

**ONE HUNDRED EIGHTH LEGISLATURE - SECOND SESSION - 2024**  
**COMMITTEE STATEMENT (CORRECTED)**  
**LB1355**

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**Hearing Date:** Wednesday February 07, 2024  
**Committee On:** Health and Human Services  
**Introducer:** Vargas  
**One Liner:** Provide for disbursement of grants from the Nebraska Opioid Recovery Fund

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

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**Vote Results:**

**Aye:** 7 Senators Ballard, Cavanaugh, M., Day, Hansen, Hardin, Riepe, Walz  
**Nay:**  
**Absent:**  
**Present Not Voting:**

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**Testimony:**

**Proponents:**

Senator Tony Vargas  
Jeremy Eschliman  
Jamie Bland  
Christopher Allende  
Ann Anderson-Berry  
Amy Holman  
Ryan Carruthers  
MaryAnn Borgeson

**Representing:**

Opening Presenter  
Nebraska Association of Local Health Departments  
Cync Health  
NABHO/The Wellbeing Initiative  
Self  
Nebraska Pharmacists Association  
CenterPointe, Inc  
NACO and Regional Program Admin Association of  
Nebraska

**Opponents:**

**Representing:**

**Neutral:**

Maggie Ballard  
Tony Green

**Representing:**

Heartland Family Service  
DHHS-Division of Behavioral Health

\* ADA Accommodation Written Testimony

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

LB 1355 appropriates funds from the Nebraska Opioid Recovery Fund for grants to aid programs. The aid programs consist of the local public health department aid program, law enforcement aid program, and health care facility aid program. Findings and definitions are provided.

Sec. 1: Adds new language of bill to the current Opioid Prevention and Treatment Act.

Sec. 2: Adds to the purpose of the Act, remediation, including the creation of aid programs.

Sec. 3: Adds to the Legislative Findings that the opioid epidemic in Nebraska is a serious public health crisis



stemming from the rapid increase in the use of prescription and non-prescription opioid drugs.

Sec. 4: Adds new definitions:

- Department is DHHS;
- Opiate/opioid means any drug or other substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability;
- Opioid epidemic is the serious public health crisis stemming from the rapid increase in the use of prescription and non-prescription opioid drugs; and
- Opioid remediation means care, treatment, and other programs/expenditures designed to address the misuse/abuse of opioid products; treat or mitigate opioid use or related disorders; or mitigate other alleged effects of the opioid epidemic.

Sec. 5: DHHS's administrative cost for the awarding of grants shall not exceed an amount equal to 10% of the grants awarded. Any funds appropriated or distributed shall be spent in accordance with the Opioid Prevention and Treatment Act.

Sec. 6: DHHS is required to report the grants awarded under this Act to the Legislature, Governor and Attorney General.

Sec. 7: It is the intent of the Legislature to appropriate \$4 million annually from the Nebraska Opioid Recovery Fund beginning in FY2024/25 for grants under this Act.

Sec. 8: DHHS is required to establish a local public health department aid program to provide grants to local public health departments. Local public health departments may apply to DHHS for a grant:

- to facilitate prevention efforts, including training on the use of naloxone nasal spray, clean needle sharing, and fentanyl testing strips;
- for education and training activities related to opioid harm remediation; and
- for data tracking efforts related to the opioid epidemic

DHHS is required to award a minimum of \$500,000 in grants under the local public health department aid program.

DHHS shall release the grant to the grantee within 90 days after the award of the grant.

Sec. 9: DHHS is required to establish a law enforcement aid program to provide grants to law enforcement agencies.

A law enforcement agency may apply to DHHS for a grant to facilitate problem solving courts; for mediation distribution and training activities; and for opioid and fentanyl first responder training. DHHS shall award a minimum of \$500,000 in grants under this program and shall release the grant to the grantee within 90 days after the award of the grant.

Sec. 10: DHHS is required to establish a health care facility aid program to provide grants to health care facilities. A health care facility may apply to DHHS for a grant for opioid treatment and response; data tracking; supporting individual recovery and rehabilitation; and opioid use prevention. DHHS is required to award a minimum of \$500,000 in grants under this program and shall release the grant within 90 days after it has been awarded.

Sec. 11: Repealer

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### **Explanation of amendments:**

Standing Committee Amendment contains AM 2559 to LB 1355 and LB 1355 as amended by AM2393 to LB 1355, LB 1325 and LB 1320.

AM2393 strikes the original sections of LB 1355 and adds the following new sections:

Sec. 1: Authorizes the NSP/Division of Drug Control to carry out duties pursuant to the Opioid Prevention and Treatment Act.

Sec. 2: References new Sections 5 and 9 through 12 to the Opioid Prevention and Treatment Act.

Sec. 3: Adds to the purpose of the Opioid Prevention and Treatment Act, remediation, including the creation of aid programs.

Sec. 4: Adds to legislative findings that the opioid epidemic in Nebraska is a serious public health crisis stemming



from the rapid increase in the use of prescription and non-prescription opioid drugs.

Sec. 5: Definitions are provided:

- Department means DHHS.
- Opiate or opioid is defined as any drug or other substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability.
- Opioid epidemic means the serious public health crisis stemming from the rapid increase in the use of prescription and non-prescription opioid drugs.
- Opioid remediation is defined as care, treatment, and other programs and expenditures designed to address the misuse and abuse of opioid products; treat or mitigate opioid use or related disorders; or mitigate other effects of the opioid epidemic.

Sec. 6: DHHS's administrative cost for the awarding of grants under the Act shall not exceed an amount equal to 10% of the grants awarded. Any funds appropriated or distributed under this act shall be spent in accordance with the act and the terms of any verdict, judgment, compromise, or settlement.

Sec. 7: DHHS is required to report on the grants awarded under the act.

Sec. 8: It is the intent of the Legislature to annually appropriate from the Nebraska Opioid Recovery Fund beginning in FY2024/25:

- \$3.5 million to DHHS to award grants under the act;
- \$1 million to the Nebraska State Patrol for purposes of Sec. 10 and 11 of this amendment;
- \$2.5 million to DHHS for disbursement to behavioral regions for opioid prevention and harm reduction as follows:
  - 5 and 476 thousandths % to Region 1;
  - 5 and 112 thousandths% to Region 2;
  - 10 and 8982 ten-thousandths to Region 3;
  - 8 and 5833 ten-thousandths % to Region 4;
  - 25 and 7421 ten-thousandths% to Region 5; and
  - 44 and 1869 ten-thousandths% to Region 6.

Sec. 9: DHHS is required to establish a local public health department aid program to provide grants to provide grants to local public health departments. A local public health department may apply to DHHS for a grant to facilitate prevention efforts, for education and training activities, and for data tracking efforts.

DHHS shall award a minimum of \$500,000 in grants under this aid program and shall release the grant to the grantee within 90 days after award of the grant.

Sec. 10: Subject to available appropriations, the NSP/Drug Control Division is required to facilitate prevention efforts (OD response, drug-checking products); provide for medication distribution and training activities; and provide for opioid and fentanyl first responder training.

Sec. 11: Subject to available appropriations, NSP/Drug Control Division shall establish a corrections transition and re-entry aid program. The program shall include supporting individual recovery and rehabilitation; peer support specialist assistance; and medication-assisted treatment. It is the intent of the Legislature to appropriate a minimum of \$500,000 to NSP to carry out the corrections transition and re-entry aid program.

Sec. 12: DHHS is required to establish a health care facility aide program to provide grants to health care facilities. A health care facility may apply to DHHS for a grant for opioid treatment and response; data tracking; supporting individual recovery and rehabilitation; and prevention and harm reduction.

DHHS is required to award a minimum of \$500,000 in grants under this aid program. DHHS shall release the grant to the grantee within 90 days after the award of the grant.

Sec. 13: Repealer

LB 1325 allows pharmacists to sell fentanyl test strips for testing. Also, local public health departments may distribute these tests without a fee.

Sec. 1: Adds new language to the Nebraska Drug Product Selection Act



Sec. 2: A pharmacist or retailer may sell fentanyl test strips over-the-counter to the public to test for the presence of fentanyl, a fentanyl analog, or a drug adulterant within a controlled substance. A local public health department may distribute fentanyl test strips at the local public health department facility without a fee.

Sec. 3: Repealer

Motion to include LB 1325 as part of LB 1255 as amended

Vote Results:

7-0-0

Voting Aye: Senator Hansen, Senator Hardin, Senator Ballard, Senator Cavanaugh, Senator Day, Senator Riepe, Senator Walz

Voting Nay:

None

Present Not Voting:

None

Testifiers to LB 1325:

Marcia Muetting, Nebraska Pharmacists Association

Senator Tony Vargas, Dist 7, Introducer

Laura McDougall, Nebraska Association of Local Health Directors

Maggie Ballard, Heartland Family Service

Opponents:

None

Neutral:

None

LB 1320 requires mandatory reporting for emergency medical personnel that treat or transport someone experiencing an overdose. The report shall be done within 72 hours and sent to the DHHS for submission in the Washington/Baltimore High Intensity Drug Trafficking Area Overdose Mapping and Application Program or similar program.

Sec. 1: Include Section 3 in the Emergency Medical Services Practice Act

Sec. 2: Incorporate Section 3 into the requirements of the Emergency Medical Services Practice Act. Update data protection to align with the federal Health Insurance Portability and 26 Accountability Act as it existed on January 1, 2024

Sec. 3: (1) An emergency medical service that treats and releases, or transports to a medical facility, an individual experiencing a suspected or an actual overdose shall report the incident to the department. A report of an overdose made under this section shall include the information required by the department for occurrences requiring a response to perceived individual need for medical care.

(2) Best efforts should be made to have the overdose report submitted within 72 hours.

(3) When the department receives a report, it shall report such information using the Washington/Baltimore High Intensity Drug Trafficking Area Overdose Mapping and Application Program or other similar secure access information technology platform.

(4) Reported Overdose information shall not be used for a criminal investigation/prosecution or obtained by a law enforcement officer as part of a criminal investigation/prosecution

(5) An emergency medical service that makes a good faith report under this section shall be immune from civil or criminal liability for making the report.

Sec. 4: Original sections 38-1201 and 38-1225 are repealed.



Motion to include LB 1320 as part of LB 1355:

Vote Results: 7-0-0

Voting Aye: Senator Hansen, Senator Hardin, Senator Ballard, Senator Cavanaugh, Senator Day, Senator Riepe, Senator Walz

Voting Nay:

None

Present Not Voting:

None

Testifiers to LB 1320:

Proponents:

Senator Beau Ballard, Dist 21, Introducer

Cheri Ivers, Nebraska State Patrol

Michael Guinan, Attorney General's Office

Opponents:

None

Neutral:

John Lindsay, Nebraska Association of Trial Attorneys

Nathaniel Cacy, Overdose Response Strategy

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Ben Hansen, Chairperson

