an audit within one hundred eighty days after receipt of all requested material from a provider;
- (c) In any records request to a provider, furnish information sufficient for the provider to identify the patient, procedure, or location;
- (d) Develop and implement with the department a procedure in which an improper payment identified by an audit may be resubmitted as a claims adjustment, including (i) the resubmission of claims denied as a result of an interpretation of scope of services not previously held by the department, (ii) the resubmission of documentation when the document provided is incomplete, illegible, or unclear, and (iii) the resubmission of documentation when clerical errors resulted in a denial of claims for services actually provided. If a service was provided and sufficiently documented but denied because it was determined by the department or the contractor that a different service should have been provided, the department or the contractor shall disallow the

difference between the payment for the service that was provided and the payment for the service that should have been provided;

(e) Utilize a licensed health care professional from the specialty area of practice being audited to establish relevant audit methodology consistent with (i) state-issued medicaid provider handbooks and (ii) established clinical practice guidelines and acceptable standards of care established by professional or specialty organizations responsible for setting such standards of care;

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

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

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

(4) The department shall exclude from the scope of review of recovery audit contractors any claim processed or paid through a capitated medicaid managed care program. The department shall exclude from the scope of review of program integrity contractors any claims that are currently being audited or that have been audited by a program integrity contractor, by the department, or by another entity. Claims processed or paid through a capitated medicaid

managed care program shall be coordinated between the department, the contractor, and the managed care organization. All such audits shall be coordinated as to scope, method, and timing. The contractor and the department shall avoid duplication or simultaneous audits. No payment shall be recovered in a medical necessity review in which the provider has obtained prior authorization for the service and the service was performed as authorized.

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

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

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

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

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

(10) Records requests made by a program integrity contractor in any one-hundred-eighty-day period shall be limited to not more than two hundred records for the specific service being reviewed. The contractor shall allow a provider no less than forty-five days to respond to and comply with a records request. If the contractor can demonstrate a significant provider error rate relative to an audit of records, the contractor may make a request to the department to initiate an additional records request regarding the subject under review for the purpose of further review and validation. The contractor shall not make the request until the time period for the appeals process has expired.

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

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

(13) Providers shall be allowed to submit records requested as a result of an audit in electronic format, including compact disc, digital versatile disc, or other electronic format deemed appropriate by the department or via facsimile transmission, at the request of the provider.

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

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

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

(15) For purposes of this section:

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

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

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

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

(e) Program integrity contractor means private entities with which the department or the federal Centers for Medicare and Medicaid Services contracts to carry out integrity responsibilities under the medical assistance program, including, but not limited to, recovery audits, integrity audits, and unified

program integrity audits, in order to identify underpayments and overpayments and recoup overpayments; and

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

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

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

(1) Provide a definition and cap on administrative spending such that (a) administrative expenditures do not include profit greater than the contracted amount, (b) any administrative spending is necessary to improve the health status of the population to be served, and (c) administrative expenditures do not include contractor incentives. Administrative spending shall not under any circumstances exceed twelve percent;

(2) Provide a definition of annual contractor profits and losses and restrict such profits and losses under the contract so that profit shall not exceed a percentage specified by the department but not more than three percent per year as a percentage of the aggregate of all income and revenue earned by the contractor and related parties, including parent and subsidiary companies and risk-bearing partners, under the contract;

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

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

(5) Provide that contractor incentives, in addition to potential profit,

be up to two percent of the aggregate of all income and revenue earned by the contractor and related parties under the contract; and

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

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

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

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

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

(2)(a) The Advisory Committee on Developmental Disabilities created in section 83-1212.01 shall assist in the development and guide the implementation of the family support program. The family support program shall be administered by the Division of Developmental Disabilities of the Department of Health and Human Services.

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

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

regulations, or guidance.

(3) The family support program shall:

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

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

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

(d) Not exceed eight hundred fifty participants.

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

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

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

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

(d) The enrollment process;

(e) Limits on benefits; and

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

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

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

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

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

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

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

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

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

68-1735.03 It is the intent of the Legislature that the Department of Health and Human Services carry out the requirements of sections 68-1735 and 68-1735.01 within the limits of its annual appropriation.

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

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

(2) Beginning July 1, 2014, the department shall use the ICF/DD Reimbursement Protection Fund, including the matching federal financial

participation under Title XIX of the Social Security Act, as amended, for purposes of enhancing rates paid under the medical assistance program to intermediate care facilities for persons with developmental disabilities and for an annual contribution to community-based programs for persons with developmental disabilities as specified in subsection (4) of this section, exclusive of the reimbursement paid under the medical assistance program and any other state appropriations to intermediate care facilities for persons with developmental disabilities.

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

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

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

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

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

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

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

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

(b) Second, payment to the intermediate care facilities for persons with

developmental disabilities for the cost of the tax;

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

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

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

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

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

regarding those persons who have had firearm-related disabilities removed pursuant to section 71-963. The mental health board shall notify the Department of Health and Human Services and the Nebraska State Patrol when such disabilities have been removed. The Department of Health and Human Services shall also maintain in the database a listing of persons committed to treatment pursuant to section 29-3702. To ensure the accuracy of the database, any information maintained or disclosed under this subsection shall be updated, corrected, modified, or removed, as appropriate, and as soon as practicable, from any database that the state or federal government maintains and makes available to the National Instant Criminal Background Check System. The procedures for furnishing the information shall guarantee that no information is released beyond what is necessary for purposes of this section.

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

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

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

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

71-509 (1) If a health care facility or alternate facility determines that

a patient treated or transported by an emergency services provider has been diagnosed or detected with an infectious airborne disease, the health care facility or alternate facility shall notify the department as soon as practical but not later than forty-eight hours after the determination has been made. The department shall investigate all notifications from health care facilities and alternate facilities and notify as soon as practical the physician medical director of each emergency medical service with an affected emergency medical care provider employed by or associated with the service, the fire chief of each fire department with an affected firefighter employed by or associated with the department, the head of each law enforcement agency with an affected peace officer employed by or associated with the agency, the funeral director of each funeral establishment with an affected individual employed by or associated with the funeral establishment, and any emergency services provider known to the department with a significant exposure who is not employed by or associated with an emergency medical service, a fire department, a law enforcement agency, or a funeral establishment. Notification of affected individuals shall be made as soon as practical.

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

(3) Upon receipt of the significant exposure form, if a patient has been diagnosed during the normal course of treatment as having an infectious disease or condition or information is received from which it may be concluded that a patient has an infectious disease or condition, the health care facility or alternate facility receiving the form shall notify the designated physician pursuant to subsection (5) of this section. If the patient has not been diagnosed as having an infectious disease or condition and upon the request of the designated physician, the health care facility or alternate facility shall

request the patient's attending physician or other responsible person to order the necessary diagnostic testing of the patient to determine the presence of an infectious disease or condition. Upon such request, the patient's attending physician or other responsible person shall order the necessary diagnostic testing subject to section 71-510. Each health care facility shall develop a policy or protocol to administer such testing and assure confidentiality of such testing.

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

(5) Notification of the patient's diagnosis of infectious disease or condition, including the results of any tests, shall be made orally to the designated physician within forty-eight hours of confirmed diagnosis. A written report shall be forwarded to the designated physician within seventy-two hours of confirmed diagnosis.

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

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

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

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

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

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

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

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

(2) During the period immediately before or after the in-hospital birth of a child whose biological mother is not the same as the birth mother, the person in charge of such hospital or such person's designated representative shall provide to the child's biological mother and birth mother the documents and written instructions for such biological mother and birth mother to complete a notarized acknowledgment of maternity. Such acknowledgment, if signed by both parties and notarized, shall be filed with the department at the same time at which the certificate of live birth is filed.

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

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

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

(6) The department shall accept completed acknowledgment forms. The department may prepare photographic, electronic, or other reproductions of

acknowledgments. Such reproductions, when certified and approved by the department, shall be accepted as the original records, and the documents from which permanent reproductions have been made may be disposed of as provided by rules and regulations of the department.

(7) The department shall enter on the birth certificate of any child described in subsection (2) of this section the name of the biological mother of the child upon receipt of an acknowledgment of maternity as provided in this section signed by the biological mother of the child and the birth mother of the child. The name of the birth mother shall not be entered on the birth certificate. If the birth mother is married, the name of the birth mother's spouse shall not be entered on the birth certificate unless paternity for such spouse is otherwise established by law.

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

(i) Sixty days after the acknowledgment; or

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

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

(9)(a) If the biological mother was married at the time of either

conception or birth or at any time between conception and birth of a child described in subsection (2) of this section, the name of the biological mother's spouse shall be entered on the certificate as the other parent of the child unless:

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

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

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

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

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

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

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

(13) The identification of the father as provided in this section shall not be deemed to affect the legitimacy of the child or the duty to support as

set forth in sections 42-377 and 43-1401 to 43-1418.

(14) The department may adopt and promulgate rules and regulations as necessary and proper to assist it in the implementation and administration of this section and to establish a nominal payment and procedure for payment for each acknowledgment filed with the department.

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

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

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

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

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

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

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

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

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

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

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

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

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

71-4741 The Department of Health and Human Services, in consultation with the State Department of Education, birthing facilities, and other providers, shall develop approved screening methods and protocol for statewide hearing screening tests of substantially all newborns and infants.

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

76-3507 On or before January 1, 2020, and on or before January 1 of each year thereafter, the department shall compile the results of the radon measurements performed in the past five years that were reported to the department pursuant to the rules and regulations adopted and promulgated by the department regarding the control of radiation. The department shall determine

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

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

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

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

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

81-638 (1) Subject to subsection (4) of this section, the Legislature shall appropriate for each year from the Health and Human Services Cash Fund to

the department an amount derived from one cent of the cigarette tax imposed by section 77-2602, less any amount appropriated from the fund specifically to the University of Nebraska Eppley Institute for Research in Cancer and Allied Diseases. The department shall, after deducting expenses incurred in the administration of such funds, distribute such funds exclusively for grants and contracts for research of cancer and smoking diseases, for funding the cancer registry prescribed in sections 81-642 to 81-649.02, and for associated expenses due to the establishment and maintenance of such cancer registry. Not more than two hundred thousand dollars shall be appropriated for funding the cancer registry and associated expenses. The University of Nebraska may receive such grants and contracts, and other postsecondary institutions having colleges of medicine located in the State of Nebraska may receive such contracts.

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

(3) Any contract between the department and another postsecondary educational institution for cancer research under subsection (2) of this section shall provide that:

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

and

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

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

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

81-642 It is the intent of the Legislature to require the establishment and maintenance of a cancer registry for the State of Nebraska. This responsibility is delegated to the Department of Health and Human Services along with the authority to exercise the necessary powers to implement sections 81-642 to 81-649.02. To insure an accurate and continuing source of data concerning cancer, all hospitals within the state shall make available to the department upon its request, at least once a year, information contained in the medical records of patients who have cancer within such time following its diagnosis as the department shall require. Any medical doctor, osteopathic physician, or dentist within the state shall make such information available to the department upon request by the department. This cancer registry should provide a central data bank of accurate, precise, and current information which medical authorities state will assist in the research for the prevention, cure, and control of cancer. The information contained in the cancer registry may be used as a source of data for scientific and medical research. Any information released from the cancer registry shall be disclosed as Class I, Class II, Class III, or Class IV data as provided in sections 81-663 to 81-675.

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

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

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

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

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

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

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

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

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

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

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

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

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

81-649 Sections 81-642 to 81-649.02 shall not be deemed to compel any individual to submit to any medical examination or supervision by the department, any of its authorized representatives, or an approved researcher. No person who seeks information or obtains registry data pursuant to such sections or sections 81-663 to 81-675 shall contact a patient on the registry or such patient's family unless the registry has first obtained the permission of such patient or patient's family. The registry shall coordinate its activities with the person desiring such contact and may authorize the person desiring such contact to perform these contacts under the direction of the registry.

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

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

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

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

(1) Aggregate data means data contained in the medical record and health

information registries maintained by the department which is compiled in a statistical format and which does not include patient-identifying data;

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

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

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

(5) Medical record and health information registry means the system of reporting certain medical conditions occurring in this state, as prescribed by law, which are reported and recorded in order to achieve the goals of prevention, cure, and control through research and education, and includes the birth defects registry established in section 71-646, the cancer registry established in sections 81-642 to 81-649.02, the brain injury registry established in the Brain Injury Registry Act, the Parkinson's Disease Registry established in the Parkinson's Disease Registry Act, and the statewide stroke data registry established in the Stroke System of Care Act;

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

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

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

81-6,116 Information reported under section 81-6,114 may be used by the department for statistical and public health planning purposes and for other public health purposes as identified by the department in rule and regulation.

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

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

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

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

(3) Shall work with each governmental department and agency in developing performance standards for each program, subprogram, and activity to measure and

evaluate present as well as projected levels of expenditures. The budget division shall also work with the Department of Health and Human Services to develop key goals, benchmarks, and methods of quantification of progress required pursuant to sections 81-3133.01 to 81-3133.03;

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

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

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

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

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

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

(6) Shall be responsible for a monthly budgetary report for each department and agency showing comparisons between actual expenditures and allotments, which report shall be subject to review by the director and budget administrator; and

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

(a) A requirement that a sufficient budget program appropriation and

salary limitation exist to fully fund all authorized positions;

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

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

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

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

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

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

(b) Health care and medical services;

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

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

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

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

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

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

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

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

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

(1) Research-based or evidence-based treatment service for behavioral impairment, severe emotional disturbance, sex offender behavior, other mental health or psychiatric disorder, drug and alcohol addiction, physical or sexual abuse, and any other treatment indicated by a juvenile's individualized treatment plan.

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

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

83-105 (1) It is the intent of the Legislature to establish a reporting system in order to provide increased accountability and oversight regarding the

treatment of juveniles in youth rehabilitation and treatment centers.

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

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

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

(c) The process for addressing such grievances; and

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

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

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

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

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

(b) If any physical or mental health clinical evaluation was performed during the time the juvenile was in room confinement for longer than one hour,

the results of such evaluation shall be considered in any decision to place a juvenile in room confinement or to continue room confinement;

(c) The juvenile facility shall submit a report quarterly to the Legislature on the juveniles placed in room confinement; the length of time each juvenile was in room confinement; the race, ethnicity, age, and gender of each juvenile placed in room confinement; facility staffing levels at the time of confinement; and the reason each juvenile was placed in room confinement. The report shall specifically address each instance of room confinement of a juvenile for more than four hours, including all reasons why attempts to return the juvenile to the general population of the juvenile facility were unsuccessful. The report shall also detail all corrective measures taken in response to noncompliance with this section. The report shall redact all personal identifying information but shall provide individual, not aggregate, data. The report shall be delivered electronically to the Legislature. The initial quarterly report shall be submitted within two weeks after the quarter ending on September 30, 2016. Subsequent reports shall be submitted for the ensuing quarters within four weeks after the end of each quarter; and

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

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

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

requirements of this section is subject to disciplinary action as provided in section 71-1940.

Sec. 40. Section 83-1216.01, Reissue Revised Statutes of Nebraska, is amended to read:

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

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

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

(d) The quality management and improvement plan shall assess, through both quantitative and qualitative means, (i) the quality of services provided to persons with developmental disabilities and their families, (ii) the ability of the services provided to meet the needs of the recipients of the services, (iii) the effect of the services to support or improve the quality of life of the recipients of the services, and (iv) the satisfaction of the recipients with the process of determination of eligibility and the process of delivery of the services. In order to develop the quality management and improvement plan, the department shall use procedures to collect data from recipients of services for persons with disabilities and their families by relying on external, independent evaluators who are not employed by the department. The quality management and improvement plan shall give significance to input gathered from recipients of services for persons with developmental disabilities and families

of such recipients and include information gathered from the department.

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

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

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

Sec. 42. The following sections are outright repealed: Sections 43-3326, 48-2307, 68-1118, 68-1518, 68-1735.02, 68-2004, 71-17,115, 71-3005, 71-8313, 81-650, 81-1139.01, and 81-3133, Reissue Revised Statutes of Nebraska.

PRESIDENT OF THE LEGISLATURE

*THIS IS TO CERTIFY that the within LB 376 was passed by the One Hundred Ninth
Legislature of Nebraska at its First Session on the day
of 20.....*

CLERK OF THE LEGISLATURE

Approved:

..... 20....., o'clockM.

GOVERNOR