HEALTH AND HUMAN SERVICES COMMITTEE OF THE NEBRASKA LEGISLATURE

Report as required by Neb. Rev. Stat. 84-948

Committee Members

Senator Brian Hardin, Chairperson, District 48

Senator John Fredrickson, Vice-Chairperson, District 20

Senator Merv Riepe, District 12

Senator Glen Meyer, District 17

Senator Dan Quick, District 35

Senator Ben Hansen, District 16

Senator Beau Ballard, District 21

Committee Staff

John Duggar, Legal Counsel

Bryson Bartels, Research Analyst

Table of Contents

Occupational Board Act……..3

Committee Findings……4

Conclusion……..9

Occupational Board Reform Act

The Legislature passed the Occupational Board Reform Act in 2018 (Neb. Rev. Stat. §§ 84-901 to 84-920) with an operative date of July 1, 2019. The act requires that:

"Beginning in 2019, each standing committee of the Legislature shall annually review and analyze approximately twenty percent of the occupational regulations within the jurisdiction of the committee and prepare and submit an annual report electronically to the Clerk of the Legislature by December 15 of each year as provided in this section. Each committee shall complete this process for all occupational regulations within its jurisdiction within five years and every five years thereafter. Each report shall include the committee's recommendations regarding whether the occupational regulations should be terminated, continued, or modified." (Neb. Rev. Stat. § 84-948)

Committee Findings

Neb. Rev. Stat. 84-948 requires the report to include the following with answers in bold:

(3) A committee's report shall include, but not be limited to, the following:

(a) The title of the regulated occupation and the name of the occupational board responsible for enforcement of the occupational regulations.

Genetic Counselor, Board of Medicine and Surgery

(b) The statutory citation or other authorization for the creation of the occupational regulations and occupational board;

Neb. Rev. Stat. 38-161, 38-3401 to 38-3425

(c) The number of members of the occupational board and how the members are appointed;

8 members of the Board of Medicine and Surgery

(d) The qualifications for membership on the occupational board;

The Board of Medicine and Surgery is made up of six professional members and two public members. The professional members shall have held and maintained an active credential and be and have been actively engaged in the practice of his or her profession for a period of five years just preceding his or her appointment and shall maintain such credential and practice while serving as a board member. Two of the six professional members of the board shall be officials or members of the instructional staff of an accredited medical school in this state. One of the six professional members of the board shall be a person who has a license to practice osteopathic medicine and surgery in this state.

(e) The number of times the occupational board is required to meet during the year and the number of times it actually met;

- **Required FY 2025-2024:**

  1

- **Held FY 2024-2023:**

  6 to 8

- **Required FY 2023-2022:**

  1

- **Held FY 2023-2022:**

  6 to 8

- **Required FY 2022-2021:**

  1

- **Held FY 2022-2021:**

  6 to 8

- **Required FY 2021-2020:**

  1

- **Held FY 2021-2020:**

  6 to 8

- **Required FY 2020-2019:**

  1

- **Held FY 2020-2019:**

  6 to 8

(f) Annual budget information for the occupational board for the five most recently completed fiscal years;

The Board of Medicine and Surgery is cash-funded from licensure fees. Funds for credentialed occupations may come from interest earned on the Professional and Occupational Credentialing Cash Fund, certification and verification of credentials, administrative fees, reinstatement fees, general funds and federal funds, fees for miscellaneous services, gifts, and grants.

The Nebraska Board of Medicine and Surgery does not operate on a standalone annual budget. As an occupational licensing board, its financial operations are integrated within the broader budget of the Nebraska Department of Health and Human Services (DHHS).

The Board's operations are cash-funded through licensing and renewal fees, with expenditures typically limited to regulatory and administrative functions. Because the Board's specific financial allocations are handled internally by DHHS and the State Budget Division, itemized reports for the Medicine and Surgery Board are not published as a standalone document.

To view specific financial data and operational expenses spanning 2020 to 2025:

- **State Expenditures: View detailed, annual agency disbursement data on the Nebraska State Spending Database.**
- **Biennial Budgets: Review state agency appropriations in the Nebraska Legislature Fiscal Division archive.**
- **Budget Requests: Search the Nebraska Budget Request and Reporting System to look up historical DHHS appropriation requests and deficits.**

(g) For the immediately preceding five calendar years, of for the period of time less than five years for which the information is practically available, the number of government certifications, occupational licenses, and registrations the occupational board has issued, revoke, denied, or assessed penalties against, listed anonymously and separately per type of credential, and the reasons for such revocations, denials, other penalties.

There is no centralized, single tally for the exact number of medical license revocations and denials over the last five years. These statistics are maintained as public records and are processed on a rolling basis by the Nebraska Department of Health and Human Services (DHHS) in conjunction with the Board of Medicine and Surgery. [1, 2]

While an aggregated 5-year total is not published in a single summary file, you can investigate and verify the status of specific practitioners or download historical disciplinary logs directly through official resources: [1]

- **Disciplinary Logs: You can download the official monthly and historical lists of all healthcare professionals who have faced negative or disciplinary actions on the Nebraska DHHS Disciplinary Actions page.**

- **Practitioner Lookup: To verify the current status or check for past revocations, surrenders, or limitations for any specific medical doctor (MD) or osteopathic physician (DO), use the Nebraska DHHS License Information System.**

(h) A review of the basic assumptions underlying the creation of the occupational regulations;

The regulations in Title 172, Chapter 92, appear to be consistent with the underlying statutory authority.

(i) A statement from the occupational board on the effectiveness of the occupational regulations

The Chair of the Board of Medicine and Surgery stated "It is extremely important for us to have the occupational oversight provided by the Board of medicine and surgery for clinicians in the state. The board has been effective at improving the safety of medical care and surgical care for patients and citizens of the state as a result of the oversight."

(j) A comparison of whether and how other states regulate the occupation;

Please see link from National Society of Genetic Counselors: https://www.nsgc.org/

As of 2026, 35 states have enacted laws requiring licensure to practice as a genetic counselor, with many actively issuing licenses. Licensure requirements typically include board certification by the American Board of Genetic Counseling and a master's degree from an accredited program. [1, 2]

Because laws are enacted at the state level, practice requirements and regulations vary across the country. In states like Nebraska, for instance, genetic counselors follow specific state-regulated guidelines for practice.

(4) Subject to subsection)5) of this section, each committee shall also analyze, and include in its report, whether the occupational regulations meet the policies stated in section 84-946 considering the following recommended courses of action for meeting such policies:

The regulations in Title 172, Chapter 92, appear to be consistent with the underlying statutory authority.

(a) If the need is to protect consumers against fraud, the likely recommendation will be to strengthen powers under the Uniform Deceptive Trade Practices Act or require disclosures that will reduce misleading attributes of the specific goods or services:

N/A

(b) If the need is to protect consumers unclean facilities or to promote general health and safety, the likely recommendation will be to require periodic inspections of such facilities;
N/A

(c) If the need is protect consumers against potential damages from failure by providers to complete a contract fully or up to standards, the likely recommendation will be to require that providers be bonded:
N/A

(d) If the need is to protect a person who is not party to a contract between the provider and consumer, the likely recommendation will be to require that the provider have insurance;
N/A

(e) If the need is to protect consumers against potential damages by transient providers, the likely recommendation will be to require that providers register their businesses with the Secretary of State;
N/A

(f) If the need is to protect consumers against a shortfall or imbalance of knowledge about the goods or services relative to the providers' knowledge, the likely recommendation will be to enact government certification; and
N/A

(g) If the need is to address a systematic information shortfall such that a reasonable consumer is unable to distinguish between the quality of providers, there is an absence of institutions that provide adequate guidance to the consumer, and the consumer's inability to distinguish between providers and the lack of adequate guidance allows for undue risk of present, significant, and substantiated harms, the likely recommendation will be to enact an occupational license.
N/A

(5) If a lawful occupation is subject to the Nebraska Regulation of Health Professions Act, the analysis under subsection (4) of this section shall be made using the least restrictive method of regulation as set out in section 71-6222.

N/A

(6) In developing recommendations under this section, the committee shall review any report issued to the Legislature pursuant to the Nebraska Regulation of Health Professions Act, if applicable, and consider any findings or recommendations of such report related to the occupational regulations under review.

N/A

(7) If the committee finds that it is necessary to change occupational regulations, the committee shall recommend the least restrictive regulation consistent with the public interest and the policies in this section and section 84-946.

NA

Conclusion

The licenses, certifications, and registrations overseen by the Board of Medicine and Surgery and DHHS are intended to protect the health, safety, and welfare of Nebraskans. As a whole, regulation of genetic counselors is appropriate and balanced and does not need modification at this time.