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Nebraska Legislature  
One-Hundredth Legislature – First Session

# Health and Human Services Committee

## Summary of Legislation 2007

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**Health and Human Services Committee  
Summaries of 2007 Bills and Resolutions**

**Legislative Bills**

1. **LB 48** (Dierks) Exempt certified registered nurse anesthetists from certain radiation-use qualifications. *Held in Committee.*

LB 48 amends the scope of practice for certified registered nurse anesthetists (CRNAs). The bill permits CRNAs to administer medication through the use of fluoroscopy. The bill exempts CRNAs from health and human services rules and regulations relating to qualification requirements for the use of X-ray radiation-generating equipment. The bill was held in committee.

2. **LB 49** (Hudkins) Adopt the Mercury Vaccine and Drug Act. *Indefinitely postponed.*

LB 49 is a reintroduction of LB 790 (2006). The bill adopts the Mercury Vaccine and Drug Act and defines terms.

On and after July 1, 2007, the bill prohibits in Nebraska the administration of any vaccine or other drug containing more than a trace amount of mercury. On and after July 1, 2009, the bill prohibits in Nebraska the administration of any vaccine or other drug containing any amount of mercury.

The bill requires informed consent before the administration of any mercury-containing vaccine or other drug. The consent form must be provided by the Department of Health and Human Services (department) and signed by the recipient of the vaccine or drug or his or her legal guardian. Contents of the consent form are prescribed

The bill permits the Director of Health and Human Services to exempt mercury-containing vaccines or other drugs from the prohibitions of the act if he or she finds, and the Governor concurs in writing, that “an actual or potential incident or public health emergency . . . makes necessary the administration of such vaccine or other drug.” Other requirements relating to such exemption are prescribed. Informed consent would still be required before the exempted vaccine or drug could be administered.

The bill requires insurers who provide coverage for early childhood immunizations to reimburse for vaccines containing no mercury or mercury-containing additives or preservatives on the same fee schedule or percentage rate as for mercury-containing vaccines.

The bill requires the department to establish procedures for the random testing of vaccines and drugs for the presence of mercury. The bill requires the department to semiannually report its findings on its web site.

The bill makes it a Class III misdemeanor to knowingly administer a vaccine or other drug in violation of the act. Violators may also be civilly liable. Persons awarded damages in civil actions arising from such violations may also receive reasonable attorney fees and court costs.

The bill has an emergency clause. The bill was indefinitely postponed.

3. **LB 52** (Howard, Dierks, Hudkins, Johnson, Nantkes, Pedersen) Create a task force to examine the prescription and administration of certain drugs to children who are wards of the state. *Indefinitely postponed.*

LB 52 is a reintroduction of LB 766 (2006). The bill requires the Health and Human Services Committee of the Legislature (committee) to form a task force to “examine state policy

regarding the prescription of psychotropic drugs for children who are wards of the state and the administration of such drugs to such children.”

The task force would review procedures for prescribing and administering prescription psychotropic drugs to state wards, recommend changes in state policy, and report to the Legislature by January 1, 2008. The task force terminates on January 1, 2008.

The task force would include no more than twelve persons, and “may include lay, professional, organizational, and governmental representatives.” Committee staff would serve as staff to the task force.

The bill has an emergency clause. The bill was indefinitely postponed.

4. **LB 53** (Howard, Aguilar, Burling, Dierks, Hudkins, Johnson, Kruse, Nantkes, Pedersen, Priester, Schimek) Prohibit smoking in certain foster care homes. *General File with committee amendments, provisions of committee amendments added to LB 292.*

LB 53 prohibits smoking in a licensed foster home that has foster children younger than thirteen years of age, or foster children thirteen years of age or older who have asthma or other chronic respiratory condition.

The bill was advanced to General File with committee amendments that replaced the bill with new subject matter. The committee amendment changed the provider tax rate for intermediate care facilities for the mentally retarded (ICF/MRs). Congress, early in 2007, but after the tenth day of the Nebraska legislative session, reduced the state maximum ICF/MR provider tax rate to 5.5%. State law currently imposes a 6% provider tax on ICF/MRs (section 68-1803). The bill, as amended, changes the provider tax rate to 5.5%, to comport with federal law.

The provisions of LB 53, as amended, were added to LB 292. LB 53 remained on General File.

5. **LB 54** (Howard) Provide qualifications for certain child protection and safety workers. *Indefinitely postponed.*

LB 54 provides that all Department of Health and Human Services child protection and safety workers, social workers, and trainees hired on and after the effective date of the bill must be certified social workers and meet the educational requirements of section 71-1,319(2) (a baccalaureate or master's degree in social work from an approved educational program). The bill was indefinitely postponed.

6. **LB 82** (Synowiecki) Change Welfare Reform Act provisions relating to family size. *General File, provisions added to LB 351.*

LB 82 is a reintroduction of LB 944 (2006). The bill removes the so-called “family cap” in the Welfare Reform Act (section 68-1724), which prohibits an increase in cash assistance for any child born into a recipient family after the first ten months of the family’s eligibility under the Aid to Dependent Children (the federal Temporary Assistance to Needy Families) program. The bill was advanced to General File. Provisions of the bill were added to LB 351. The bill remained on General File.

7. **LB 86** (Howard, Flood, Kruse, Nantkes, Priester, Schimek, Synowiecki) Change provisions of the Health Care Facility Licensure Act covering applicants for licensure. *Indefinitely postponed.*

LB 86 adds new provisions to the Health Care Facility Licensure Act. The bill requires the giving of notice by persons applying for licensure to operate a “health care facility” in a residentially zoned area. Health care facility is defined as, but not limited to, an assisted living

facility, a center or group home for the developmentally disabled, an intermediate care facility for the mentally retarded, a mental health center, a psychiatric or mental hospital, a rehabilitation hospital, or a substance abuse treatment center.

Notice must be given (1) to the Department of Health and Human Services Regulation and Licensure, and (2)(a) to any registered neighborhood association whose area is located in whole or in part within five hundred feet of the proposed facility, or (b) to the clerk of the city or village where the facility will be located if there is no neighborhood association.

Notice must be sent by registered or certified mail, with return receipt requested and postage prepaid, and must include notice of submission of the licensure application and a copy of the application. The bill was indefinitely postponed.

**8. LB 90** (Howard, Nantkes) Change the earned income disregard in the Welfare Reform Act. *Indefinitely postponed.*

LB 90 changes eligibility provisions of the Welfare Reform Act. The bill raises the “earned income disregard” in the Aid to Dependent Children (ADC) (the federal Temporary Assistance for Needy Families, or TANF) program from 20% to 50% of gross earnings. “Earned income disregard” refers to that portion of an applicant family’s total earned income that is not counted, or is “disregarded,” when determining the family’s eligibility for assistance. The bill would make more families eligible for ADC/TANF cash assistance and extend the eligibility period for those already eligible. The bill was indefinitely postponed.

**9. LB 103** (Erdman) Authorize release of patient information and change provisions relating to regional trauma advisory boards. *General File with committee amendments, provisions added to LB 185.*

LB 103 relates to patient information, emergency medical services, and regional trauma advisory boards.

The bill, as amended by the committee, changes provisions relating to the release of patient data received or recorded by an emergency medical service (EMS) or an out-of-hospital emergency care provider (emergency provider). The bill permits the release of such data “for purposes of treatment, payment, and other health care operations as defined and permitted under the federal Health Insurance Portability and Accountability Act of 1996” (HIPAA). The bill requires the release of such data to the Department of Health and Human Services Regulation and Licensure (department) for public health purposes pursuant to department rules and regulations. Current law permits the release, but doesn’t require it. The bill updates HIPAA references in state law.

The bill broadens provisions regarding the release of patient data received by the department under the Emergency Medical Services Act. Such data may be released by the department (1) to a public health authority as the term is defined in HIPAA, and (2) as protected health information, as defined in HIPAA, to (a) an EMS, (b) an emergency provider, or (c) a licensed health care facility for purposes of treatment. The record may also be shared with the EMS or emergency provider reporting the specific record.

The bill broadens provisions regarding the release of information collected for purposes of the statewide trauma registry (section 71-8249). The bill permits the release of such information (1) as aggregate data to the regional trauma system quality assurance program and the regional trauma advisory boards, (2) to a public health authority as the term is defined in HIPAA, and (3) as protected health information, as defined in HIPAA, to (a) an EMS, (b) an emergency provider, (c) a licensed health care facility (facility), or (d) a center that will treat or

has treated a specific patient. The record may also be shared with the EMS, emergency provider, facility, or center reporting the specific record.

The bill changes duties of regional trauma advisory boards in section 71-8252. Current law requires the boards to “provide data required by the department to assess the effectiveness of the statewide trauma system” (emphasis added). LB 103 strikes the current language and requires the boards to evaluate data and provide analysis of data as required by the department.

The bill was advanced to General File with committee amendments. Provisions of the bill, as amended, were added to LB 185. The bill was indefinitely postponed prior to adjournment sine die.

10. **LB 144** (McDonald, Pankonin) Adopt the Hepatitis C Education and Prevention Act. *Enacted.*

LB 144 is a reintroduction of LB 891 (2006). The bill adopts the Hepatitis C Education and Prevention Act (act). The act terminates on December 31, 2007. The bill creates the Hepatitis C Education and Prevention Task Force (task force) consisting of eighteen members as prescribed. The bill requires the appointment of task force members within thirty days of the effective date of the bill.

The bill designates the chairperson of the Health and Human Services Committee (committee) or his or her representative as chairperson of the task force and requires the committee to provide research and administrative support to the task force. For budgetary purposes, the task force is placed within the Legislative Council.

The bill provides for meetings of the task force at the call of the chairperson and authorizes reimbursement of task force members for necessary expenses. The task force is required to “develop a comprehensive strategic plan to address the increasing epidemic of hepatitis C in Nebraska” as prescribed.

The bill requires the task force to report on its activities and make recommendations for policies and potential legislation to the Governor and the Health and Human Services Committee by December 31, 2007. The bill contains an emergency clause. The bill was enacted and signed by the Governor on May 16, 2007.

11. **LB 171** (Kopplin, Howard, Nantkes, Synowiecki) Require Department of Health and Human Services to apply for food stamp options and waivers. *Select File.*

As amended by the Committee and on General File, LB 171 requires the Department of Health and Human Services (department) to “apply for and utilize to the maximum extent possible, within limits established by the Legislature, any and all appropriate options available to the state under the federal food stamp program and regulations adopted under such program to maximize the number of Nebraska residents being served under such program within such limits.”

The bill requires the department to maximize federal funding for the program, minimize the use of General Funds, and employ necessary personnel to determine available food stamp options.

The bill requires the department to submit an annual report by December 1 to the Health and Human Services Committee on its efforts to implement the bill. The report must provide the committee “with all necessary and appropriate information to enable the committee to conduct a meaningful evaluation” of the department’s efforts. Minimum contents of the report are prescribed.

The bill requires the committee to review and evaluate the report and recommend any further action necessary by the department to meet the bill's requirements. The bill was advanced to E&R Initial and placed on Select File.

12. **LB 178** (Janssen, Dubas) Create the Nebraska Women, Infants, and Children Program Advisory Board. *Indefinitely postponed.*

LB 178 creates the Nebraska Women, Infants, and Children (WIC) Program Advisory Board (board), consisting of seventeen members appointed by the Governor and approved by the Legislature as prescribed.

The board is required to meet at least twice annually to review the status of the state WIC program. The board must submit an annual report of its findings and recommendations to the Governor and the Health and Human Services Committee of the Legislature. The Nebraska Health and Human Services System is required to provide staff support to the board and to produce and distribute the annual report. The bill was indefinitely postponed.

13. **LB 185** (Health and Human Services Committee: Johnson, Erdman, Gay, Hansen, Howard, Pankonin, Stuthman,) Change provisions relating to health and human services. *Enacted, contains provisions of LB 103 and LB 385.*

LB 185 is the annual "cleanup bill" requested by the Nebraska Health and Human Services System (HHSS). The bill contains an emergency clause for portions of the bill and makes the following changes. The bill was enacted.

#### Medical Assistance Act (sections 1-3)

The bill updates a federal law reference and makes technical changes to Medicaid estate recovery and spousal impoverishment provisions.

#### Birth Legitimization Records (section 4)

The bill permits HHSS to provide a copy of the evidence upon which a legitimization record has been created to the parent of the legitimized child, or to the child, if he or she is nineteen years of age or older.

#### Advanced Practice Registered Nurses (sections 5-41, 54)

The bill contains provisions of **LB 385**. LB 385 changes provisions relating to advanced practice registered nurses (APRNs). The bill provides for the issuance of a single APRN license which would permit an APRN, upon proof of specialty certification, to practice as a (1) Nurse Practitioner, (2) Certified Registered Nurse Anesthetist, (3) Certified Nurse Midwife, or (4) Clinical Nurse Specialist.

The bill changes the term certification to licensure in several sections and revises language related to renewal of an APRN license.

The bill changes terms for members of the Board of Advanced Practice Registered Nurses from four years to five years to harmonize with provisions of LB 463 (2007). LB 463 has an operative date of December 1, 2008.

Several sections are outright repealed. The provisions of LB 385 become operative on July 1, 2007 with an emergency clause.

#### Emergency Medical Services, Regional Trauma Advisory Boards (sections 42, 46-47)

The bill contains provision of **LB 103**. LB 103 relates to patient information, emergency medical services, and regional trauma advisory boards.

The bill, as amended by the committee, changes provisions relating to the release of patient data received or recorded by an emergency medical service (EMS) or an out-of-hospital emergency care provider (emergency provider). The bill permits the release of such data “for purposes of treatment, payment, and other health care operations as defined and permitted under the federal Health Insurance Portability and Accountability Act of 1996” (HIPAA). The bill requires the release of such data to the Department of Health and Human Services Regulation and Licensure (department) for public health purposes pursuant to department rules and regulations. Current law permits the release, but doesn’t require it. The bill updates HIPAA references in state law.

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The bill changes duties of regional trauma advisory boards in section 71-8252. Current law requires the boards to “provide data required by the department to assess the effectiveness of the statewide trauma system” (emphasis added). LB 103 strikes the current language and requires the boards to evaluate data and provide analysis of data as required by the department.

The provisions of LB 103 become operative on July 1, 2007 with an emergency clause.

#### Nursing Assistants (section 43)

The bill prohibits a registered nurse (RN) or licensed practical nurse (LPN) who has had his or her license revoked, suspended, or voluntarily surrendered to act as a nursing assistant in a nursing home. A person’s registration as a nursing assistance becomes null and void on the date he or she becomes licensed as an RN or LPN. A person listed on the nursing assistant registry with a finding of conviction may appeal after one year to have the finding removed.

#### Medication Aides (sections 44, 45)

The bill prohibits a registered nurse (RN) or licensed practical nurse (LPN) who has had his or her license revoked, suspended, or voluntarily surrendered to act as a medication aide. A person’s registration as a medication aide becomes null and void on the date he or she becomes licensed as an RN or LPN. A person whose registration as a medication aide has been denied, refused renewal, or removed from the medication aide registry may reapply to register or for a lifting of a disciplinary sanction after one year from the date the registration was denied, refused renewal, or removed from the registry.

#### Cancer Registries (sections 48, 49)

The bill expands an existing reference to cancer registries located in other states to also include cancer registries located outside of the United States.

14. **LB 194** (Pahls) Change disciplinary provisions of the Uniform Licensing Law. *Held in committee.*

LB 194 changes disciplinary provisions of the Uniform Licensing Law (ULL). The bill requires the Department of Health and Human Services Regulation and Licensure (department) to notify credential holders at least thirty days in advance of public hearings on proposed rules and regulations changes.

The bill requires a unanimous vote of the relevant professional board before various disciplinary actions could be taken. The bill requires thirty day's notice before disciplinary hearings are conducted, and strikes the current ten-day notice requirement. The bill requires the director of the department to enter an order and notify the credentialed person of the order within sixty days after completion of the disciplinary hearing.

The bill requires, rather than permits, the consideration of certain factors before complaints of alleged violations are investigated. Credential holders must be notified within fourteen days that a complaint has been filed and that an investigation may be conducted. Credential holders must also be notified if the department chooses not to investigate a complaint.

The bill requires that uninvestigated complaints involving actual or potential public health and safety issues be dismissal after twelve months. The bill requires that complaints of alleged violations involving no obvious public health and safety issues be dismissal after six months. The relevant professional board may send a letter of concern to a credential holder urging corrective action when a complaint does not merit a timely investigation for lack of urgency in regard to protecting the public and the matter is dismissed.

The bill provides that recommendations by professional boards in disciplinary cases must be "based on precedent and be consistent with similar cases" and must be reasonable and fair as compared to disciplinary actions taken in other cases.

If the department and the professional board disagree on the basis for an investigation or if the board recommends additional investigation and the department disagrees, the bill requires that the matter be dismissed. Current law requires that such matters be referred to the Attorney General for review and determination.

The bill permits the relevant professional board, rather than the director, to request the Attorney General to institute civil or criminal proceedings against credential holders who have had a complaint failed against them.

The bill requires that all disciplinary hearings before the department be conducted before the director instead of a designated hearing officer. The bill was held in committee.

15. **LB 203** (Gay) Provide an informal conference process for disciplinary action regarding health care facilities. *Enacted.*

LB 203 creates an alternative dispute resolution process for health care facilities under the Health Care Facility Licensure Act. Under the bill, facilities that receive a disciplinary notice under section 71-451 may request an informal conference with a "representative peer review organization" with which the Department of Health and Human Services Regulation and Licensure (department) has contracted. Currently, noticed facilities may request an informal conference with a designated representative of the department. Fees for an informal conference with a representative peer review organization would be paid by the requesting facility.

Within twenty working days after the conclusion of an informal conference, the representative or representative peer review organization must report its conclusion whether to affirm, modify, or dismiss the notice in writing to the department.

Within ten working days after receipt, the department must consider the report and affirm, modify, or dismiss the notice. The department must also state the specific reasons for its

decision, including, if applicable, the specific reasons for not adopting the conclusion of the representative or representative peer review organization as contained in the report. The bill was enacted.

16. **LB 236** (Johnson, Hansen) Provide for and change regulation of perfusionists, optometrists, pharmacy technicians, and in-home personal service providers. *Enacted, contains provisions of LB 398, LB 399, and LB 426.*

#### Perfusion (sections 1-6, 8-19)

LB 236 contains provisions of **LB 399**. LB 399 adopts the Perfusion Practice Act (act). The bill was introduced to implement recommendations of a “407” review under the Nebraska Regulation of Health Professions Act (LB 407, 1985; Neb. Rev. Stat. §§ 71-6201 to 71-6229). The bill contains legislative findings and defines terms.

The bill requires perfusionists to be licensed and provides qualifications for licensure. The bill provides for licensure without examination and the issuance of a temporary perfusionist license. The bill creates a Perfusionist Committee under the Board of Medicine and Surgery (board), consisting of two perfusionists and one physician who has clinical experience with perfusionists. The physician member of the committee may or may not be a member of the board.

The bill requires the annual completion of continuing competency activities and provides title protection for licensed perfusionists. The bill requires the department, with the recommendation of the board, to adopt and promulgate rules and regulations to carry out the act. The bill also requires the board to adopt and publish a code of ethics for perfusionists and maintain a record of all licensed perfusionists.

#### Optometry (sections 20-28)

LB 236 contains provisions of **LB 398**. LB 398 recodifies statutes relating to the practice of optometry. The bill updates language and makes technical changes.

The bill changes provisions relating to the process of certification for the use of topical ocular pharmaceutical agents for diagnostic or therapeutic purposes. Current law requires satisfactory completion of a pharmacology course at an accredited institution recognized by the U.S. Department of Education and approved by the Department of Health and Human Services Regulation and Licensure (department), and passage of an examination approved by the department. LB 398 would provide for approval in both instances by the Board of Optometry (board). The bill also permits the board to approve an alternative certification which it deems to be “satisfactory validation” of the optometrist’s qualifications.

The bill changes provisions relating to the identification of optometrists who are certified to use topical ocular pharmaceutical agents for diagnostic or therapeutic purposes.

The bill amends provisions relating to the approval of accredited schools of optometry by the department, and provides for the board to approve such schools.

The bill changes continuing competency provisions. The bill provides an exemption from the completion of continuing competency requirements if an initial license was granted within twenty-six months immediately preceding the licensure renewal date.

The bill outright repeals sections 71-1,135.03 and 71-1,135.05.

#### Pharmacy Technicians (sections 1, 7, 29-38)

LB 236 contains provisions of **LB 426**. LB 426 adopts the Pharmacy Technician Act. The bill contains legislative findings and defines terms.

The bill requires and provides for registration of pharmacy technicians. Qualifications for registration are prescribed. The bill permits pharmacy technicians, under written control procedures and guidelines of an employing pharmacy, to “perform those functions which do not require professional judgment and which are subject to verification to assist a pharmacist in the practice of pharmacy.” Specifically authorized tasks are enumerated.

The bill provides duties for the Director of Regulation and Licensure, pharmacies employing a pharmacy technician, and pharmacists in charge of an employing pharmacy relating to the authorized duties and functions of a pharmacy technician.

Basic competence for each pharmacy technician must be assessed. Written control procedures and guidelines must be established and approved by the Board of Pharmacy (board).

The bill creates the Pharmacy Technician Registry. Pharmacy technician registration must be renewed biennially. Disciplinary measures are provided for violations of the act and for a pharmacist or pharmacist in charge responsible for supervision of a pharmacy technician. A pharmacist technician whose registration has been denied, refused renewal, removed, or suspended may reapply for registration pursuant to rules and regulations of the department.

A pharmacy technician must report “first-hand knowledge of facts giving him or her reason to believe that any person in his or her profession, or any person in another profession under the regulatory provisions of the department, may be practicing while his or her ability to practice is impaired by alcohol, controlled substances, or narcotic drugs.” Immunity is provided for such reporting except in cases of “willful, wanton, or grossly negligent” acts of commission or omission. Pharmacy technicians are exempted from the mandatory reporting provisions of section 71-168. The bill outright repeals sections 71-1,147.33 and 71-1,147.34.

#### In-Home Personal Services Workers (sections 39-44)

LB 236 adds new provisions relating to in-home personal services workers and in-home personal services agencies. The bill defines terms and provides qualifications for in-home personal services workers. Under the bill, in-home personal services agencies (agencies) may only employ qualified in-home personal services workers (workers). Agencies are required to perform or cause to be performed a criminal history record information check of each worker and a driving record check, when driving is a service provided by the worker, and to maintain documentation of such checks in its records.

Provisions relating to in-home personal services workers do not apply to the performance of health maintenance activities by designated care aides under section 71-1,132.30 or to persons who provide personal assistant services, respite care or habilitation services, or aged and disabled services.

In-home personal services workers may not perform services that require the exercise of nursing or medical judgment.

The bill amends the Health Care Facility Licensure Act (section 71-415) to clarify that an in-home personal services agency is not a “health care service” as defined in the act.

The bill amends the Medication Aide Act (section 71-6720) to clarify that the act does not apply to the provision of medication reminders or assistance to persons in the delivery of nontherapeutic topical applications by in-home personal services workers.

LB 236 contains a severability clause. The bill was enacted.

17. **LB 244** (Flood) Change provisions relating to transportation of patients in ambulances. *Held in committee.*

LB 244 is a reintroduction of LB 1058 (2006), to permit certain emergency care providers to occupy ambulances when transporting patients. Current law requires “at least one certified out-of-hospital emergency care provider” to be present when transporting patients. Under section 71-5186, the current requirement is met by a “licensed physician, registered nurse, licensed physician assistant, or licensed practical nurse.”

LB 244 would expand the current requirement to permit the presence any certified out-of-hospital emergency care provider “as classified under section 71-5178,” including first responders, emergency medical technicians, emergency medical technicians-intermediate, and emergency medical technicians-paramedic. The bill was held in committee.

18. **LB 245** (Johnson) Change provisions relating to fluoridation of drinking water. *General File with committee amendments.*

LB 245 is a reintroduction of LB 158 (2005) and LB 473 (2003). The bill requires fluoridation of the human drinking water supply of any city and village with a population of one thousand or more. The bill permits cities that do not currently fluoridate their water to prohibit such fluoridation by means of an initiative ordinance adopted by voters after the effective date of the bill and before January 1, 2009.

The bill was advanced to General File with committee amendments. The bill, as amended, would not require fluoridation in cities and villages that already have sufficient amounts of naturally occurring fluoride in their water supply. The amended bill would also permit the governing body of a city or village to place an ordinance prohibiting fluoridation on the ballot. The committee amendment also added an emergency clause to the bill. The bill remained on General File.

19. **LB 247** (Johnson) Change provisions relating to drugs, adoption, certain credentialed health professionals, child care, and health benefit coverage. *Enacted, contains provisions of LB 134, LB 369, LB 417, LB 427, LB 478, and LB 479.*

#### Pharmacy (sections 1-3, 26, 51, 54, 55)

LB 247 makes technical changes to the Uniform Controlled Substances Act and the Pharmacy Practice Act.

The bill removes the term “compounding” from the definitions of “manufacture” in the Uniform Controlled Substances Act (UCSA) and “manufacturer” in the Wholesale Drug Distributor Licensing Act to comport with definitions used by the National Association of Boards of Pharmacy.

The bill amends the UCSA to exempt certain anabolic steroids from the list of Schedule II controlled substances that are exempted by the U.S. Drug Enforcement Administration, to conform state law to federal law.

The bill adds an exception for the drug “buprenorphine” to the prohibition against prescribing certain narcotic drugs for detoxification treatment or maintenance treatment of narcotic-dependent individuals.

The bill modifies the “verbal offer to counsel” that must be given to a patient or caregiver by a pharmacist prior to the dispensing or delivering a prescription drug or device.

In provisions relating to the return of drugs to a pharmacy from a long-term care facility, the bill provides that “long-care facility” does not include an assisted-living facility as otherwise defined under state law.

The bill clarifies “drug product selection” provisions, or the manner in which a practitioner may designate that a generic or other alternative is not permitted for a particular drug or device as prescribed.

Adoption (sections 4-22, 87)

LB 247 contains provisions of **LB 478**. The bill makes various changes to adoption statutes to address issues raised in two recent Nebraska Supreme Court cases: *Bohaborj v. Rausch*, 272 Neb 394, 721 N.W.2d 655; and *In re Adoption of Jaden M.*, 272 Neb. 789, 2006 WL 3751444. The bill was originally referred to the Judiciary Committee and advanced to General File with committee amendments.

The bill as amended provides, with respect to children who are wards of the court or wards of the state at the time of an adoption placement or when an adoption petition is filed, that the prospective adoptive parents of such children are not required to be Nebraska residents.

The bill clarifies provisions relating to the filing of written consents for adoption. Such consents must be filed in the county court in which the person or persons desiring to adopt reside or in the county court in which the juvenile court with jurisdiction of the custody of the child is located.

The bill amends biological father registry (registry) provisions. The bill replaces references to a “paternity claim for notification purposes” and “notice of intent to claim paternity and obtain custody,” with a “Request for Notification of Intended Adoption” and “Notice of Objection to Adoption and Intent to Obtain Custody.” Harmonizing changes are made throughout the bill, to further clarify and formalize the process of filing and notification.

The bill provides that filing with the registry must also include “the case name, court name, and location of any Nebraska court having jurisdiction over the custody of the child.” Biological father registry provisions relating to putative fathers do not apply to adjudicated biological fathers.

The bill revises and clarifies deadlines for filing with the registry. Current law provides that a putative father must file with the registry by the later of three possible dates: (1) within five business days after the birth of the child, (2) within five business days after receiving mailed notice under section 43-104.12, or (3) within five business days after the last date of published notice under section 43-104.14. LB 478, as amended, requires filing (1) within five business days after the birth of the child or (2) if notice is provided after the birth of the child, then the earlier of (a) five business days after receipt of mailed notice or (b) five business days after the last date of published notice.

The bill provides that a putative father’s consent to a proposed adoption will not be required if a petition to adjudicate a Notice of Objection to Adoption and Intent to Obtain Custody has not been timely filed and the child’s biological mother has executed a valid relinquishment and consent to adoption within sixty days after the filing of such notice. The bill requires DNA testing to determine the paternity of a putative biological father if the mother contests the father’s claim of paternity.

The bill adds new provisions relating to jurisdiction in adoption proceedings. The bill provides that the county court of the county where the child was born or the juvenile court having jurisdiction of the custody of the child will have jurisdiction of adoption proceedings under section 43-104.05 from the earlier of the date of mailed notice provided under section 43-104.12 or the last date of published notice under section 43-104.14 until thirty days after the conclusion of adoption proceedings concerning the child, including appeals.

The bill requires the transfer of jurisdiction to the district court for further proceedings on the matters of custody, visitation, and child support if (1) the court determines the putative

father's consent to the adoption is required and he refuses such consent, or (2) the mother has not executed a valid relinquishment and consent to adoption within thirty days after the conclusion of adoption proceedings concerning the child, including appeals. The county court or juvenile court, however, may retain the case for good cause shown.

The bill revises birthmother affidavit provisions. The bill requires disclosure on the affidavit as to whether the alleged father of the child has been adjudicated to be the child's biological father.

The bill changes provisions relating to notification of an adjudicated biological father by mail or publication. Notice must inform such father of his right to object to the proposed adoption of the child in a proceeding before any court that has adjudicated him to be the child's biological father.

The bill adds new provisions relating to adjudicated biological fathers. The bill provides that adjudicated biological fathers are not subject to biological father registry provisions as applied to putative fathers. If an adjudicated biological father has been provided notice under section 43-104.12 or section 43-104.14, whichever notice is earlier, and he has not executed a valid relinquishment and consent to adoption, then the mother of the child is required to file a motion in the court with jurisdiction over the custody of the child for a hearing to determine whether his consent to the adoption is required and whether the court will give its consent to the adoption. The adjudicated birthfather must be served with notice of the motion and hearing. The court must conduct an evidentiary hearing within thirty days of service on the adjudicated biological father to determine whether his consent to the adoption will be required and whether the court will give its consent to the adoption.

The bill amends section 43-104.22 relating to prescribed factors for determining whether the consent of an adjudicated or putative father will be required for a proposed adoption. The bill provides that the consent of an adjudicated biological father will not be required if he has failed to object to the adoption or failed to appear at the hearing described above to determine whether his consent to the adoption will be required and whether the court will give its consent to the adoption.

The bill amends provisions related to the filing of paternity actions (section 43-1411). Current law permits the filing of a paternity action by the alleged mother or father of a child born out of wedlock within four years after the child's birth, unless "consent or relinquishment has been made pursuant to sections 43-104.08 to 43-104.24 or section 43-105 for purposes of adoption." LB 478, as amended, changes the exception to read: "(a) a valid consent or relinquishment has been made pursuant to sections 43-104.08 to 43-104.24 and [the new provisions described above relating to adjudicated biological fathers] or section 43-105 for purposes of adoption or (b) a county court or separate juvenile court has jurisdiction over the custody of the child or jurisdiction over an adoption matter with respect to the child pursuant to sections 43-101 to 43-116."

#### Mental Health Practice (sections 23, 38-49, 56)

LB 247 contains provisions of **LB 369**. The bill, as amended, was drafted to implement recommendations of a "407" review under the Nebraska Regulation of Health Professions Act (LB 407, 1985; Neb. Rev. Stat. §§ 71-6201 to 71-6229).

LB 369, as amended, creates a new licensure category of "independent mental health practice." Independent mental health practice is defined as "the provision of treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, couples, families, or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations."

Independent mental health practice includes “diagnosing major mental illness or disorder, using psychotherapy with individuals suspected of having major mental or emotional disorders, or using psychotherapy to treat the concomitants of organic illness, with or without consultation with a qualified physician or licensed psychologist.”

Independent mental health practice does not include “the practice of psychology or medicine, prescribing drugs or electroconvulsive therapy, treating physical disease, injury, or deformity, or measuring personality or intelligence for the purpose of diagnosis or treatment planning.”

To be licensed as an independent mental health practitioner (LIMHP), a person must:

(1) be a licensed mental health practitioner (LMHP) or a provisional mental health practitioner;

(2) (a) have graduated with a masters’ or doctoral degree from an educational program which is accredited, at the time of graduation or within four years after graduation, by one of three national accrediting bodies (the Council for Accreditation of Counseling and Related Educational Programs, the Commission on Accreditation for Marriage and Family Therapy Education, or the Council on Social Work Education) or from an educational program that is equivalent in didactic content and supervised clinical experience to an accredited program; or

(b) graduated from a non-accredited educational program that is not equivalent to an accredited program; and

(3) complete specific clinical experience requirements:

(a) graduates of an accredited or equivalent program must complete three thousand hours of experience in a period of two to five years, supervised by a licensed physician, a licensed psychologist, or a licensed mental health practitioner, one-half of which must be experience with clients diagnosed under the major mental illness or disorder category.

(b) graduates of a non-accredited or non-equivalent program must complete seven thousand hours of experience in a period of not less than ten years, supervised by a licensed physician, a licensed psychologist, or a licensed mental health practitioner, one-half of which must be experience with clients diagnosed under the major mental illness or disorder category.

The above experience requirements must be documented in a reasonable form and manner as prescribed by the Board of Mental Health Practice (board). Such documentation may consist of sworn statements from the applicant and his or her employers and supervisors. The board may not require the applicant to produce individual case records.

#### Dental Hygienists (sections 24-25)

LB 247 contains provisions of **LB 427**. The bill was introduced to implement recommendations of a “407” review completed under the Nebraska Regulation of Health Professions Act (LB 407, 1985; Neb. Rev. Stat. §§ 71-6201 to 71-6229).

The bill, as amended, permits the HHS Department of Regulation and Licensure (department) to authorize a dental hygienist with three thousand hours of clinical experience in four of the preceding five calendar years to perform prescribed functions within their existing scope of practice, without the authority or supervision of licensed dentist, in the conduct of public health-related services in a public health setting or in a health care or related facility.

Such activities include (1) oral prophylaxis (teeth cleaning) for healthy children who do not require antibiotic premedication; (2) pulp vitality testing; and (3) preventive measures, including the application of fluorides, sealants, and other recognized topical agents for the prevention of oral disease. Additional prophylaxis is not authorized under preventive measures permitted by the bill.

Authorization must be granted by the department upon (1) the filing of an application with the department, (2) evidence of current licensure and professional liability insurance coverage, and (3) evidence of the required clinical experience.

A licensed dental hygienist performing the above functions must (1) report authorized functions performed by him or her to the department and (2) 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.

The bill updates and modifies the dental hygienist scope of practice, and makes technical changes.

#### Audiology and Speech-Language Pathology (sections 27-37, 52-53, 57)

LB 247 contains provisions of **LB 479**. The bill was introduced to implement recommendations of a “407” review completed under the Nebraska Regulation of Health Professions Act (LB 407, 1985; Neb. Rev. Stat. §§ 71-6201 to 71-6229).

The bill updates and revises the definition of the practice of audiology and speech-language pathology. The bill changes the term “communication assistant” to “audiology and speech-language pathology assistant,” and changes the statutory qualifications and duties for such assistants.

The bill requires a masters or doctoral degree for licensure as an audiologist. The bill includes the fitting and dispensing of hearing aides within the scope of practice of audiology. The bill requires licensed audiologists who maintain or intend to maintain a practice in which hearing aides are regularly dispensed to also have a hearing aide dispensing license. In order to obtain the hearing aide dispensing license, the audiologist must show proof of his or her audiology licensure, and pay a \$25 fee. No examination would be required.

The bill clarifies that the practice of audiology or speech-language pathology does not include the practice of medical diagnosis, medical treatment, or surgery. The bill authorizes the “utilization of a speech aide or other personnel employed by a public school, educational service unit, or other private or public educational institution working under the direct supervision of a credentialed speech-language pathologist.”

#### Child Care Immunizations (section 50)

LB 247 contains provisions of **LB 417**. LB 417 relates to required immunizations for children enrolled in state-licensed child care programs. The bill adds “invasive pneumococcal disease” to the list of diseases for which proof of immunization is required.

#### Colorectal Cancer (section 86)

LB 247 contains provisions of **LB 134**. The bill provides that any individual or group health insurance policy or contract and any self-funded employee benefit plan not preempted by federal law, or any certificate delivered, issued, or renewed in Nebraska or policy, contract, or employee benefit plan delivered, issued, or renewed in Nebraska must include screening coverage for a colorectal cancer examination and laboratory tests for cancer for any nonsymptomatic covered person fifty years of age and older.

Such coverage must include a maximum of one screening fecal occult blood test annually and a flexible sigmoidoscopy every five years, a colonoscopy every ten years, or a barium enema every five to ten years, or any combination, or the most reliable, medically recognized screening test available.

Deductible or copayment provisions may be applied. The bill does not require that such coverage be extended to any other procedures.

Harmonizing Sections (sections 58-85, 90-91)

The bill makes several technical changes to harmonize with LB 463 (2007) which has an operative date of December 1, 2008.

Operative Date (section 88)

Sections 58-85, 90, and 91 become operative on December 1, 2008. The remaining sections become operative with an emergency clause. The bill was enacted.

20. **LB 250** (Synowiecki) Create a religious exemption from mandatory infant screening tests. *Indefinitely postponed.*

LB 250 relates to mandatory metabolic disease screening for infants. The bill permits the parent or guardian of an infant born in Nebraska, based on their sincerely held religious beliefs, to request and receive an exemption from such requirement upon the filing of a written objection with the Department of Health and Human Services Regulation and Licensure (department).

The parent or guardian receiving such exemption for their child would assume all liability for medical costs resulting from and directly related to their decision to request the exemption. The State of Nebraska and the department would assume no liability for such costs.

The bill provides immunity from criminal and civil liability for various persons or entities who or which report information in good faith to the department or its designee prior to the filing of a written objection and request for exemption by the parent or guardian.

The bill requires that written materials prepared by the department explaining the requirements of the mandatory metabolic disease screening program include information regarding the availability of such objection and exemption.

The bill was indefinitely postponed.

21. **LB 267** (McGill, Avery, Howard, Kruse, Nantkes, Pedersen, Preister, Schimek, Stuthman, Synowiecki) Authorize participation in the child care subsidy program and the provision of certain subsidies. *Indefinitely postponed.*

LB 267 is a reintroduction of LB 1016 (2006). The bill requires the Department of Health and Human Services to provide child care subsidies to families with incomes up to 185% of the federal poverty level. The current eligibility level is 120%. The bill was indefinitely postponed.

22. **LB 283** (Stuthman) Provide for biennial renewal of medication aide registrations. *Enacted.*

LB 283 eliminates credentialing licensure fees for medication aides, nursing assistants, and paid dining assistants. The bill also provides for biennial renewal of medication aide registrations in place of the current triennial renewal period. The bill was enacted.

23. **LB 292** (Hansen, Harms, Johnson) Authorize transfers of funds for medical assistance payments and change a tax rate for immediate care facilities. *Enacted.*

LB 292 relates to public assistance and intermediate care facilities for the mentally retarded (ICF/MRs).

The bill permits county boards to transfer county public assistance funds to the Department of Health and Human Services Finance and Support (department) to pay providers who serve Medicaid recipients or low-income uninsured persons and meet federal and state disproportionate share payment requirements (section 68-910(2)(c)). The transferred funds would be used as state match to leverage additional federal Medicaid disproportionate share payments.

The bill changes provisions of the ICF/MR Reimbursement Protection Act. Section 68-1803 currently requires each intermediate care facility for the mentally retarded (ICF/MR) to pay a tax equal to six percent (6%) of its net revenue each fiscal year. The bill reduces the tax to five and one-half percent (5.5%).

The federal Tax Relief and Health Care Act of 2006 reduced the state maximum ICF/MR provider tax rate to 5.5% beginning 1-1-08 through FY 2011. The change would conform state law to federal law. The bill was enacted.

24. **LB 296** (Johnson, Burling, Erdman, Fischer, Flood, Friend, Gay, Hansen, Howard, Hudkins, Janssen, Kruse, Loudon, Nantkes, Pankonin, Pedersen, Pirsch, Stuthman, at the request of the Governor) Reorganize the Health and Human Services System. *Enacted.*

LB 296 was introduced at the request of the Governor to reorganize the Nebraska Health and Human Services System (HHSS).

HHSS is currently composed of three separate, but interrelated, agencies – the Departments of Health and Human Services (HHS), HHS Regulation and Licensure (R&L), and HHS Finance and Support (F&S) – overseen and coordinated by a Policy Cabinet. The Policy Cabinet consists of the three department directors, the state's Chief Medical Officer, if one is appointed, and is chaired by a Policy Secretary. Members of the Policy Cabinet are appointed by the Governor and confirmed by the Legislature. The current system was proposed by Governor Ben Nelson and adopted by the Legislature in 1996 (LB 1044).

LB 296 would collapse the three existing departments into a single state agency (the Department of Health and Human Services), composed of six new divisions – the Divisions of Public Health, Medicaid and Long-Term Care, Children and Family Services, Behavioral Health, Developmental Disabilities, and Veteran's Homes – with a single chief executive officer (CEO). The Policy Cabinet and the Policy Secretary position are eliminated. New and expanded qualifications and duties for the CEO are provided.

Directors of the new divisions and the agency CEO are appointed by the Governor and approved by the Legislature. The Governor must appoint a separate Chief Medical Officer if the Director of Public Health is not a physician. The CMO must also be confirmed by the Legislature.

Current law regarding access to and security of confidential information within the system and within each department are preserved and updated.

The number of HHS employment positions not covered by sections 81-1301 to 81-1319 (the State Personnel System) is increased from seventeen to twenty-five. Currently the three separate agencies making up the system are permitted a total of twenty-four discretionary employees in addition to those already specifically exempted in section 81-1316. The new single agency would be allowed twenty-five. HHS service area administrators and the Chief Medical Officer are also added to the list of specifically exempted, or discretionary, employees.

The bill makes other technical changes to existing provisions regarding the Office of Juvenile Services and harmonizes provisions of numerous other sections of existing law. The name of the veterans Board of Inquiry and Review in sections 80-317 to 80-322 is changed to the Veterans' Home Board, and duties of the board are expanded regarding the approval of persons for admission to the state's veterans' homes.

The bill outright repeals several sections. The bill has an operative date of July 1, 2007 with an emergency clause.

25. **LB 308** (Stuthman, Burling) Adopt the Automated Medication System Act. *Held in committee.*

LB 308 adopts the Automated Medication System Act and defines terms. Defined terms include, but are not limited to: “automated distribution machine” (ADM), “automated medication system” (AMS), “coordinating pharmacy,” “pharmacist remote order entry,” “pharmacy care,” “prescription dispensing machine” (PDM), “repackaging machine” (RM), “satellite pharmacy,” and “telepharmacy.”

The bill provides that all events involving the contents of an AMS must be stored in a secure location and may be electronically recorded. An AMS may only be utilized in health care facilities licensed under the Health Care Facility Licensure Act in settings where there is an established program of pharmacy care. An AMS may be utilized in conjunction with telepharmacy. Medication vending machines and medication kiosks are prohibited.

The bill requires that medications in an ADM be stocked by a pharmacist, pharmacy technician, or pharmacist intern. The bill provides duties for pharmacists in charge with respect to an AMS and provides guidelines regarding written policies and procedures for AMS operation.

The bill permits a pharmacy or hospital to use an AMS if the pharmacy or hospital develops and maintains a policy and procedure manual that includes compliance with a quality assurance program. An ongoing quality assurance program must be developed and implemented to monitor performance of the system. The program must have written policies and procedures developed by the pharmacist in charge.

The bill requires that the stocking of all medications in a PDM or a RM be performed by a pharmacist, a pharmacy technician, or a pharmacist intern.

The bill prescribes duties for pharmacists who provide “pharmacist remote order entry” from within the United States. The bill provides for the licensure of satellite pharmacies and duties for coordinating pharmacies with respect to such pharmacies. A coordinating pharmacy may not be granted a license for more than three satellite pharmacies which are open simultaneously. The bill provides duties for pharmacists in charge of a coordinating pharmacy. The bill prescribes permissible activities for pharmacy technicians at a satellite pharmacy.

The bill permits a pharmacy to operate an ADM in a long-term care hospital, hospital, nursing facility, or skilled nursing facility and prescribes conditions for such operation.

The bill provides criminal penalties for violations the act.

The bill authorizes a pharmacist to engage in the practice of telepharmacy (section 71-1,143.03). The bill outright repeals sections 71-1,147.15 and 71-1,147.16.

The bill was held in committee.

26. **LB 326** (Flood, at the request of the Governor) Change eligibility provisions for certain types of public assistance. *Indefinitely postponed.*

LB 326 eliminates food stamp coverage for non-United-States citizens. The bill also eliminates Medicaid coverage, eligibility for financial assistance under section 43-515 (ADC), and AABD (aid to the blind and disabled) coverage for “non-United-States citizens lawfully admitted, regardless of the date entry was granted, into the United States for permanent residence.”

LB 326 has an operative date of July 1, 2007 with an emergency clause. The bill was indefinitely postponed.

27. **LB 351** (Stuthman, Erdman) Change and provide for transitional public assistance payments. *Enacted, contains provisions of LB 82.*

LB 351 changes various provisions of the Welfare Reform Act, and the Aid to Dependent Children (ADC) program in response to passage of the federal Deficit Reduction Act of 2005.

The bill provides for monthly ongoing transitional payments for five months after the family becomes ineligible for ADC payments, if the family income is at or below 185% of the federal poverty level. Such payments are intended to meet the recipient family's ongoing basic needs, including "food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses." Payments will be discontinued if, during the five-month period, (1) the family earnings exceed 185% of the federal poverty level, (2) the family members are no longer working, (3) the family ceases to be Nebraska residents, (4) there is no longer a minor child in the family household, or (5) the family again becomes eligible for ADC program.

The bill makes technical changes and deletes obsolete references. The bill makes harmonizing changes to provisions of the Medical Assistance Act (Medicaid). The bill makes the receipt of transitional medical assistance after termination of ADC eligibility contingent upon the availability of federal Medicaid funding.

The bill establishes a lifetime time limit of sixty months on the receipt of cash assistance under the Welfare Reform Act to comport with federal law, deletes references to the current two-year time limit on the receipt of such assistance, and harmonizes provisions.

The bill requires part-time participation in activities outlined in the self-sufficiency contract by an adult member of a single-parent recipient family whose youngest child is under the age of six years.

LB 351 contains provisions of **LB 82**. The bill removes the so-called "family cap" in the Welfare Reform Act (section 68-1724), which prohibits an increase in cash assistance for any child born into a recipient family after the first ten months of the family's eligibility under the Aid to Dependent Children (the federal Temporary Assistance to Needy Families) program.

LB 351 was enacted.

28. **LB 369** (Erdman) Redefine mental health practice for licensure of mental health practitioners. *General File with committee amendments, indefinitely postponed, provisions added to LB 247.*

LB 369 is a reintroduction of LB 271 (2005). The bill relates to the scope of practice of licensed mental health practitioners (LMHPs). The bill amends section 71-1,307 and deletes the following which is currently excluded from the scope of practice for LMHPs:

1. "diagnosing major mental illness or disorder except in consultation with a qualified physician or a psychologist licensed to engage in the practice of psychology as provided in section 71-1,206.14"; and

2. "using psychotherapy with individuals suspected of having major mental or emotional disorders except in consultation with a qualified physician or licensed psychologist, or using psychotherapy to treat the concomitants of organic illness except in consultation with a qualified physician or licensed psychologist."

A "407 Review" under the Nebraska Regulation of Health Professions Act (LB 407, 1985; Neb. Rev. Stat. §§ 71-6201 to 71-6229).related to the scope of practice of LMHPs was completed in December 2005.

The bill was advanced to General File with committee amendments to implement recommendations of the completed "407" review. Provisions of the bill as amended were added to LB 247. The bill was indefinitely postponed prior to adjournment sine die.

29. **LB 374** (Johnson, Erdman) Change repayment provisions for rural health education loans. *Enacted.*

LB 374 changes contract buy-out provisions for rural health student loans under the Nebraska Rural Health Systems and Professional Incentive Act (act).

Current law requires a borrower who receives a student loan under the act and (1) practices an approved specialty in Nebraska but not in a designated profession shortage area, (2) practices a specialty other than an approved specialty in Nebraska, or (3) practices outside Nebraska to repay one hundred percent of the outstanding loan principal at an annual rate of twenty-four percent simple interest from the date the loan was granted.

LB 374 requires the repayment of one hundred fifty percent of the outstanding loan principal at an annual rate of eight percent simple interest from the date of default.

The bill has an operative date of July 1, 2007 with an emergency clause. The bill was enacted.

30. **LB 385** (Johnson) Change provisions relating to advanced practice registered nurses. *General File, indefinitely postponed, provisions added to LB 185.*

LB 385 changes provisions relating to advanced practice registered nurses (APRN). The bill provides for the issuance of a single APRN license which would permit an APRN, upon proof of specialty certification, to practice as a (1) Nurse Practitioner, (2) Certified Registered Nurse Anesthetist, (3) Certified Nurse Midwife, or (4) Clinical Nurse Specialist.

The bill changes the term certification to licensure in several sections and revises language related to renewal of an APRN license.

The bill, as amended by the committee, changes terms for members of the Board of Advanced Practice Registered Nurses from four years to five years to harmonize with provisions of LB 463 (2007). LB 463 has an operative date of December 1, 2008.

Several sections are outright repealed. The bill becomes operative on July 1, 2007 with an emergency clause.

The amended bill was advanced to General File with committee amendments. Provisions of the bill as amended were added to LB 185. The bill was indefinitely postponed prior to adjournment sine die.

31. **LB 395** (Johnson, Aguilar, Hansen, Howard, Kruse, Pankonin, Preister, Schimek, Stuthman) Adopt a new Nebraska Clean Indoor Air Act. *Final Reading.*

LB 395 adopts a new Nebraska Clean Indoor Air Act, and outright repeals the current Nebraska Clean Indoor Air Act (sections 71-5701 to 71-5713). The bill provides a declaration of public policy and legislative purposes for the act. The bill authorizes the Director of Regulation and Licensure, local health departments, and state and local law enforcement to administer and enforce the act. Nothing in the act may be construed to restrict or prohibit the governing body of a county, city, or village from establishing and enforcing ordinances at least as stringent as, or more stringent than the act.

The bill contains legislative findings and defines terms.

The bill prohibits any person from smoking in a place of employment or a public place, and prohibits smoking within twenty feet outside entrances, operable windows, and ventilation systems of enclosed areas where smoking is prohibited.

The bill exempts the following areas from the act: (1) private residences, (2) guestrooms and suites, and (3) areas used as part of a research study on the health effects of smoking.

The bill provides duties for proprietors of places of employment and public places where smoking is prohibited under the act.

The bill prohibits retaliation against anyone who exercises any of their rights under the act or reports or attempts to prosecute violations of the act. The bill permits a health director or law enforcement officer to inspect a place of employment of public place at any reasonable time to determine compliance with the act.

The bill provides criminal penalties for persons who smoke in violation of the act and for proprietors who violate the act.

The bill requires the Department of Health and Human Services Regulation and Licensure to engage in a continuing program to explain and clarify the purposes and requirements of the act.

The act may not be construed to permit smoking where it is otherwise restricted by applicable law. The act must be liberally construed to effectuate its purpose. The bill contains a severability clause.

The bill was advanced to General File with committee amendments. The committee amendments (1) made technical changes to the bill; (2) removed the prohibition against smoking within twenty feet of the entrances to places of employment or public places; (3) exempted “retail tobacco outlets” from the no-smoking provisions of the bill; (4) revised the “private residence” exception to prohibit smoking in a private residence when the residence is being used as a place of employment for one or more employees who are not the occupants of the residence, or as a public place; and (5) clarified duties of a proprietor of a place of employment or public place under the act.

The bill was amended on General File and Select File. Two substantive amendments were adopted before the bill was advanced to E&R Final for engrossing: AM 585 and AM 852. AM 585 was a rewrite of the bill that made primarily technical changes. It revised definitions to clarify that private residences are exempt from the nonsmoking provisions of the bill. It retained the provision in current law that prohibits smoking in in-home day care programs when children are present, and allows the Department of Health and Human Services or a local public health department to waive provisions of the act for good cause shown, while still ensuring protection of the public health and safety. AM 585 removed language relating to inspections, and it added provisions to permit persons charged with violating the act to voluntarily participate in a smoking cessation program.

AM 852 created (1) a local “opt-out” to the state smoking ban, (2) a “grandfather” of existing nonsmoking ordinances in cities of the metropolitan class, and (3) a “preemption” of other local smoking-related ordinances or resolutions.

The “opt-out” provisions permitted the adoption of local ordinances and resolutions that are less stringent than or more stringent than the statewide ban. The “opt-out” could be accomplished in one of three ways: (1) the governing body of a city, village, or county could place the issue directly on the ballot for the voters of such city, village, or unincorporated area of such county; (2) the voters themselves could put the issue on the ballot in the city, village, or unincorporated area of the county; or (3) the governing body of the city, village, or county could adopt an ordinance or resolution, which would be subject to repeal by the voters of such city, village, or unincorporated area of such county. The “opt-out” provisions of the bill would become operative on September 1, 2007.

The “grandfather” provisions would preserve existing smoking ordinances in cities of the metropolitan class until June 1, 2009. The statewide smoking ban would become generally operative on June 1, 2008.

The “preemption” provisions of AM 852 would invalidate all other city or village ordinances to regulate smoking that were not adopted under the “opt-out” provisions of the bill.

The bill remains on Final Reading.

32. **LB 397** (Johnson) Adopt the In-Home Personal Care Services Act. *Indefinitely postponed.*

LB 397 adopts the In-home Personal Care Services Act (act). The bill provides declarations of public policy and purposes for the act and defines terms.

The bill requires the licensure of in-home personal care services agencies on or after January 1, 2008. The Department of Health and Human Services Regulation and Licensure (department) is required to adopt and promulgate rules and regulations by December 1, 2007 to establish standards for the licensure and operation of in-home personal care service agencies under the act.

The bill provides for a licensure application process, licensing fees, and the issuance of provisional licenses by the department.

The bill provides grounds upon which the department may deny an application for a license as an in-home personal care services agency. The bill permits the department to conduct investigations and inspections as it deems necessary to assess compliance with the act. A licensee under the act is required to make available to the department all books, records, policies, procedures, or any other materials requested during the course of an investigation or inspection.

An in-home personal care services agency must investigate complaints made by a client, the client's family, or the personal representative of the client. The agency must document the existence of the complaint and the resolution of the complaint.

The bill provides for the discipline of licenses by the department. Grounds for disciplinary action against a license are prescribed. Notice of an alleged violation of the act and right to a hearing must be served on the agency by the department. The agency is required to file a written plan of correction with the department within thirty days after receipt of the notice, which is subject to approval by the department.

An in-home personal care services agency may appeal decisions of the department in accordance with the Administrative Procedure Act.

A licensed in-home personal care services agency must perform or cause to be performed a criminal history record information check and driving record check of each in-home personal care services worker and maintain documentation of such checks in its records. A licensed agency is required to provide certain information to its clients.

The bill was indefinitely postponed.

33. **LB 398** (Johnson) Change provisions relating to credentialing optometrists. *General File, indefinitely postponed, provisions added to LB 236.*

LB 398 recodifies statutes relating to the practice of optometry. The bill updates language and makes technical changes.

The bill changes provisions relating to the process of certification for the use of topical ocular pharmaceutical agents for diagnostic or therapeutic purposes. Current law requires satisfactory completion of a pharmacology course at an accredited institution recognized by the U.S. Department of Education and approved by the Department of Health and Human Services Regulation and Licensure (department), and passage of an examination approved by the department. LB 398 would provide for approval in both instances by the Board of Optometry (board). The bill also permits the board to approve an alternative certification which it deems to be "satisfactory validation" of the optometrist's qualifications.

The bill changes provisions relating to the identification of optometrists who are certified to use topical ocular pharmaceutical agents for diagnostic or therapeutic purposes.

The bill amends provisions relating to the approval of accredited schools of optometry by the department, and provides for the board to approve such schools.

The bill changes continuing competency provisions. The bill provides an exemption from the completion of continuing competency requirements if an initial license was granted within twenty-six months immediately preceding the licensure renewal date.

The bill outright repeals sections 71-1,135.03 and 71-1,135.05.

The bill was advanced to General File. Provisions of the bill were added to LB 236. The bill was indefinitely postponed prior to adjournment sine die.

34. **LB 399** (Johnson) Adopt the Perfusion Practice Act. *General File with committee amendments, indefinitely postponed, provisions added to LB 236.*

LB 399 adopts the Perfusion Practice Act (act). The bill was introduced to implement recommendations of a “407” review under the Nebraska Regulation of Health Professions Act (LB 407, 1985; Neb. Rev. Stat. §§ 71-6201 to 71-6229). The bill contains legislative findings and defines terms.

The bill requires perfusionists to be licensed and provides qualifications for licensure. The bill provides for licensure without examination and the issuance of a temporary perfusionist license. The bill, as amended by the committee, creates a Perfusionist Committee under the Board of Medicine and Surgery (board), consisting of two perfusionists and one physician who has clinical experience with perfusionists. The physician member of the committee may or may not be a member of the board.

The bill requires the annual completion of continuing competency activities and provides title protection for licensed perfusionists. The bill requires the department, with the recommendation of the board, to adopt and promulgate rules and regulations to carry out the act. The bill also requires the board to adopt and publish a code of ethics for perfusionists and maintain a record of all licensed perfusionists.

The bill was advanced to General File with committee amendments. Provisions of the bill as amended were added to LB 236. The bill was indefinitely postponed prior to adjournment sine die.

35. **LB 400** (Johnson) Require an audit of Medicaid drug rebate payments. *General File with committee amendments.*

LB 400 requires the Department of Health and Human Services Finance and Support (department) to “audit Medicaid drug rebate payments owed to the state as a result of the sale of generic drugs and reference-listed drugs under Medicaid to ensure timely and accurate payments by all manufacturers.” The bill defines terms.

The bill requires drug manufacturers to cooperate with the department to accomplish the audit. The department is required to use generally accepted government accounting standards and submit an audit report to the Health and Human Services Committee by July 1, 2008.

The bill was advanced to General File with committee amendments that replaced the bill as introduced. The committee amendment required the department to audit drug rebate payments owed to the state from the sale of all prescription drugs under the Medicaid program, not only generic drugs. The amendment deleted definitions in the introduced bill. The provisions of the bill terminate on July 1, 2008.

The bill remained on General File.

36. **LB 410** (Howard) Change child welfare caseload provisions. *Indefinitely postponed.*

LB 410 prohibits the Director of Health and Human Services from exceeding workload standards recommended by national child welfare organizations in establishing caseload

standards for all public child welfare services supervised by the Department of Health and Human Services. The bill was indefinitely postponed.

37. **LB 411** (Howard) Require standards for training for certain new health and human services employees. *Indefinitely postponed.*

LB 411 requires the Nebraska Health and Human Services System to “ensure that training to new child protective service, foster care, and social services employees is provided by an accredited postsecondary educational institution authorized to offer graduate level social work education credit for the training hours completed by such employees.” The bill was indefinitely postponed.

38. **LB 417** (Nantkes) Include invasive pneumococcal disease as a childhood immunization requirement. *Advanced to General File with committee amendments, indefinitely postponed, provisions added to LB 247.*

LB 417 relates to required immunizations for children enrolled in state-licensed child care programs. The bill would add “invasive pneumococcal disease” to the list of diseases for which proof of immunization is required. The bill was advanced to General File with committee amendments to correct a drafting error in the repealer section of the bill. The provisions of the bill as amended were added to LB 247. The bill was indefinitely postponed prior to adjournment sine die.

39. **LB 426** (Pankonin) Adopt the Pharmacy Technician Act. *Advanced to General File with committee amendments, indefinitely postponed, provisions added to LB 236.*

LB 426 adopts the Pharmacy Technician Act. The bill contains legislative findings and defines terms.

The bill requires and provides for registration of pharmacy technicians. Qualifications for registration are prescribed. The bill permits pharmacy technicians, under written control procedures and guidelines of an employing pharmacy, to “perform those functions which do not require professional judgment and which are subject to verification to assist a pharmacist in the practice of pharmacy.” Specifically authorized tasks are enumerated.

The bill provides duties for the Director of Regulation and Licensure, pharmacies employing a pharmacy technician, and pharmacists in charge of an employing pharmacy relating to the authorized duties and functions of a pharmacy technician.

Basic competence for each pharmacy technician must be assessed. Written control procedures and guidelines must be established and approved by the Board of Pharmacy (board).

The bill creates the Pharmacy Technician Registry. Pharmacy technician registration must be renewed biennially. Disciplinary measures are provided for violations of the act and for a pharmacist or pharmacist in charge responsible for supervision of a pharmacy technician. A pharmacist technician whose registration has been denied, refused renewal, removed, or suspended may reapply for registration pursuant to rules and regulations of the department. A pharmacy technician must report “first-hand knowledge of facts giving him or her reason to believe that any person in his or her profession, or any person in another profession under the regulatory provisions of the department, may be practicing while his or her ability to practice is impaired by alcohol, controlled substances, or narcotic drugs.” Immunity is provided for such reporting except in cases of “willful, wanton, or grossly negligent” acts of commission or omission. Pharmacy technicians are exempted from the mandatory reporting provisions of section 71-168. The bill outright repeals sections 71-1,147.33 and 71-1,147.34.

The bill was advanced to General File with committee amendments. Provisions of the bill as amended were added to LB 236. The bill was indefinitely postponed prior to adjournment sine die.

40. **LB 427** (Johnson) Change authorized procedures for dental hygienists. *General File with committee amendments, indefinitely postponed, provisions added to LB 247.*

LB 427 is a reintroduction, in part, of LB 182 (2005). LB 427 revises and expands the scope of practice of dental hygienists. The bill follows the completion of a “407” review under the Nebraska Regulation of Health Professions Act (LB 407, 1985; Neb. Rev. Stat. §§ 71-6201 to 71-6229).

The bill permits dental hygienists in a public health setting, to “inspect the oral cavity; perform pulp vitality testing; and apply fluorides, sealants, and other recognized topical agents for the prevention of oral disease to children who are eligible to receive services under the Medical Assistance Act.” Public health setting is defined as “a federal or state public health facility, community clinic, or other program or agency that primarily serves public health care program recipients.”

In such settings, in the context of performing such activities, a dental hygienist (1) must provide a copy of a report of treatment to the Department of Health and Human Services Regulation and Licensure and show proof of professional liability coverage, (2) must advise the patient and legal guardian that the services are preventive in nature and do not constitute a comprehensive dental diagnosis and care, and (3) may not be a Medicaid-enrolled provider.

The bill revises and expands the scope of practice for dental hygienists in section 71-193.17 and makes technical changes. The bill requires that activities within the revised dental hygienist scope of practice be “directed” by a licensed dentist.

The bill was advanced to General File with committee amendments that replaced the bill as introduced. Provisions of the committee amendment were added to LB 247. The bill was indefinitely postponed prior to adjournment sine die.

41. **LB 445** (Stuthman) Provide qualifications and certification requirements for certain persons under the Commission for the Blind and Visually Impaired Act. *Enacted.*

LB 445 adds provisions to the Commission for the Blind and Visually Impaired Act. The bill defines terms.

The bill provides duties for certified vocational rehabilitation counselors for the blind. The bill provides for certification of vocational rehabilitation counselors for the blind by the Commission for the Blind and Visually Impaired (commission). A certified vocational rehabilitation counselor for the blind is not a mental health practitioner.

The bill provides qualifications for certified vocational rehabilitation counselors for the blind. The bill requires each certified vocational rehabilitation counselor for the blind to complete continuing competency requirements established by the executive director of the commission.

The bill includes a “grandfather provision” for the certification of persons providing vocational rehabilitation counseling for the blind prior to the operative date of the bill. The bill was enacted.

42. **LB 451** (Nantkes, Karpisek) Change provisions relating to release of patient information by a pharmacist. *Indefinitely postponed.*

LB 451 relates to the confidentiality of patient information maintained by a pharmacist. The bill prohibits a pharmacist to release the name of a patient's prescribing physician. The bill was indefinitely postponed.

43. **LB 461** (Dubas, Erdman, Nantkes) Provide for policies and procedures relating to foster care. *Select File.*

LB 461 relates to foster parents and foster children, The bill requires the Department of Health and Human Services (department) to extend specifically prescribed rights to foster parents with whom it directly or indirectly contracts to provide foster care services.

The bill requires the department to encourage the development of a working relationship between the foster family and the foster child's biological family. The foster family is required to cooperate with the department and act appropriately to develop a positive relationship with the foster child's biological family. The department and the foster family are required to act in the best interest of the foster child in developing and encouraging a working relationship with the child's biological family. The bill requires the department to permit respite periods during which the foster family is free from the placement of foster children in their home.

The bill was advanced to General File with committee amendments. The committee amendment replaced the bill as introduced. The amendment provided legislative intent relating to foster parents and foster children instead of "rights."

The amendment required the department to establish and implement policies and procedures for foster parents and provide a copy of such policies and procedures to each foster care licensee. The bill provided for the adoption and rules and regulations by the department. The amendment created no private right of action.

The committee amendments were adopted and the bill was advanced to Select File.

44. **LB 463** (Johnson) Adopt the Uniform Credentialing Act. *Enacted.*

LB 463 is an omnibus recodification of the Uniform Licensing Law (ULL). The bill adopts a new Uniform Credentialing Act (UCA) and includes all state-regulated health care professions and occupations under the purview of the new act. The bill reorganizes and recodifies all provisions generally applicable to all regulated professions and occupations, and separately recodifies individual practice acts. The bill deletes obsolete provisions and outright repeals numerous sections.

The bill seeks to clarify provisions relating to (1) requirements necessary to initially obtain, renew, or reinstate a credential; (2) acts and behaviors which constitute grounds for discipline against a credential; (3) processes for filing a complaint for alleged violation of the act and activities subsequent to such filing, including investigations, confidentiality, and the process for imposing disciplinary action; and (4) the types of disciplinary action that may be imposed.

The bill eliminates the requirement that the department issue multiple notices to persons who fail to renew their credential, eliminates the requirement that the department issue revocations for failure to renew credentials, and standardizes circumstances for which continuing competency requirements may be waived.

LB 463 expands the definition of unprofessional conduct to include disclosing confidential information, failure to comply with a federal, state, or municipal law pertaining to the applicable profession, and disruptive behavior. The bill eliminates "letters of concern" and clarifies provisions relating to voluntary surrender of a credential.

The bill does not change existing requirements for obtaining a credential; nor does it change the scope of practice for any regulated profession, occupation, or entity. The bill becomes operative on December 1, 2008.

The bill was enacted

45. **LB 469** (Chambers) Change funding restrictions under the Nebraska Health Care Funding Act. *Select File.*

LB 469 amends provisions of the Nebraska Health Care Funding Act (sections 71-7605 to 71-7614). The bill removes “school-based health clinics” from the list of entities or activities for which funds appropriated or distributed under the act may not be used. The bill would no longer prohibit funds under the act from being utilized by school-based health clinics. The bill was advanced to E&R Initial and placed on Select File.

46. **LB 479** (Johnson) Change provisions relating to audiologists and speech-language pathologists. *General File with committee amendments, indefinitely postponed, provisions added to LB 247.*

LB 479 changes provisions relating to audiology and speech-language pathology. The bill was introduced to implement provisions of a “407” review under the Nebraska Regulation of Health Professions Act (LB 407, 1985; Neb. Rev. Stat. §§ 71-6201 to 71-6229).

The bill updates and revises the definition of the practice of audiology and speech-language pathology. The bill changes the term “communication assistant” to “audiology and speech-language pathology assistant,” and changes the statutory qualifications and duties for such assistants.

The bill requires a masters or doctoral degree for licensure as an audiologist. The bill exempts audiologists who engage in the sale of hearing aids from statutes relating to hearing aide dispensers and fitters. The bill makes other technical and harmonizing changes and outright repeals sections 71-1,186.01, 71-1,190.01, and 71-1,192.

The bill was advanced to General File with committee amendments. Provisions of the bill as amended were added to LB 247. The bill was indefinitely postponed prior to adjournment sine die.

47. **LB 480** (Johnson) Change provisions relating to the Nebraska Health Care Funding Act. *General File.*

LB 480 is a reintroduction of LB 548 (2005) and LB 952 (2006). The bill changes provisions of the Nebraska Health Care Funding Act (sections 71-7605 to 71-7614) and outright repeals obsolete sections.

The bill amends section 71-7611 to delete obsolete provisions and require that transfers to the Nebraska Health Care Cash Fund from the Nebraska Tobacco Settlement Trust Fund and the Nebraska Medicaid Intergovernmental Trust Fund (fifty-two million dollars million annually) be offset by the amount of the unobligated balance in the Nebraska Health Care Cash Fund at the time the transfer is made. The bill also limits to fifty-two million dollars million the amount that may be appropriated or transferred from the Nebraska Health Care Cash Fund in any fiscal year.

The bill has an operative date of July 15, 2007 with an emergency clause. The bill outright repeals sections 71-7601 to 71-7604, 71-7609, 71-7610, and 71-7614.

The bill was advanced to General File.

48. **LB 481** (Johnson) Change criminal background check and examination requirements under the Uniform Licensing Law. *Enacted.*

LB 481 relates to applicants for an initial license to practice a profession which is authorized to prescribe controlled substances. Current law requires such applicants to submit to a criminal history background check (section 71-104.01). Under LB 481, an applicant for a temporary educational permit would have ninety days from the issuance of the permit to comply with the background check requirement. At the end of that period, the permit would either be suspended if the background check is not completed, or revoked if the background check reveals that the applicant is unqualified for the permit.

The bill changes provisions relating to licensure for the practice of medicine and surgery. Current law provides that applicants for licensure to practice medicine and surgery and osteopathic medicine and surgery must successfully complete all parts of the licensing examination within seven years. The bill increases the period to ten years. The amendment conforms to provisions found in LB 463 (2007), which has an operative date of December 1, 2008.

The bill was enacted.

49. **LB 482** (Johnson) Adopt the Autism Treatment Program Act.

LB 482 adopts the Autism Treatment Program Act (act). The act (1) creates the autism treatment program administered by the Center for Autism Spectrum Disorders at the University of Nebraska Medical Center and (2) requires the development of a Medicaid waiver for the provision of autism treatment.

The autism treatment program will utilize funds transferred from the Nebraska Health Care Cash Fund and matched by private funds. The bill creates the Autism Treatment Program Cash Fund.

The bill raises the amount transferred annually to the Nebraska Health Care Cash Fund from fifty-two million dollars to fifty-five million dollars (sec. 71-7611). The bill transfers one million dollars annually for five years from the Nebraska Health Care Cash Fund for the autism treatment program. Transfers to the Autism Treatment Program Cash Fund are contingent upon the receipt of private funds in the amount of one dollar of private funds for every two dollars transferred from the Nebraska Health Care Cash Fund. Transfers from the Nebraska Health Care Cash Fund must be used as state match for the Medicaid waiver required under the bill.

Transfers from the Nebraska Health Care Cash Fund will be distributed (1) first to the Department of Health and Human Services (department) for costs related to application and implementation of the Medicaid waiver; (b) second, to the department for other medical costs for children who would not otherwise qualify for Medicaid except for the waiver; and (c) third, the balance to the Autism Treatment Program Cash Fund.

The bill requires the Department of Health and Human Services (department) to apply for a Medicaid waiver or an amendment to an existing Medicaid waiver for the purpose of providing medical assistance for intensive early intervention services based on behavioral principles for children with autism spectrum disorders.

The bill provides legislative intent that the waiver or amendment “(a) require means testing for and cost sharing by recipient families, (b) limit eligibility only to children for whom such services have been initiated prior to the age of four years; (c) limit the number of children served according to available funding, (d) require demonstrated progress toward the attainment of treatment goals as a condition for the continued receipt of medical assistance benefits for such treatment; (e) be developed in consultation with the Health and Human Services Committee of the Legislature and the federal Centers for Medicare and Medicaid Services and with the input of

parents and families of children with autism spectrum disorders and organizations advocating on behalf of such persons; and (f) submitted to the federal Centers for Medicare and Medicaid Services as soon as it is reasonably possible, but no later than July 1, 2008.”

The bill has an operative date of July 1, 2007 with an emergency clause. The bill was enacted.

50. **LB 513** (Fulton) Provide billing requirements for anatomic pathology services. *Held in committee.*

LB 513 relates to billing and payment for anatomic pathology services. The bill provides that a claim, bill, or demand for payment for anatomic pathology services may only be presented to (1) the patient; (2) the responsible insurer or other third-party payor; (3) the hospital, public health clinic, or nonprofit health clinic ordering the services; (4) the referring laboratory, other than a laboratory of a physician’s office or group practice that does not perform the professional component of the anatomic pathology service for which the claim, bill, or demand is presented; or (5) governmental agencies or their specified public or private agent, agency, or organization on behalf of the recipient of the services.

A referring laboratory may bill for anatomic pathology services when a sample or samples must be sent to another specialist. The referring laboratory, however, may not be a laboratory of a physician’s office or group practice that does not perform the professional component of the anatomic pathology service involved.

In order for a licensed practitioner to charge, bill, or otherwise solicit payment for anatomic pathology services, the services must be rendered personally by the licensed practitioner or under the licensed practitioner’s direct supervision in accordance with applicable federal law.

Reimbursement may not be required for charges or claims submitted in violation of the bill. Provisions of the bill may not be construed to mandate the assignment of benefits for anatomic pathology services. Violation of the bill constitutes “unprofessional conduct” and grounds for discipline under the Uniform Licensing Law (section 71-148).

The bill was held in committee.

51. **LB 518** (Howard) Change provisions relating to the eligibility of children under the Medical Assistance Act. *Indefinitely postponed.*

LB 518 relates to Medicaid eligibility for children (section 68-915). The bill increases the period of “consecutive eligibility” for children under the Medicaid program from six months to twelve months (i.e. if a child is deemed eligible for Medicaid, his or her eligibility will be continuous for twelve months, before the next redetermination of eligibility). The bill would apply such continuous eligibility both to the initial period of eligibility and to each subsequent eligibility period. Current law permits the Department of HHS Finance and Support to redetermine eligibility on a monthly basis after an initial six-month period of continuous eligibility (see LB 8, 2002 Second Special Session). LB 518 would return the law governing continuous Medicaid eligibility for children to that which existing prior to the passage of LB 8 (2002 Second Special Session). The bill was indefinitely postponed.

52. **LB 523** (Aguilar) Adopt the Quality Home Care Act. *Indefinitely postponed.*

LB 523 adopts the Quality Home Care Act. The bill contains findings and defines terms.

The bill creates the Quality Home Care Council (council) consisting of nine members appointed by the Governor and confirmed by the Legislature as prescribed. The majority of the council (at least five members) must be Nebraska seniors or persons with disabilities who receive

or have received home care services. Members receive a per diem and necessary expenses. The council would employ an executive director and necessary staff to carry out its duties. Council staff would reside within the Department of Health and Human Services Finance and Support (department) and remain under the direction of the council. Duties for the council are prescribed.

The bill requires the council to submit a one-year budget and a three-year budget to the department. Funding for eligible activities and services of the council are from the General Fund, federal funds allocated to the department, and other funds as available. The executive director of the council must notify the council, the department, and the Legislature if the council's funding is insufficient.

The bill requires the Legislative Performance Audit Section to conduct a performance audit of the council in 2011 and every three years thereafter and submit audit results to the Legislature and the Governor. The council may adopt and promulgate rules and regulations to carry out the Quality Home Care Act.

The bill requires all home care workers employed by or under contract with the state or a political subdivision or otherwise compensated with public funds to be placed on the statewide referral registry before providing home care services.

A consumer, or consumer's surrogate on behalf of the consumer, may elect to receive home care services from home care workers who are not referred by the council and are not on the statewide referral registry. Consumers may select, hire, and supervise the work of and terminate home care workers. Consumers may file complaints regarding home care workers with the council.

The bill deems home care workers as public employees of the council solely for purposes of collective bargaining governed by the Industrial Relations Act. Provisions of the Quality Home Care Act control where they conflict with the Industrial Relations Act. The bill creates a separate statewide bargaining unit for home care workers. Home care workers do not have the right to strike. The bill requires the State of Nebraska to cooperate with the council in implementing the council's duties under the act and specifically in seeking any appropriations necessary to comply with and implement the economic terms of a collective bargaining agreement under the act.

The bill was indefinitely postponed.

**53. LB 538** (Schimek, Avery, Dierks, Friend, Howard, Preister, Wallman) Change authorized functions for dental hygienists. *Indefinitely postponed.*

LB 538 is a reintroduction, in part, of LB 182 (2005). LB 538 revises and expands the scope of practice of dental hygienists. The bill permits dental hygienists, in a public health setting or a health care facility, to perform all of the dental hygiene functions listed in section 71-193.17. Public health setting and health care facility are defined.

In such settings, in the context of performing such activities, a dental hygienist is required to (1) provide a copy of a report of treatment and show proof of professional liability coverage to the Department of Health and Human Services Regulation and Licensure and (2) advise the patient and legal guardian that the services are preventive in nature and do not constitute a comprehensive dental diagnosis and care.

The bill revises and expands the scope of practice for dental hygienists in section 71-193.17.

A similar bill was also introduced (see LB 427). The provisions of LB 427 as amended were added to LB 247. LB 538 was indefinitely postponed.

54. **LB 550** (Johnson) Provide for sale of prescription drugs to animal owners. *Held in committee.*

LB 550 adds new provisions to the Wholesale Drug Distributor Licensing Act. The bill prescribes the following conditions under which drugs labeled for veterinary use may be sold or delivered under the act:

(1) A licensed veterinarian must have issued, prior to the sale or delivery, a written prescription order for the drug “in the course of an existing, valid veterinarian-client-patient relationship;” (2) The original order must be retained on the premises of the wholesale drug distributor for two years after the date of the last transaction affecting the order; (3) The drugs, prior to distribution, may not be repackaged or dispensed by the wholesale drug distributor, and, once distributed, may not be returned to the wholesale drug distributor for resale or redistribution; (4) Unless the veterinarian specifies a shorter expiration date, a prescription order issued by the veterinarian will become void 6 months after the date of issue if the order is for a non-prescription drug or for a Schedule II, III, IV, or V controlled substance; (5) A wholesale drug distributor may not distribute larger quantities than the order authorizes; (6) The original order must be retained on the premises of the wholesale drug distributor and filed by client name and the invoices for each distribution authorized by the order must be attached to the order; and (7) A wholesale drug distributor must retain a drug distribution log. Contents of the log are prescribed.

The bill was held in committee.

55. **LB 555** (Ashford) Change provisions relating to home- and community-based services. *Indefinitely postponed.*

LB 555 relates to Medicaid home and community-based services for the elderly. The bill provides legislative intent for the Department of Health and Human Services Finance and Support (department) to apply for a Medicaid waiver and establish a pilot program to provide payments to “caregivers providing home and community-based services for persons sixty-five years of age or older with respect to whom there has been a determination that, but for the provision of such services, such persons would be likely to require the level of care provided in a skilled nursing facility or intermediate care facility the cost of which would be paid for under the Medical Assistance Program.”

The bill directs the department establish such a pilot program in one urban county and one rural county, beginning on September 1, 2007, and terminating on June 30, 2008. The Director of Finance and Support is required to report to the Legislature on the outcome of the pilot program no later than thirty days after its conclusion. The department is required to adopt and promulgate necessary rules and regulations.

The bill was indefinitely postponed.

56. **LB 577** (Kruse) Provide for reimbursement for generic prescriptions. *Indefinitely postponed.*

LB 577 directs the Department of Health and Human Services Finance and Support (department) to establish a minimum reimbursement for Medicaid pharmacy dispensing services related to multiple-source generic prescription drugs. The reimbursement must reflect pharmacies’ actual dispensing costs, at a reasonable cost, and not less than twelve dollars per prescription.

The bill requires the reimbursement rate be set at the “federal upper limit” for such drugs, if such limit has been established, and requires an annual increase in the rate tied to the Consumer Price Index for Medical Care, United States City Average.

The department may exceed the minimum mandated reimbursement level and may create additional incentives for the utilization of lower cost multiple-source generic prescription drugs.

Any increase in the reimbursement rate must be retroactive to the date of “state implementation of the average-manufacturer-price-based federal upper limit reimbursement levels mandated under the federal Deficit Reduction Act of 2005.”

The bill permits the department to use state tax revenue for a study to determine pharmacies’ actual costs to dispense multiple-source generic prescription drugs.

The bill has an emergency clause. The bill was indefinitely postponed.

**57. LB 584** (Priester) Adopt the Reduced Cigarette Ignition Propensity Act. *Held in committee.*

LB 584 adopts the Reduced Cigarette Propensity Act. The bill defines terms. The bill prohibits the sale of cigarettes in Nebraska unless the cigarette has been tested pursuant to the act. The bill does not prohibit wholesale or retail dealers from selling existing inventory of untested cigarettes on and after the effective date of the act.

The bill requires cigarette manufacturers to submit a written certification of testing with the State Fire Marshall. The bill requires a registration fee, and creates the Reduced Cigarette Ignition Propensity Fund.

Cigarettes that are certified must be marked to indicate compliance with the act. Specifications for the marking are prescribed.

Civil penalties are provided for violations of the act. The bill creates the Fire Prevention and Public Safety Fund for the receipt of such penalties collected. The State Fire Marshall may adopt rules and regulations to carry out the act. The bill provides for enforcement of the act by the State Fire Marshall and the Attorney General.

The act does not prohibit the manufacturer or sale of cigarettes that do not comply with the act if the cigarettes are or will be stamped for sale in another state or are packaged for sale outside the United States.

The act is repealed if a federal reduced cigarette ignition propensity standard that preempts the act is adopted and becomes effective. Local governmental units of the state are prohibited from enacting or enforcing any ordinance or other local law or regulation that conflicts with the act.

The act has an operative date of July 1, 2008. The bill was held in committee.

**58. LB 610** (Legislative Performance Audit Committee: Schimek, Engel, Flood, Heidemann, McDonald, Preister) Provide documentation and recordkeeping requirements for the Department of Health and Human Services regarding sex offenders. *Enacted.*

LB 610 provides requirements relating to the treatment of sex offenders under programs administered by the Department of Health and Human Services (department). The bill requires department personnel who work with sex offenders to “develop, maintain, and adhere to written policies or administrative rules and regulations governing the transfer and discharge of sex offenders treated in a program of the department.”

At a minimum, such policies or rules and regulations must contain: “(a) Specific requirements regarding treatment that sex offenders are required to meet in order to be transferred from one sex offender treatment unit to another or to be discharged from treatment; and (b) A list of the personnel of the department who are required to review and document their opinions regarding the treatment progress of each sex offender prior to his or her transfer or discharge.”

The department is required to “maintain, along with each sex offender’s permanent medical records, complete treatment records for sex offenders treated in a program of the department, including documentation of the reason behind transfer and discharge decisions.”

At a minimum, each sex offender’s records must contain: “(a) Detailed documentation that the sex offender has or has not met the requirements for transfer or discharge; and (b) Signed comments from all personnel of the department required to review the sex offender’s treatment progress prior to his or her transfer or discharge.” The bill was enacted.

59. **LB 616** (Pedersen, Johnson) Eliminate a provision relating to regional behavioral health authorities. *Indefinitely postponed.*

LB 616 amends the Nebraska Behavioral Health Services Act (act) to prohibit regional behavioral health authorities (regions) from directly providing behavioral health services under the act, except under very limited circumstances, as already outlined in current law. The act currently permits regions to provide the services they were already providing on the effective date of the act (“grandfathered” services). LB 616 would apply the current restrictions to all services, including grandfathered services.

The bill was indefinitely postponed.

60. **LB 617** (Pedersen, Johnson) Change provisions relating to children’s behavioral health. *Indefinitely postponed.*

LB 617 amends the Nebraska Behavioral Health Services Act. The bill creates (1) a coordinator of adult behavioral health services and (2) a coordinator of children’s behavioral health services within the Division of Behavioral Health Services (division).

The bill requires the division to submit a children’s behavioral health implementation plan to the Governor and the Legislature by September 1, 2007. The division is required to communicate regularly with the Health and Human Services Committee of the Legislature (committee) and the Behavioral Health Oversight Commission of the Legislature (commission) during preparation of the plan. The commission is required to review the plan and provide written recommendations to the division by November 1, 2007. The division is required to respond to the recommendations in writing to the committee and the commission by December 1, 2007. The bill was indefinitely postponed.

61. **LB 631** (Dierks) Prohibit interchange of anti-epileptic drugs. *Indefinitely postponed.*

LB 631 relates to the Nebraska Drug Product Selection Act. The bill adds new definitions for “anti-epileptic drug,” “epilepsy,” and “interchange.” The bill would prohibit a pharmacist to “interchange” an anti-epileptic drug without prior notification and the signed, informed consent of the prescribing practitioner and the patient or patient’s parent, legal guardian, or spouse. “Interchange” is defined as “the substitution of one version of an anti-epileptic drug for the anti-epileptic drug originally prescribed, including (a) a generic for the prescribed brand, (b) a brand for the prescribed generic, (c) a generic by one manufacturer for a generic by a different manufacturer, (d) a different formulation of the prescribed anti-epileptic drug, or (e) a different anti-epileptic drug.” The bill was indefinitely postponed.

62. **LB 635** (Dierks) Provide for financial compensation for caregiving family members under the Disabled Persons and Family Support Act. *Withdrawn.*

LB 635 would permit the financial compensation of caregiving family members under the Disabled Persons and Family Support Act. Families would be eligible to receive such compensation if they (1) reside in Nebraska, (2) have a family member who is disabled and is (a)

living at home or (b) residing in a state or private institutional or residential facility but could return home, (3)(a) have insufficient income to provide for the total cost of care for the disabled family member, (b) an out-of-home placement has been attempted and failed and care at home is possible, or (c) the cost of care by the family at home will be less than the cost to the state for institutional care. The caregiver must receive financial compensation at a higher rate than a salaried employee receives for similar work done at a state facility. The caregiver and his or her family would be eligible for health insurance if the caregiver is a full-time state employee. The bill was withdrawn.

63. **LB 666** (Pedersen, Johnson) Provide for eligibility for certain federal programs upon release from incarceration as prescribed. *Indefinitely postponed.*

LB 666 relates to inmates with psychiatric disabilities and their eligibility for certain federal assistance programs upon release from incarceration. The bill provides legislative findings and defines terms.

The bill requires the department to adopt and promulgate rules and regulations to ensure that inmates with psychiatric disabilities will have their Medicaid eligibility suspended rather than terminated upon their incarceration, and restored immediately upon their release from incarceration, unless the department determines that they are no longer meet eligibility criteria.

Correctional agencies are required to seek to ensure the speedy restoration of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits of inmates with psychiatric disabilities. The department is required to take certain actions to ensure that SSI or SSDI cash benefits are reinstated in the month of release.

The department is required to establish procedures for receiving Medicaid applications on behalf of incarcerated persons with psychiatric disabilities in anticipation of their release; and to expeditiously review such applications, if possible, before their release. Duties are provided for correctional agencies to ensure that incarcerated persons with psychiatric disabilities begin to receive SSI or SSDI cash benefits for which they are eligible in the month following their release.

Correctional agencies are required to enter into pre-release agreements with the federal Social Security Administration and to otherwise facilitate participation by incarcerated persons with psychiatric disabilities in federal benefit programs upon their release from incarceration. Once negotiated, each pre-release agreement must be implemented as soon as practicable. Competent staff familiar with the characteristics of successful federal program benefits applications are required to ensure that proper applications are filed and updated as needed. Such staff may be provided through contracts with local mental health agencies or providers. With the applicant's permission, a copy of each application must be provided to a family member designated by the applicant and to any mental health case manager who will work with the incarcerated person upon release. Permission to provide a copy to a parent is not required in the case of a minor under sixteen years of age.

Persons with psychiatric disabilities must be offered temporary Medicaid eligibility and temporary income support when released from incarceration while their applications for federal benefits are pending. The department is required to administer the temporary Medicaid eligibility program and administer the temporary income support program. Requirements for an inmate with psychiatric disabilities to qualify for a temporary Medicaid card upon release are prescribed. An application process is prescribed. If the applicant qualifies for a temporary Medicaid card, he or she is entitled to receive covered Medicaid services from certified Medicaid providers for a period of six months. The six-month period may be renewed at the option of the department. The state may not recover any costs from the holder of a temporary Medicaid card.

An inmate with a psychiatric disability will be qualified for temporary income support upon release from incarceration under certain conditions. An inmate with a psychiatric disability may apply for temporary income support while incarcerated or within three months after release. The department must act on the application within fourteen days of submission. Temporary income support will be paid monthly for six months in an amount equal to the basic Nebraska SSI payment. The six-month period may be renewed at the option of the department. To the extent permitted by federal law, the state may recover the temporary income support from SSI or SSDI back benefits issued by the federal Social Security Administration. The state is prohibited from recovering any payments of temporary income support from the recipient.

The bill requires correctional agencies to arrange for inmates with psychiatric disabilities to have photo identification upon their release from incarceration. The department must ensure that inmates receive a photo identification card before or immediately upon release. The photo identification card may not disclose the person's incarceration or criminal record and must list an address other than a correctional facility.

The Department of Correctional Services is responsible for the provision of mental health services for inmates with psychiatric disabilities. The Department of Health and Human Services is responsible for the provision of mental health services for persons with psychiatric disabilities in juvenile correctional facilities, jail, or juvenile detention facilities. The Department of Health and Human Services Finance and Support is responsible for the provision of the case management services. The Department of Health and Human Services Finance and Support may arrange for services to be provided through contracts with community mental health agencies or community mental health providers.

Incarcerated persons with psychiatric disabilities must have access to medically necessary mental health services, including substance abuse and crisis services. At the time of their release, they must be provided a thirty-day supply of any psychiatric medications they were taking prior to release.

Incarcerated persons with psychiatric disabilities must be given access upon release to Medicaid services. The Department of Health and Human Services Finance and Support is required to provide necessary case management services in advance of release and if possible, at least ninety days before release, to identify desired services and supports upon their return to community living. Additional case manager duties are provided.

The department is required to apply for any necessary Medicaid state plan amendments to implement the bill.

The bill was indefinitely postponed.

64. **LB 670** (Hudkins, Avery, Pedersen) Create the Council on the Management and Treatment of Sex Offenders. *Indefinitely postponed.*

LB 670 creates the Council on the Management and Treatment of Sex Offenders. The Governor is required to appoint members of the council as prescribed.

The council is required to, among other things, (1) develop standards for eligible sex offender treatment services and programs in which offenders may participate; (2) study sex offender treatment services in and related to the criminal justice and health and human services systems, recommend improvements, and evaluate the implementation of improvements; (3) study, develop, and implement minimum standards for the development and use of sex offender treatment services; (4) develop and implement a plan for statewide use of sex offender treatment services; (5) facilitate communication between agencies and providers; (6) generate strategic planning, goal-setting, and process evaluation; (7) coordinate activities related to the identification, treatment, and management of sex offenders; (8) facilitate the sharing of

information and other resources between agencies and providers, including releases signed by offenders and records of agencies and providers; (9) provide consultation and assistance in technical and procedural issues; and (10) develop a sex offender management and treatment team in each county or in a contiguous group of counties.

The bill was indefinitely postponed.

65. **LB 675** (Lathrop, Karpisek) Require disclosures by pharmaceutical manufacturing companies. *Indefinitely postponed.*

LB 675 requires disclosures by pharmaceutical manufacturing companies. The bill requires pharmaceutical manufacturing companies annually, by December 1, to disclose to the Chief Administrative Officer (CAO) of the Nebraska Health and Human Services System “the value, nature, and purpose of any gift, fee, payment, subsidy, or other economic benefit provided in connection with detailing, promotional, or other marketing activities by the company, directly or through its pharmaceutical marketers, to any physician, hospital, nursing home, pharmacist, health benefit plan administrator, or any other person in Nebraska authorized to prescribe, dispense, or purchase prescription drugs in this state.” Other details of the disclosure are prescribed. The CAO must annually report the disclosures to the Legislature and the Governor on or before April 1.

The bill requires pharmaceutical manufacturing companies to disclose to the CAO annually by October 1 the name and address of the individual responsible for meeting the company’s disclosure requirements under the bill.

The bill provides for the identification of trade secrets by the manufacturer. The CAO is required to keep manufacturer trade secrets confidential. The CAO must notify the manufacturer of any request for information identified by the manufacturer as a trade secret. The manufacturer must respond within thirty days to either consent to the release or certify in writing its reasons for claiming the information as a trade secret. The requester of the information, if aggrieved by the manufacturer’s response, may petition the district court of Lancaster County to invalidate the manufacturer’s claim.

Exemptions to the disclosure requirement are provided. The Attorney General is empowered to bring an action in the district court of Lancaster County for injunctive relief, costs, attorney’s fees, and civil penalty of no more than ten thousand dollars.

The bill was indefinitely postponed.

66. **LB 699** (Lathrop, Flood, Fulton, Howard, Karpisek, McGill, Preister) Adopt the Healthy Nebraska Rx Card Program Act. *Indefinitely postponed.*

LB 699 is a reintroduction of LB 712 (2005). The bill adopts the Healthy Nebraska Rx Card Program Act (act). The bill provides legislative findings and defines terms.

The bill requires the Chief Administrative Officer (CAO) of the Nebraska Health and Human Services System to negotiate discount prices or rebates for prescription drugs from drug manufacturers and labelers. Such manufacturers or labelers may voluntarily elect to negotiate discount prices and rebates. The bill prescribes mandatory considerations for the CAO when negotiating discount prices or rebates.

The bill requires the CAO to establish a preferred drug list for the Healthy Nebraska Rx Card Program (program). The bill provides for placement of prescription drugs on a Medicaid prior authorization list, and requires the names of manufacturers and labelers that do not enter into rebate agreements to be released to the public.

The bill requires the Department of Health and Human Services Finance and Support (department) to establish the Health Nebraska Rx Card Program as a state pharmaceutical

assistance program under applicable federal law, to provide price discounts to participants for drugs covered by a rebate agreement. The bill requires the CAO to calculate price discounts received by program participants on a quarterly basis.

The bill prescribes eligibility requirements for the program. The bill requires the department to establish simple procedures for enrolling participants and to undertake outreach efforts to raise awareness of the program and maximize enrollment.

The bill prescribes duties for participating retail pharmacies, requires the department to protect the confidentiality of program-related information, and prohibits the department from imposing transactions charges under the program.

The department must either pay wholesalers or participating retail pharmacies in advance for program discounts or reimburse such wholesalers or pharmacies weekly. The department may require wholesalers or participating retail pharmacies to separate their inventory of drugs under the program from the rest of their inventory and maintain separate records.

The bill provides for a process to resolve disputes or discrepancies in rebate amounts under the program.

The department must report the enrollment and financial status of the program and report savings from supplemental Medicaid rebates to the Clerk of the Legislature by February 1 each year.

The CAO may combine drug pricing negotiations for the program with other state programs to maximize drug rebates. The department may seek any necessary federal waivers to implement the act, and may adopt and promulgate rules and regulations to carry out the act. The CAO is required to administer the act in a manner that benefits the largest number of Nebraska residents while preventing the act from being preempted by federal law or regulation, and the department is required to conduct ongoing quality assurance activities for the program similar to those used under the Medicaid program.

Price discounts to participants in the program commence on January 1, 2008.

The bill creates the Healthy Nebraska Rx Fund, and requires the Legislature to appropriate one million dollars for FY 07-08 to carry out the act.

The department is required to seek a Medicaid waiver to establish a pharmacy discount program modeled after the Healthy Maine Prescriptions Program. If approved, the department must implement the program, after consultation with the Health and Human Services Committee of the Legislature.

The bill has an operative date of July 1, 2007, provides for severability, and contains an emergency clause.

The bill was indefinitely postponed.

### **Legislative Resolutions**

1. **LR 10** (Johnson) Urge Nebraska's congressional delegation to ensure that Congress timely reauthorizes the State Children's Health Insurance Program. *Adopted.*

LR 10 relates to federal reauthorization of the "State Children's Health Insurance Program" (SCHIP). In Nebraska, the program is called "Kid's Connection." The resolution:

1. "urges the members of Nebraska's congressional delegation to ensure that Congress timely reauthorizes the State Children Health Insurance Program (SCHIP) to assure appropriate federal funding for "Kids Connection;"

2. "urges the Governor to use his best efforts to work with the Nebraska congressional delegation to ensure that SCHIP is reauthorized in a timely manner;"

The resolution was adopted.

2. **LR 39** (Johnson, Hansen, Howard, Pankonin, Synowiecki) Urge the members of Nebraska's congressional delegation to ensure that Congress fully fund mental health and substance abuse treatment. *Adopted.*

LR 39 is a legislative resolution that “urges the members of Nebraska’s congressional delegation to ensure that Congress fully fund mental health and substance abuse treatment.” The resolution also “urges the Governor to use his best efforts to work with the Nebraska congressional delegation to ensure that this funding is restored.”

The resolution was adopted.

3. **LR 73** (Chambers) Encourage Congress to enact the "Lyme and Tick-borne Disease Prevention, Education, and Research Act of 2007." *Adopted.*

LR 73 encourages the U.S. Congress to enact the “Lyme and Tick-borne Disease, Prevention, Education, and Research Act of 2007,” which is currently pending in Congress. The resolution was adopted.

**Health and Human Services Committee**  
**2007 Bills**  
**Disposition Summary**

**Held in Committee** (7 bills)

1. LB 48 (Dierks) Exempt certified registered nurse anesthetists from certain radiation-use qualifications.
2. LB 194 (Pahls) Change disciplinary provisions of the Uniform Licensing Law.
3. LB 244 (Flood) Change provisions relating to transportation of patients in ambulances.
4. LB 308 (Stuthman, Burling) Adopt the Automated Medication System Act.
5. LB 513 (Fulton) Provide billing requirements for anatomic pathology services.
6. LB 550 (Johnson) Provide for sale of prescription drugs to animal owners.
7. LB 584 (Priester) Adopt the Reduced Cigarette Ignition Propensity Act.

**Indefinitely postponed** (25 bills)

1. LB 49 (Hudkins) Adopt the Mercury Vaccine and Drug Act.
2. LB 52 (Howard, Dierks, Hudkins, Johnson, Nantkes, Pedersen) Create a task force to examine the prescription and administration of certain drugs to children who are wards of the state.
3. LB 54 (Howard) Provide qualifications for certain child protection and safety workers.
4. LB 86 (Howard, Flood, Kruse, Nantkes, Priester, Schimek, Synowiecki) Change provisions of the Health Care Facility Licensure Act covering applicants for licensure.
5. LB 90 (Howard, Nantkes) Change the earned income disregard in the Welfare Reform Act.
6. LB 178 (Janssen, Dubas) Create the Nebraska Women, Infants, and Children Program Advisory Board.
7. LB 250 (Synowiecki) Create a religious exemption from mandatory infant screening tests.
8. LB 267 (McGill, Avery, Howard, Kruse, Nantkes, Pedersen, Preister, Schimek, Stuthman, Synowiecki) Authorize participation in the child care subsidy program and the provision of certain subsidies.
9. LB 326 (Flood, at the request of the Governor) Change eligibility provisions for certain types of public assistance.
10. LB 397 (Johnson) Adopt the In-Home Personal Care Services Act.
11. LB 410 (Howard) Change child welfare caseload provisions.

- 12. LB 411 (Howard) Require standards for training for certain new health and human services employees.
- 13. LB 451 (Nantkes, Karpisek) Change provisions relating to release of patient information by a pharmacist.
- 14. LB 518 (Howard) Change provisions relating to the eligibility of children under the Medical Assistance Act.
- 15. LB 523 (Aguilar) Adopt the Quality Home Care Act.
- 16. LB 538 (Schimek, Avery, Dierks, Friend, Howard, Preister, Wallman) Change authorized functions for dental hygienists.
- 17. LB 555 (Ashford) Change provisions relating to home- and community-based services.
- 18. LB 577 (Kruse) Provide for reimbursement for generic prescriptions.
- 19. LB 616 (Pedersen, Johnson) Eliminate a provision relating to regional behavioral health authorities.
- 20. LB 617 (Pedersen, Johnson) Change provisions relating to children's behavioral health.
- 21. LB 631 (Dierks) Prohibit interchange of anti-epileptic drugs.
- 22. LB 666 (Pedersen, Johnson) Provide for eligibility for certain federal programs upon release from incarceration as prescribed.
- 23. LB 670 (Hudkins, Avery, Pedersen) Create the Council on the Management and treatment of Sex Offenders.
- 24. LB 675 (Lathrop, Karpisek) Require disclosures by pharmaceutical manufacturing companies.
- 25. LB 699 (Lathrop, Flood, Fulton, Howard, Karpisek, McGill, Preister) Adopt the Healthy Nebraska Rx Card Program Act.

**General File (4 bills)**

- 1. LB 53 (Howard, Aguilar, Burling, Dierks, Hudkins, Johnson, Kruse, Nantkes, Pedersen, Preister, Schimek) Prohibit smoking in certain foster care homes.
- 2. LB 245 (Johnson) Change provisions relating to fluoridation of drinking water.
- 3. LB 400 (Johnson) Require an audit of Medicaid drug rebate payments.
- 4. LB 480 (Johnson) Change provisions relating to the Nebraska Health Care Funding Act.

**General File, Amended Into Other Bills (1 bill)**

- 1. LB 82 (Synowiecki) Change Welfare Reform Act provisions relating to family size.

**General File, Amended Into Other Bills, Indefinitely Postponed (9 bills)**

1. LB 103 (Erdman) Authorize release of patient information and change provisions relating to regional trauma advisory boards.
2. LB 369 (Erdman) Redefine mental health practice for licensure of mental health practitioners.
3. LB 385 (Johnson) Change provisions relating to advanced practice registered nurses.
4. LB 398 (Johnson) Change provisions relating to credentialing optometrists.
5. LB 399 (Johnson) Adopt the Perfusion Practice Act.
6. LB 417 (Nantkes) Include invasive pneumococcal disease as a childhood immunization requirement.
7. LB 426 (Pankonin) Adopt the Pharmacy Technician Act.
8. LB 427 (Johnson) Change authorized procedures for dental hygienists.
9. LB 479 (Johnson) Change provisions relating to audiologists and speech-language pathologists.

**Select File (3 bills)**

1. LB 171 (Kopplin, Howard, Nantkes, Synowiecki) Require Department of Health and Human Services to apply for food stamp options and waivers.
2. LB 461 (Dubas, Erdman, Nantkes) Provide for policies and procedures relating to foster care.
3. LB 469 (Chambers) Change funding restrictions under the Nebraska Health Care Funding Act.

**Final Reading (1 bill)**

1. LB 395 (Johnson, Aguilar, Hansen, Howard, Kruse, Pankonin, Preister, Schimek, Stuthman) Adopt a new Nebraska Clean Indoor Air Act.

**Enacted (15 bills)**

1. LB 144 (McDonald, Pankonin) Adopt the Hepatitis C Education and Prevention Act.
2. LB 185 (Health and Human Services Committee: Johnson, Erdman, Gay, Hansen, Howard, Pankonin, Stuthman,) Change provisions relating to health and human services.
3. LB 203 (Gay) Provide an informal conference process for disciplinary action regarding health care facilities.
4. LB 236 (Johnson, Hansen) Provide for and change regulation of perfusionists, optometrists, pharmacy technicians, and in-home personal service providers.

5. LB 247 (Johnson) Change provisions relating to drugs, adoption, certain credentialed health professionals, child care, and health benefit coverage.
6. LB 283 (Stuthman) Provide for biennial renewal of medication aide registrations.
7. LB 292 (Hansen, Harms, Johnson) Authorize transfers of funds for medical assistance payments and change a tax rate for immediate care facilities.
8. LB 296 (Johnson, Burling, Erdman, Fischer, Flood, Friend, Gay, Hansen, Howard, Hudkins, Janssen, Kruse, Loudon, Nantkes, Pankonin, Pedersen, Pirsch, Stuthman, at the request of the Governor) Reorganize the Health and Human Services System.
9. LB 351 (Stuthman, Erdman) Change and provide for transitional public assistance payments.
10. LB 374 (Johnson, Erdman) Change repayment provisions for rural health education loans.
11. LB 445 (Stuthman) Provide qualifications and certification requirements for certain persons under the Commission for the Blind and Visually Impaired Act.
12. LB 463 (Johnson) Adopt the Uniform Credentialing Act.
13. LB 481 (Johnson) Change criminal background check and examination requirements under the Uniform Licensing Law.
14. LB 482 (Johnson) Adopt the Autism Treatment Program Act.
15. LB 610 (Legislative Performance Audit Committee: Schimek, Engel, Flood, Heidemann, McDonald, Preister) Provide documentation and recordkeeping requirements for the Department of Health and Human Services regarding sex offenders.

**Withdrawn (1 bill)**

1. LB 635 (Dierks) Provide for financial compensation for caregiving family members under the Disabled Persons and Family Support Act.

**Resolutions adopted (3)**

1. LR 10 (Johnson) Urge Nebraska's congressional delegation to ensure that Congress timely reauthorizes the State Children's Health Insurance Program.
2. LR 39 (Johnson, Hansen, Howard, Pankonin, Synowiecki) Urge the members of Nebraska's congressional delegation to ensure that Congress fully fund mental health and substance abuse treatment.
3. LR 73 (Chambers) Encourage Congress to enact the "Lyme and Tick-borne Disease Prevention, Education, and Research Act of 2007."

**Health and Human Services Committee**  
**2007 Bills by Subject Matter**

**Behavioral Health**

- LB 610 (Legislative Performance Audit Committee: Schimek, Engel, Flood, Heidemann, McDonald, Preister) Provide documentation and recordkeeping requirements for the Department of Health and Human Services regarding sex offenders. *Enacted.*
- LB 616 (Pedersen, Johnson) Eliminate a provision relating to regional behavioral health authorities. *Indefinitely postponed.*
- LB 617 (Pedersen, Johnson) Change provisions relating to children's behavioral health. *Indefinitely postponed.*
- LB 666 (Pedersen, Johnson) Provide for eligibility for certain federal programs upon release from incarceration as prescribed. *Indefinitely postponed.*
- LB 670 (Hudkins, Avery, Pedersen) Create the Council on the Management and Treatment of Sex Offenders. *Indefinitely postponed.*

**Child Welfare**

- LB 52 (Howard, Dierks, Hudkins, Johnson, Nantkes, Pedersen) Create a task force to examine the prescription and administration of certain drugs to children who are wards of the state. *Indefinitely postponed.*
- LB 410 (Howard) Change child welfare caseload provisions. *Indefinitely postponed.*
- LB 461 (Dubas, Erdman, Nantkes) Provide for policies and procedures relating to foster care. *Select File.*

**Disabilities**

- LB 445 (Stuthman) Provide qualifications and certification requirements for certain persons under the Commission for the Blind and Visually Impaired Act. *Enacted*
- LB 635 (Dierks) Provide for financial compensation for caregiving family members under the Disabled Persons and Family Support Act. *Withdrawn.*

**Health and Human Services System**

- LB 54 (Howard) Provide qualifications for certain child protection and safety workers. *Indefinitely postponed.*
- LB 296 (Johnson, Burling, Erdman, Fischer, Flood, Friend, Gay, Hansen, Howard, Hudkins, Janssen, Kruse, Loudon, Nantkes, Pankonin, Pedersen, Pirsch, Stuthman, at the request of the Governor) Reorganize the Health and Human Services System. *Enacted.*
- LB 326 (Flood, at the request of the Governor) Change eligibility provisions for certain types of public assistance. *Indefinitely postponed.*
- LB 411 (Howard) Require standards for training for certain new health and human services employees. *Indefinitely postponed.*

**Health Care Funding**

- LB 469 (Chambers) Change funding restrictions under the Nebraska Health Care Funding

Act. *Select File.*

- LB 480 (Johnson) Change provisions relating to the Nebraska Health Care Funding Act. *General File.*

### **Long-Term Care**

- LB 236 (Johnson, Hansen) Provide for and change regulation of perfusionists, optometrists, pharmacy technicians, and in-home personal service providers. *Enacted, contains provisions of LB 398, LB 399, and LB 426.*
- LB 555 (Ashford) Change provisions relating to home- and community-based services. *Indefinitely postponed.*
- LB 397 (Johnson) Adopt the In-Home Personal Care Services Act. *Indefinitely postponed.*
- LB 523 (Aguilar) Adopt the Quality Home Care Act. *Indefinitely postponed.*

### **Miscellaneous**

- LB 185 (Health and Human Services Committee: Johnson, Erdman, Gay, Hansen, Howard, Pankonin, Stuthman,) Change provisions relating to health and human services. *Enacted, contains provisions of LB 103 and LB 385.*

### **Pharmacy**

- LB 49 (Hudkins) Adopt the Mercury Vaccine and Drug Act. *Indefinitely postponed.*
- LB 247 (Johnson) Change provisions relating to drugs, adoption, certain credentialed health professionals, child care, and health benefit coverage. *Enacted, contains provisions of LB 134, LB 369, LB 417, LB 427, LB 478, and LB 479.*
- LB 308 (Stuthman, Burling) Adopt the Automated Medication System Act. *Held in committee.*
- LB 550 (Johnson) Provide for sale of prescription drugs to animal owners. *Held in committee.*
- LB 577 (Kruse) Provide for reimbursement for generic prescriptions. *Indefinitely postponed.*
- LB 631 (Dierks) Prohibit interchange of anti-epileptic drugs. *Indefinitely postponed.*
- LB 675 (Lathrop, Karpisek) Require disclosures by pharmaceutical manufacturing companies. *Indefinitely postponed.*
- LB 699 (Lathrop, Flood, Fulton, Howard, Karpisek, McGill, Preister) Adopt the Healthy Nebraska Rx Card Program Act. *Indefinitely postponed.*

### **Public Assistance**

- LB 171 (Kopplin, Howard, Nantkes, Synowiecki) Require Department of Health and Human Services to apply for food stamp options and waivers. *Select File.*
- LB 178 (Janssen, Dubas) Create the Nebraska Women, Infants, and Children Program Advisory Board. *Indefinitely postponed.*
- LB 267 (McGill, Avery, Howard, Kruse, Nantkes, Pedersen, Preister, Schimek, Stuthman, Synowiecki) Authorize participation in the child care subsidy program and the provision of certain subsidies. *Indefinitely postponed.*
- LB 292 (Hansen, Harms, Johnson) Authorize transfers of funds for medical assistance payments and change a tax rate for immediate care facilities. *Enacted.*

- LB 400 (Johnson) Require an audit of Medicaid drug rebate payments. *General File with committee amendments.*
- LB 482 (Johnson) Adopt the Autism Treatment Program Act. *Enacted.*
- LB 518 (Howard) Change provisions relating to the eligibility of children under the Medical Assistance Act. *Indefinitely postponed.*

## **Public Health**

- LB 53 (Howard, Aguilar, Burling, Dierks, Hudkins, Johnson, Kruse, Nantkes, Pedersen, Priester, Schimek) Prohibit smoking in certain foster care homes. *General File with committee amendments, provisions of committee amendments added to LB 292.*
- LB 144 (McDonald, Pankonin) Adopt the Hepatitis C Education and Prevention Act. *Enacted.*
- LB 245 (Johnson) Change provisions relating to fluoridation of drinking water. *General File with committee amendments.*
- LB 250 (Synowiecki) Create a religious exemption from mandatory infant screening tests. *Indefinitely postponed.*
- LB 395 (Johnson, Aguilar, Hansen, Howard, Kruse, Pankonin, Preister, Schimek, Stuthman) Adopt a new Nebraska Clean Indoor Air Act. *Final Reading.*
- LB 417 (Nantkes) Include invasive pneumococcal disease as a childhood immunization requirement. *General File with committee amendments, indefinitely postponed, provisions added to LB 247.*
- LB 584 (Priester) Adopt the Reduced Cigarette Ignition Propensity Act. *Held in committee.*

## **Regulation and Licensure**

- LB 48 (Dierks) Exempt certified registered nurse anesthetists from certain radiation-use qualifications. *Held in committee.*
- LB 86 (Howard, Flood, Kruse, Nantkes, Priester, Schimek, Synowiecki) Change provisions of the Health Care Facility Licensure Act covering applicants for licensure. *Indefinitely postponed.*
- LB 103 (Erdman) Authorize release of patient information and change provisions relating to regional trauma advisory boards. *General File, indefinitely postponed, provisions added to LB 185.*
- LB 194 (Pahls) Change disciplinary provisions of the Uniform Licensing Law. *Held in Committee.*
- LB 203 (Gay) Provide an informal conference process for disciplinary action regarding health care facilities. *Enacted.*
- LB 244 (Flood) Change provisions relating to transportation of patients in ambulances. *Held in committee.*
- LB 283 (Stuthman) Provide for biennial renewal of medication aide registrations. *Enacted.*
- LB 369 (Erdman) Redefine mental health practice for licensure of mental health practitioners. *General File with committee amendments, indefinitely postponed, provisions added to LB 247.*

- LB 374 (Johnson, Erdman) Change repayment provisions for rural health education loans. *Enacted.*
- LB 385 (Johnson) Change provisions relating to advanced practice registered nurses. *General File, indefinitely postponed, provisions added to LB 185.*
- LB 398 (Johnson) Change provisions relating to credentialing optometrists. *General File, indefinitely postponed, provisions added to LB 236.*
- LB 399 (Johnson) Adopt the Perfusion Practice Act. *General File with committee amendments, indefinitely postponed, provisions added to LB 236.*
- LB 426 (Pankonin) Adopt the Pharmacy Technician Act. *General File with committee amendments, indefinitely postponed, provisions added to LB 236.*
- LB 427 (Johnson) Change authorized procedures for dental hygienists. *General File with committee amendments, indefinitely postponed, provisions added to LB 247.*
- LB 451 (Nantkes, Karpisek) Change provisions relating to release of patient information by a pharmacist. *Indefinitely postponed.*
- LB 463 (Johnson) Adopt the Uniform Credentialing Act. *Enacted.*
- LB 479 (Johnson) Change provisions relating to audiologists and speech-language pathologists. *General File with committee amendments, indefinitely postponed, provisions added to LB 247.*
- LB 481 (Johnson) Change criminal background check and examination requirements under the Uniform Licensing Law. *Enacted.*
- LB 513 (Fulton) Provide billing requirements for anatomic pathology services. *Held in committee.*
- LB 538 (Schimek, Avery, Dierks, Friend, Howard, Preister, Wallman) Change authorized functions for dental hygienists. *Indefinitely postponed.*

### **Welfare Reform**

- LB 82 (Synowiecki) Change Welfare Reform Act provisions relating to family size. *General File, provisions added to LB 351.*
- LB 90 (Howard, Nantkes) Change the earned income disregard in the Welfare Reform Act. *Indefinitely postponed.*
- LB 351 (Stuthman, Erdman) Change and provide for transitional public assistance payments. *Enacted, contains provisions of LB 82.*

**Health and Human Services Committee  
2007 Interim Studies in Priority Order**

<b><u>Resolution(s)</u></b>	<b><u>Subject</u></b>
1. Child Welfare	
a. LR 157	(Johnson) Interim study of the foster care system.
b. LR 163	(McGill) Interim study to examine ways to increase the pool of potential foster parents.
c. LR 201	(Johnson) Interim study to examine policies with regard to non-English speaking families in the Nebraska child welfare system.
2. Welfare Reform	
a. LR 206	(Johnson) Interim study to provide additional recommendations relating to the Welfare Reform Act and public assistance programs.
b. LR 98	(Howard) Interim study to evaluate how child support disregards/pass-throughs impact the economic self sufficiency of participants in Temporary Assistance for Needy Families programs.
c. LR 164	(McGill) Interim study to examine traditional benefits under Temporary Assistance for Needy Families (TANF) programs and their effectiveness.
3. Long-Term Care	
a. LR 155	(Johnson, Aguilar) Interim study to examine recommendations to provide the workforce necessary to provide quality in-home services.
b. LR 162	(Synowiecki) Interim study to examine the overall impact of the area agency on aging programs on the health of the citizens.
4. Behavioral Health	
a. LR 205	(Johnson) Interim study to provide development of additional recommendations relating to implementation of the Nebraska Behavioral Health Services Act.
b. LR 168	(Flood, Stuthman) Interim study to examine issues relating to Nebraska's emergency protective custody procedures.
c. LR203	(Johnson) Interim study to examine statewide behavioral health services.
5. Medicaid	
a. LR 207	(Johnson) Interim study to provide additional recommendations relating to implementation of the Medicaid Reform Plan and Medical Assistance Act.
b. LR 202	(Johnson) Interim study to harmonize Nebraska's state children's health insurance program to changes allowed by the federal State Children's Health Insurance program.

6. Uniform Credentialing Act
- a. LR 204 (Johnson) Interim study to prepare additional legislation relating to the Uniform Credentialing Act.
  - b. LR 153 (Stuthman) Interim study to examine procedures used by the State Board of Health when disciplining medical professionals or allowing medical professionals to practice in the state. (*w/ Judiciary Committee*)
  - c. LR 158 (Johnson) Interim study to examine development of voluntary emergency medical personnel to assist in responding to natural disasters.
7. HHSS Reorganization
- a. LR 208 (Johnson) Interim study to provide additional recommendations relating to the reorganization of the Nebraska Health and Human Services System.
8. Health Care Pricing
- a. LR 119 (Johnson, Pahls) Interim study to review the availability of cost estimates in health care pricing and possible legislation to provide good faith estimates of costs by health care providers and insurers to a consumer upon request. (*w/ Banking Committee*)
9. Autism
- a. LR 85 (Pahls) Interim study to direct the Health and Human Services Committee to study the availability of autism treatment programs in the state.
10. Domestic Violence
- a. LR 165 (McGill) Interim study to examine the service needs of victims of domestic violence, sexual assault, and stalking and identify cost-effective system enhancements for prevention and intervention.
11. Gestational Surrogacy
- a. LR 128 (Aguilar) Interim study to examine administrative processes and laws which would permit the establishment of a parent and child relationship in the event of a gestational surrogacy.
12. 24-Hour Facilities
- a. LR 195 (Schimek) Interim study to examine and provide recommendations relating to the state's operation of facilities that provide twenty-four-hour care to the citizens of Nebraska.
  - b. LR 196 (Janssen) Interim study to review the findings of the Nebraska Juvenile Correctional Facilities Master Plan Update.

13. Developmental Disabilities

- a. LR 156 (Johnson) Interim study relating to people with developmental disabilities and proposed changes to the methodology used for payment of service providers.

14. Tobacco Prevention and Cessation

- a. LR 130 (Synowiecki, Aguilar, Engel, Harms, Johnson, Kruse, Lathrop, Mines, Nantkes, Nelson, Stuthman, White, Wightman) Interim study to examine requirements necessary to implement an effective statewide comprehensive tobacco prevention and cessation program.

15. Gardasil Vaccine

- a. LR 170 (Nantkes, McGill) Interim study to examine issues relating to the gardasil vaccine that is used to prevent certain deadly strains of human papillomavirus.