

LEGISLATURE OF NEBRASKA
ONE HUNDRED EIGHTH LEGISLATURE
FIRST SESSION

LEGISLATIVE BILL 227

FINAL READING
(SECOND)

Introduced by Hansen, B., 16; Raybould, 28; Blood, 3; Conrad, 46;
Fredrickson, 20; Vargas, 7.

Read first time January 10, 2023

Committee: Health and Human Services

1 A BILL FOR AN ACT relating to public health and welfare; to amend
2 sections 38-1801, 38-1802, 38-1803, 38-1806, 38-1807, 38-1808,
3 38-1809, 38-1810, 38-1811, 38-1812, 38-1816, 38-2852, 38-2867.01,
4 68-1006.01, 68-1512, 71-475, 71-1797, 71-1798, 71-8202, 71-8228,
5 71-8230, 71-8231, 71-8234, 71-8235, 71-8239, 71-8241, 71-8242,
6 71-8243, 71-8244, 71-8245, and 71-8247, Reissue Revised Statutes of
7 Nebraska, and sections 38-101, 38-121, 38-129.02, 38-131, 38-167,
8 38-186, 38-1,125, 38-1416, 38-1813, 38-2801, 38-2891, 68-901,
9 68-911, 68-1017.02, 68-1206, 68-1724, 71-222, 71-401, 71-403,
10 71-417, 71-2461.01, 71-2479, 71-3404, 71-3405, 71-3407, 71-3408,
11 71-3409, 71-3410, 71-8236, 71-8237, and 71-8240, Revised Statutes
12 Cumulative Supplement, 2022; to adopt the Behavior Analyst Practice
13 Act; to change provisions of the Uniform Credentialing Act relating
14 to criminal history record information checks, confidentiality
15 relating to physical wellness programs, and a report requirement for
16 certain credential holders; to change provisions of the Funeral
17 Directing and Embalming Practice Act relating to apprenticeship; to
18 provide, change, and eliminate definitions and provisions of the
19 Medical Nutrition Therapy Practice Act relating to legislative
20 findings, board membership and duties, licensure, and scope of
21 practice; to change provisions relating to prescriptions, licensure

1 of pharmacists, and compounding standards; to provide for vaccine
2 administration by pharmacy technicians; to provide duties for the
3 Department of Health and Human Services under the Medical Assistance
4 Act regarding certain hospitals and require submission of a state
5 plan amendment or waiver to extend postpartum coverage; to change
6 the personal needs allowance for eligible aged, blind, and disabled
7 persons; to require medicaid reimbursement for hospitals as
8 prescribed; to create a pilot program relating to patients with
9 complex health needs; to change provisions relating to the
10 Supplemental Nutrition Assistance Program; to state intent regarding
11 appropriations; to change provisions relating to child care
12 assistance; to change provisions of the Disabled Persons and Family
13 Support Act; to change the compensation of the Board of Barber
14 Examiners; to provide and change definitions and change requirements
15 relating to medication under the Health Care Facility Licensure Act;
16 to change provisions of the Nebraska Center for Nursing Act relating
17 to appropriation intent and the Nebraska Center for Nursing Board;
18 to change provisions of the Prescription Drug Safety Act relating to
19 delivery and labeling; to adopt the Overdose Fatality Review Teams
20 Act; to provide for the review of incidents of severe maternal
21 morbidity under the Child and Maternal Death Review Act; to change
22 and eliminate definitions, powers and duties, other provisions, and
23 a fund under the Statewide Trauma System Act; to harmonize
24 provisions; to provide operative dates; to provide severability; to
25 repeal the original sections; to outright repeal sections 38-1804,
26 71-8208, 71-8216, 71-8220, 71-8222, 71-8238, 71-8246, and 71-8252,
27 Reissue Revised Statutes of Nebraska, and sections 71-8226, 71-8227,
28 and 71-8251, Revised Statutes Cumulative Supplement, 2022; and to
29 declare an emergency.

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

1 Section 1. Sections 1 to 14 of this act shall be known and may be
2 cited as the Behavior Analyst Practice Act.

3 Sec. 2. For purposes of the Behavior Analyst Practice Act, the
4 definitions found in sections 3 to 8 of this act apply.

5 Sec. 3. Behavior technician means an individual who practices under
6 the close, ongoing supervision of a licensed behavior analyst or a
7 licensed assistant behavior analyst.

8 Sec. 4. Board means the Board of Behavior Analysts.

9 Sec. 5. Certifying entity means the Behavior Analyst Certification
10 Board or another equivalent entity approved by the Board of Behavior
11 Analysts which has programs to credential practitioners of applied
12 behavior analysis that have substantially equivalent requirements as the
13 programs offered by the Behavior Analyst Certification Board as
14 determined by the Board of Behavior Analysts.

15 Sec. 6. Licensed assistant behavior analyst means an individual
16 practicing under the close ongoing supervision of a licensed behavior
17 analyst and who also meets the requirements specified in section 10 of
18 this act and is issued a license as a licensed assistant behavior analyst
19 under the Behavior Analyst Practice Act by the department.

20 Sec. 7. Licensed behavior analyst means an individual who meets the
21 requirements specified in section 10 of this act and who is issued a
22 license as a licensed behavior analyst under the Behavior Analyst
23 Practice Act by the department.

24 Sec. 8. (1) Practice of applied behavior analysis means the design,
25 implementation, and evaluation of instructional and environmental
26 modifications to produce socially significant improvements in human
27 behavior.

28 (2) Practice of applied behavior analysis includes the empirical
29 identification of functional relations between behavior and environmental
30 factors, known as functional assessment and analysis.

31 (3) Applied behavior analysis interventions (a) are based on

1 scientific research and direct and indirect observation and measurement
2 of behavior and environment and (b) utilize contextual factors,
3 motivating operations, antecedent stimuli, positive reinforcement, and
4 other procedures to help individuals develop new behaviors, increase or
5 decrease existing behaviors, and emit behaviors under specific
6 environmental conditions.

7 (4) Practice of applied behavior analysis excludes (a) diagnosis of
8 disorders, (b) psychological testing, (c) psychotherapy, (d) cognitive
9 therapy, (e) psychoanalysis, (f) counseling, (g) functional movement
10 analysis, (h) practice by persons required to be credentialed under the
11 Audiology and Speech-Language Pathology Practice Act in the diagnosis or
12 treatment of hearing, speech, communication, or swallowing disorders, or
13 (i) practice by persons required to be credentialed under the
14 Occupational Therapy Practice Act in the treatment of occupational
15 performance dysfunction, such as activities of daily living and
16 instrumental activities of daily living.

17 Sec. 9. The Behavior Analyst Practice Act shall not be construed as
18 prohibiting the practice of any of the following:

19 (1) A licensed psychologist in the State of Nebraska and any person
20 who delivers psychological services under the supervision of a licensed
21 psychologist, if the applied behavior analysis services are provided
22 within the scope of the licensed psychologist's education, training, and
23 competence and the licensed psychologist does not represent that the
24 psychologist is a licensed behavior analyst unless the psychologist is
25 licensed as a behavior analyst under the act;

26 (2) An individual licensed to practice any other profession in the
27 State of Nebraska and any person who delivers services under the
28 supervision of the licensed professional, if (a) applied behavior
29 analysis is stated in the Uniform Credentialing Act as being in the scope
30 of practice of the profession, (b) the applied behavior analysis services
31 provided are within the scope of the licensed professional's education,

1 training, and competence, and (c) the licensed professional does not
2 represent that the professional is a licensed behavior analyst unless the
3 professional is licensed as a behavior analyst under the act;

4 (3) A behavior technician who delivers applied behavior analysis
5 services under the extended authority and direction of a licensed
6 behavior analyst or a licensed assistant behavior analyst;

7 (4) A caregiver of a recipient of applied behavior analysis services
8 who delivers those services to the recipient under the extended authority
9 and direction of a licensed behavior analyst. A caregiver shall not
10 represent that the caregiver is a professional behavior analyst;

11 (5) A behavior analyst who practices with animals, including applied
12 animal behaviorists and animal trainers. Such a behavior analyst may use
13 the title "behavior analyst" but may not represent that the behavior
14 analyst is a licensed behavior analyst unless the behavior analyst is
15 licensed under the act;

16 (6) A professional who provides general applied behavior analysis
17 services to organizations, so long as those services are for the benefit
18 of the organizations and do not involve direct services to individuals.
19 Such a professional may use the title "behavior analyst" but may not
20 represent that the professional is a licensed behavior analyst unless the
21 professional is licensed under the act;

22 (7) A matriculated college or university student or postdoctoral
23 fellow whose applied behavior analysis activity is part of a defined
24 program of study, course, practicum, internship, or fellowship and is
25 directly supervised by a licensed behavior analyst licensed in Nebraska
26 or a qualified faculty member of a college or university offering a
27 program of study, course, practicum, internship, or fellowship in applied
28 behavior analysis. Such student or fellow shall not represent that the
29 student or fellow is a professional behavior analyst and shall use a
30 title that clearly indicates the trainee status, such as student, intern,
31 or trainee;

1 (8) An unlicensed individual pursuing experience in applied behavior
2 analysis consistent with the experience requirements of the certifying
3 entity, if such experience is supervised in accordance with the
4 requirements of the certifying entity;

5 (9) An individual who teaches behavior analysis or conducts
6 behavior-analytic research, if such activities do not involve the direct
7 delivery of applied behavior analysis services beyond the typical
8 parameters of applied research. Such an individual may use the title
9 "behavior analyst" but shall not represent that the individual is a
10 licensed behavior analyst unless the individual is licensed under the
11 act; and

12 (10) An individual employed by a school district performing the
13 duties for which employed. Such an individual shall not represent that
14 the individual is a licensed behavior analyst unless the individual is
15 licensed under the act, shall not offer applied behavior analysis
16 services to any person or entity other than the school which employs the
17 individual, and shall not accept remuneration for providing applied
18 behavior analysis services other than the remuneration received for the
19 duties for which employed by the school employer.

20 Sec. 10. (1) Beginning one year after the operative date of this
21 section, each applicant for licensure as a licensed behavior analyst or
22 licensed assistant behavior analyst shall submit an application that
23 includes evidence that the applicant meets the requirements of the
24 Uniform Credentialing Act for a license as a licensed behavior analyst or
25 licensed assistant behavior analyst, as applicable.

26 (2) The board shall adopt rules and regulations to specify minimum
27 standards required for a license as a licensed behavior analyst or a
28 licensed assistant behavior analyst as provided in section 38-126. The
29 board shall include certification by the certifying entity as a Board
30 Certified Behavior Analyst® or a Board Certified Behavior Analyst-
31 Doctoral® as part of the minimum standards for licensure as a licensed

1 behavior analyst. The board shall include certification by the certifying
2 entity as a Board Certified Assistant Behavior Analyst® as part of the
3 minimum standards for licensure as a licensed assistant behavior analyst.

4 Sec. 11. (1) A behavior analyst or an assistant behavior analyst
5 who is licensed in another jurisdiction or certified by the certifying
6 entity to practice independently and who provides applied behavior
7 analysis services in the State of Nebraska on a short-term basis may
8 apply for a temporary license. An applicant for a temporary license shall
9 submit evidence that the practice in Nebraska will be temporary as
10 determined by the board according to rules and regulations adopted and
11 promulgated pursuant to section 38-126. The department shall issue a
12 temporary license under this subsection only if the department verifies
13 the applicant's licensure or certification status with the relevant
14 entity.

15 (2) An applicant for licensure as a licensed behavior analyst or as
16 a licensed assistant behavior analyst under the Behavior Analyst Practice
17 Act who is a military spouse may apply for a temporary license as
18 provided in section 38-129.01.

19 Sec. 12. A behavior technician shall not represent that the
20 technician is a professional behavior analyst and shall use a title that
21 indicates the nonprofessional status, such as Registered Behavior
22 Technician®, behavior technician, or tutor.

23 A behavior technician shall not design assessment or intervention
24 plans or procedures but may deliver services as assigned by the
25 supervisor responsible for the technician's work as designated by the
26 licensed behavior analyst.

27 Sec. 13. The board shall adopt a code of conduct for licensed
28 behavior analysts and licensed assistant behavior analysts. The code of
29 conduct shall be based on the Ethics Code for Behavior Analysts adopted
30 by the certifying entity.

31 Sec. 14. The department shall establish and collect fees for

1 initial licensure and renewal under the Behavior Analyst Practice Act as
2 provided in sections 38-151 to 38-157.

3 Sec. 15. Section 38-101, Revised Statutes Cumulative Supplement,
4 2022, is amended to read:

5 38-101 Sections 38-101 to 38-1,147 and section 16 of this act and
6 the following practice acts shall be known and may be cited as the
7 Uniform Credentialing Act:

8 (1) The Advanced Practice Registered Nurse Practice Act;

9 (2) The Alcohol and Drug Counseling Practice Act;

10 (3) The Athletic Training Practice Act;

11 (4) The Audiology and Speech-Language Pathology Practice Act;

12 (5) The Behavior Analyst Practice Act;

13 ~~(6) (5) The Certified Nurse Midwifery Practice Act;~~

14 ~~(7) (6) The Certified Registered Nurse Anesthetist Practice Act;~~

15 ~~(8) (7) The Chiropractic Practice Act;~~

16 ~~(9) (8) The Clinical Nurse Specialist Practice Act;~~

17 ~~(10) (9) The Cosmetology, Electrology, Esthetics, Nail Technology,~~

18 ~~and Body Art Practice Act;~~

19 ~~(11) (10) The Dentistry Practice Act;~~

20 ~~(12) (11) The Dialysis Patient Care Technician Registration Act;~~

21 ~~(13) (12) The Emergency Medical Services Practice Act;~~

22 ~~(14) (13) The Environmental Health Specialists Practice Act;~~

23 ~~(15) (14) The Funeral Directing and Embalming Practice Act;~~

24 ~~(16) (15) The Genetic Counseling Practice Act;~~

25 ~~(17) (16) The Hearing Instrument Specialists Practice Act;~~

26 ~~(18) (17) The Licensed Practical Nurse-Certified Practice Act until~~

27 ~~November 1, 2017;~~

28 ~~(19) (18) The Massage Therapy Practice Act;~~

29 ~~(20) (19) The Medical Nutrition Therapy Practice Act;~~

30 ~~(21) (20) The Medical Radiography Practice Act;~~

31 ~~(22) (21) The Medicine and Surgery Practice Act;~~

- 1 ~~(23)~~ ~~(22)~~ The Mental Health Practice Act;
- 2 ~~(24)~~ ~~(23)~~ The Nurse Practice Act;
- 3 ~~(25)~~ ~~(24)~~ The Nurse Practitioner Practice Act;
- 4 ~~(26)~~ ~~(25)~~ The Nursing Home Administrator Practice Act;
- 5 ~~(27)~~ ~~(26)~~ The Occupational Therapy Practice Act;
- 6 ~~(28)~~ ~~(27)~~ The Optometry Practice Act;
- 7 ~~(29)~~ ~~(28)~~ The Perfusion Practice Act;
- 8 ~~(30)~~ ~~(29)~~ The Pharmacy Practice Act;
- 9 ~~(31)~~ ~~(30)~~ The Physical Therapy Practice Act;
- 10 ~~(32)~~ ~~(31)~~ The Podiatry Practice Act;
- 11 ~~(33)~~ ~~(32)~~ The Psychology Practice Act;
- 12 ~~(34)~~ ~~(33)~~ The Respiratory Care Practice Act;
- 13 ~~(35)~~ ~~(34)~~ The Surgical First Assistant Practice Act; and
- 14 ~~(36)~~ ~~(35)~~ The Veterinary Medicine and Surgery Practice Act.

15 If there is any conflict between any provision of sections 38-101 to
16 38-1,147 and section 16 of this act and any provision of a practice act,
17 the provision of the practice act shall prevail except as otherwise
18 specifically provided in section 38-129.02.

19 Sec. 16. (1) For purposes of this section:

20 (a) Physician peer coach means any health care provider licensed to
21 practice medicine or surgery who provides coaching, training, or
22 mentoring through a physician wellness program to another health care
23 provider licensed to practice medicine or surgery under the Uniform
24 Credentialing Act or to a student of an accredited school or college of
25 medicine; and

26 (b) Physician wellness program means a program that (i) provides
27 coaching, training, and mentoring services by physician peer coaches or
28 coaches certified by a nationally recognized credentialing program for
29 coach practitioners for the purpose of addressing issues related to
30 career fatigue and wellness for individuals licensed to practice medicine
31 and surgery under the Uniform Credentialing Act and students of an

1 accredited school or college of medicine and (ii) is established,
2 organized, or contracted by any statewide association exempt from
3 taxation under section 501(c)(6) of the Internal Revenue Code of 1986
4 that primarily represents health care providers in multiple specialties
5 who are licensed to practice medicine and surgery under the Uniform
6 Credentialing Act. A physician wellness program does not include a
7 program of evaluation, monitoring, treatment, or referral.

8 (2) Any record of a person's participation in a physician wellness
9 program is confidential and not subject to discovery, subpoena, or a
10 reporting requirement to the department unless the person voluntarily
11 requests release of the information in writing or the physician peer
12 coach determines that the person's condition constitutes a danger to the
13 public health and safety by the person's continued practice of medicine
14 or surgery.

15 (3) A person who contacts or participates in a physician wellness
16 program shall not be required to disclose such contact or participation
17 to any health care facility, hospital, medical staff person,
18 accreditation organization, graduate medical education oversight body,
19 health insurer, government agency, or other entity as a condition of
20 participation, employment, credentialing, payment, licensure, compliance,
21 or other requirement.

22 Sec. 17. Section 38-121, Revised Statutes Cumulative Supplement,
23 2022, is amended to read:

24 38-121 (1) No individual shall engage in the following practices
25 unless such individual has obtained a credential under the Uniform
26 Credentialing Act:

- 27 (a) Acupuncture;
- 28 (b) Advanced practice nursing;
- 29 (c) Alcohol and drug counseling;
- 30 (d) Asbestos abatement, inspection, project design, and training;
- 31 (e) Athletic training;

- 1 (f) Audiology;
- 2 (g) Speech-language pathology;
- 3 (h) Beginning one year after the operative date of this section,
- 4 behavior analysis;
- 5 (i) ~~(h)~~ Body art;
- 6 (j) ~~(i)~~ Chiropractic;
- 7 (k) ~~(j)~~ Cosmetology;
- 8 (l) ~~(k)~~ Dentistry;
- 9 (m) ~~(l)~~ Dental hygiene;
- 10 (n) ~~(m)~~ Electrology;
- 11 (o) ~~(n)~~ Emergency medical services;
- 12 (p) ~~(o)~~ Esthetics;
- 13 (q) ~~(p)~~ Funeral directing and embalming;
- 14 (r) ~~(q)~~ Genetic counseling;
- 15 (s) ~~(r)~~ Hearing instrument dispensing and fitting;
- 16 (t) ~~(s)~~ Lead-based paint abatement, inspection, project design, and
- 17 training;
- 18 (u) ~~(t)~~ Licensed practical nurse-certified until November 1, 2017;
- 19 (v) ~~(u)~~ Massage therapy;
- 20 (w) ~~(v)~~ Medical nutrition therapy;
- 21 (x) ~~(w)~~ Medical radiography;
- 22 (y) ~~(x)~~ Medicine and surgery;
- 23 (z) ~~(y)~~ Mental health practice;
- 24 (aa) ~~(z)~~ Nail technology;
- 25 (bb) ~~(aa)~~ Nursing;
- 26 (cc) ~~(bb)~~ Nursing home administration;
- 27 (dd) ~~(cc)~~ Occupational therapy;
- 28 (ee) ~~(dd)~~ Optometry;
- 29 (ff) ~~(ee)~~ Osteopathy;
- 30 (gg) ~~(ff)~~ Perfusion;
- 31 (hh) ~~(gg)~~ Pharmacy;

- 1 (ii) ~~(hh)~~ Physical therapy;
- 2 (jj) ~~(ii)~~ Podiatry;
- 3 (kk) ~~(jj)~~ Psychology;
- 4 (ll) ~~(kk)~~ Radon detection, measurement, and mitigation;
- 5 (mm) ~~(ll)~~ Respiratory care;
- 6 (nn) ~~(mm)~~ Surgical assisting; and
- 7 (oo) ~~(nn)~~ Veterinary medicine and surgery.

8 (2) No individual shall hold himself or herself out as any of the
9 following until such individual has obtained a credential under the
10 Uniform Credentialing Act for that purpose:

- 11 (a) Registered environmental health specialist;
- 12 (b) Certified marriage and family therapist;
- 13 (c) Certified professional counselor;
- 14 (d) Social worker; or
- 15 (e) Dialysis patient care technician.

16 (3) No business shall operate for the provision of any of the
17 following services unless such business has obtained a credential under
18 the Uniform Credentialing Act:

- 19 (a) Body art;
- 20 (b) Cosmetology;
- 21 (c) Emergency medical services;
- 22 (d) Esthetics;
- 23 (e) Funeral directing and embalming;
- 24 (f) Massage therapy; or
- 25 (g) Nail technology.

26 Sec. 18. Section 38-129.02, Revised Statutes Cumulative Supplement,
27 2022, is amended to read:

28 38-129.02 (1) This section provides an additional method of issuing
29 a credential based on reciprocity and is supplemental to the methods of
30 credentialing found in the various practice acts within the Uniform
31 Credentialing Act. Any person required to be credentialed under any of

1 the various practice acts who meets the requirements of this section
2 shall be issued a credential subject to the provisions of this section.

3 (2) A person who has a credential that is current and valid in
4 another state, a territory of the United States, or the District of
5 Columbia may apply to the department for the equivalent credential under
6 the Uniform Credentialing Act. The department, with the recommendation of
7 the board with jurisdiction over the equivalent credential, shall
8 determine the appropriate level of credential for which the applicant
9 qualifies under this section. The department shall determine the
10 documentation required to comply with subsection (3) of this section. The
11 department shall issue the credential if the applicant meets the
12 requirements of subsections (3) and (4) of this section and section
13 38-129 and submits the appropriate fees for issuance of the credential,
14 including fees for a criminal background check if required for the
15 profession. A credential issued under this section shall not be valid for
16 purposes of an interstate compact or for reciprocity provisions of any
17 practice act under the Uniform Credentialing Act.

18 (3) The applicant shall provide documentation of the following:

19 (a) The credential held in the other state, territory, or District
20 of Columbia, the level of such credential, and the profession for which
21 credentialed;

22 (b) Such credential is valid and current and has been valid for at
23 least one year;

24 (c) Educational requirements;

25 (d) The minimum work experience and clinical supervision
26 requirements, if any, required for such credential and verification of
27 the applicant's completion of such requirements;

28 (e) The passage of an examination for such credential if such
29 passage is required to obtain the credential in the other jurisdiction;

30 (f) Such credential is not and has not been subject to revocation or
31 any other disciplinary action or voluntarily surrendered while the

1 applicant was under investigation for unprofessional conduct or any other
2 conduct which would be subject to section 38-178 if the conduct occurred
3 in Nebraska;

4 (g) Such credential has not been subject to disciplinary action. If
5 another jurisdiction has taken disciplinary action against the applicant
6 on any credential the applicant has held, the appropriate board under the
7 Uniform Credentialing Act shall determine if the cause for the
8 disciplinary action was corrected and the matter resolved. If the matter
9 has not been resolved, the applicant is not eligible for a credential
10 under this section until the matter is resolved; and

11 (h) Receipt of a passing score on a credentialing examination
12 specific to the laws of Nebraska if required by the appropriate board
13 under the Uniform Credentialing Act.

14 (4) An applicant who obtains a credential upon compliance with
15 subsections (2) and (3) of this section shall establish residency in
16 Nebraska within one hundred eighty days after the issuance of the
17 credential and shall provide proof of residency in a manner and within
18 the time period required by the department. The department shall
19 automatically revoke the credential of any credential holder who fails to
20 comply with this subsection.

21 (5) In addition to failure to submit the required documentation in
22 subsection (3) of this section, an applicant shall not be eligible for a
23 credential under this section if:

24 (a) The applicant had a credential revoked, subject to any other
25 disciplinary action, or voluntarily surrendered due to an investigation
26 in any jurisdiction for unprofessional conduct or any other conduct which
27 would be subject to section 38-178 if the conduct occurred in Nebraska;

28 (b) The applicant has a complaint, allegation, or investigation
29 pending before any jurisdiction that relates to unprofessional conduct or
30 any other conduct which would be subject to section 38-178 if the conduct
31 occurred in Nebraska. If the matter has not been resolved, the applicant

1 is not eligible for a credential under this section until the matter is
2 resolved; or

3 (c) The person has a disqualifying criminal history as determined by
4 the appropriate board pursuant to the Uniform Credentialing Act and rules
5 and regulations adopted and promulgated under the act.

6 (6) A person who holds a credential under this section shall be
7 subject to the Uniform Credentialing Act and other laws of this state
8 relating to the person's practice under the credential and shall be
9 subject to the jurisdiction of the appropriate board.

10 (7) This section applies to credentials for:

11 (a) Professions governed by the Advanced Practice Registered Nurse
12 Practice Act, the Behavior Analyst Practice Act, the Certified Nurse
13 Midwifery Practice Act, the Certified Registered Nurse Anesthetist
14 Practice Act, the Clinical Nurse Specialist Practice Act, the Dentistry
15 Practice Act, the Dialysis Patient Care Technician Registration Act, the
16 Emergency Medical Services Practice Act, the Medical Nutrition Therapy
17 Practice Act, the Medical Radiography Practice Act, the Nurse
18 Practitioner Practice Act, the Optometry Practice Act, the Perfusion
19 Practice Act, the Pharmacy Practice Act, the Psychology Practice Act, and
20 the Surgical First Assistant Practice Act; and

21 (b) Physician assistants and acupuncturists credentialed pursuant to
22 the Medicine and Surgery Practice Act.

23 Sec. 19. Section 38-131, Revised Statutes Cumulative Supplement,
24 2022, is amended to read:

25 38-131 (1) An applicant for an initial license to practice as a
26 registered nurse, a licensed practical nurse, a physical therapist, a
27 physical therapy assistant, a psychologist, an advanced emergency medical
28 technician, an emergency medical technician, an audiologist, a speech-
29 language pathologist, a licensed independent mental health practitioner,
30 an occupational therapist, an occupational therapy assistant, or a
31 paramedic or to practice a profession which is authorized to prescribe

1 controlled substances shall be subject to a criminal background check. A
2 ~~criminal background check may also be required for initial licensure or~~
3 ~~reinstatement of a license governed by the Uniform Credentialing Act if a~~
4 ~~criminal background check is required by an interstate licensure compact.~~
5 Except as provided in subsection ~~(4)~~ ~~(3)~~ of this section, such an the
6 applicant for an initial license shall submit with the application a full
7 set of fingerprints which shall be forwarded to the Nebraska State Patrol
8 ~~to be submitted to the Federal Bureau of Investigation~~ for a national
9 criminal history record information check. The applicant shall authorize
10 release of the results of the national criminal history record
11 information check by the Federal Bureau of Investigation to the
12 department. The applicant shall pay the actual cost of the fingerprinting
13 and criminal background check.

14 (2) The Nebraska State Patrol is authorized to submit the
15 fingerprints of such applicants to the Federal Bureau of Investigation
16 and to issue a report to the department that includes the criminal
17 history record information concerning the applicant. The Nebraska State
18 Patrol shall forward submitted fingerprints to the Federal Bureau of
19 Investigation for a national criminal history record information check.
20 The Nebraska State Patrol shall issue a report to the department that
21 includes the criminal history record information concerning the
22 applicant.

23 ~~(3)~~ ~~(2)~~ This section shall not apply to a dentist who is an
24 applicant for a dental locum tenens under section 38-1122, to a physician
25 or osteopathic physician who is an applicant for a physician locum tenens
26 under section 38-2036, or to a veterinarian who is an applicant for a
27 veterinarian locum tenens under section 38-3335.

28 ~~(4)~~ ~~(3)~~ An applicant for a temporary educational permit as defined
29 in section 38-2019 shall have ninety days from the issuance of the permit
30 to comply with subsection (1) of this section and shall have such ~~his or~~
31 ~~her~~ permit suspended after such ninety-day period if the criminal

1 background check is not complete or revoked if the criminal background
2 check reveals that the applicant was not qualified for the permit.

3 (5) The department and the Nebraska State Patrol may adopt and
4 promulgate rules and regulations concerning costs associated with the
5 fingerprinting and the national criminal history record information
6 check.

7 (6) For purposes of interpretation by the Federal Bureau of
8 Investigation, the term department in this section means the Division of
9 Public Health of the Department of Health and Human Services.

10 Sec. 20. Section 38-167, Revised Statutes Cumulative Supplement,
11 2022, is amended to read:

12 38-167 (1) Boards shall be designated as follows:

13 (a) Board of Advanced Practice Registered Nurses;

14 (b) Board of Alcohol and Drug Counseling;

15 (c) Board of Athletic Training;

16 (d) Board of Audiology and Speech-Language Pathology;

17 (e) Board of Behavior Analysts;

18 (f) ~~(e)~~ Board of Chiropractic;

19 (g) ~~(f)~~ Board of Cosmetology, Electrology, Esthetics, Nail
20 Technology, and Body Art;

21 (h) ~~(g)~~ Board of Dentistry;

22 (i) ~~(h)~~ Board of Emergency Medical Services;

23 (j) ~~(i)~~ Board of Registered Environmental Health Specialists;

24 (k) ~~(j)~~ Board of Funeral Directing and Embalming;

25 (l) ~~(k)~~ Board of Hearing Instrument Specialists;

26 (m) ~~(l)~~ Board of Massage Therapy;

27 (n) ~~(m)~~ Board of Medical Nutrition Therapy;

28 (o) ~~(n)~~ Board of Medical Radiography;

29 (p) ~~(o)~~ Board of Medicine and Surgery;

30 (q) ~~(p)~~ Board of Mental Health Practice;

31 (r) ~~(q)~~ Board of Nursing;

- 1 ~~(s)~~ ~~(r)~~ Board of Nursing Home Administration;
- 2 ~~(t)~~ ~~(s)~~ Board of Occupational Therapy Practice;
- 3 ~~(u)~~ ~~(t)~~ Board of Optometry;
- 4 ~~(v)~~ ~~(u)~~ Board of Pharmacy;
- 5 ~~(w)~~ ~~(v)~~ Board of Physical Therapy;
- 6 ~~(x)~~ ~~(w)~~ Board of Podiatry;
- 7 ~~(y)~~ ~~(x)~~ Board of Psychology;
- 8 ~~(z)~~ ~~(y)~~ Board of Respiratory Care Practice; and
- 9 ~~(aa)~~ ~~(z)~~ Board of Veterinary Medicine and Surgery.

10 (2) Any change made by the Legislature of the names of boards listed
11 in this section shall not change the membership of such boards or affect
12 the validity of any action taken by or the status of any action pending
13 before any of such boards. Any such board newly named by the Legislature
14 shall be the direct and only successor to the board as previously named.

15 Sec. 21. Section 38-186, Revised Statutes Cumulative Supplement,
16 2022, is amended to read:

17 38-186 (1) A petition shall be filed by the Attorney General in
18 order for the director to discipline a credential obtained under the
19 Uniform Credentialing Act to:

20 (a) Practice or represent oneself as being certified under any of
21 the practice acts enumerated in section 38-101 other than subdivision
22 (21) subdivisions (1) through (19) and (21) through (35) of section
23 38-101; or

24 (b) Operate as a business for the provision of services in body art;
25 cosmetology; emergency medical services; esthetics; funeral directing and
26 embalming; massage therapy; and nail technology in accordance with
27 subsection (3) of section 38-121.

28 (2) The petition shall be filed in the office of the director. The
29 department may withhold a petition for discipline or a final decision
30 from public access for a period of five days from the date of filing the
31 petition or the date the decision is entered or until service is made,

1 whichever is earliest.

2 (3) The proceeding shall be summary in its nature and triable as an
3 equity action and shall be heard by the director or by a hearing officer
4 designated by the director under rules and regulations of the department.
5 Affidavits may be received in evidence in the discretion of the director
6 or hearing officer. The department shall have the power to administer
7 oaths, to subpoena witnesses and compel their attendance, and to issue
8 subpoenas duces tecum and require the production of books, accounts, and
9 documents in the same manner and to the same extent as the district
10 courts of the state. Depositions may be used by either party.

11 Sec. 22. Section 38-1,125, Revised Statutes Cumulative Supplement,
12 2022, is amended to read:

13 38-1,125 (1) Except as otherwise provided in section 38-2897, every
14 credential holder shall, within thirty days of an occurrence described in
15 this subsection, report to the department in such manner and form as the
16 department may require whenever he or she:

17 (a) Has first-hand knowledge of facts giving him or her reason to
18 believe that any person in his or her profession:

19 (i) Has acted with gross incompetence or gross negligence;

20 (ii) Has engaged in a pattern of incompetent or negligent conduct as
21 defined in section 38-177;

22 (iii) Has engaged in unprofessional conduct as defined in section
23 38-179;

24 (iv) Has been practicing while his or her ability to practice is
25 impaired by alcohol, controlled substances, mind-altering substances, or
26 physical, mental, or emotional disability; or

27 (v) Has otherwise violated the regulatory provisions governing the
28 practice of the profession;

29 (b) Has first-hand knowledge of facts giving him or her reason to
30 believe that any person in another profession:

31 (i) Has acted with gross incompetence or gross negligence; or

1 (ii) Has been practicing while his or her ability to practice is
2 impaired by alcohol, controlled substances, mind-altering substances, or
3 physical, mental, or emotional disability; or

4 (c) Has been the subject of any of the following actions:

5 (i) Loss of privileges in a hospital or other health care facility
6 due to alleged incompetence, negligence, unethical or unprofessional
7 conduct, or physical, mental, or chemical impairment or the voluntary
8 limitation of privileges or resignation from the staff of any health care
9 facility when that occurred while under formal or informal investigation
10 or evaluation by the facility or a committee of the facility for issues
11 of clinical competence, unprofessional conduct, or physical, mental, or
12 chemical impairment;

13 (ii) Loss of employment due to alleged incompetence, negligence,
14 unethical or unprofessional conduct, or physical, mental, or chemical
15 impairment;

16 (iii) An adverse judgment, settlement, or award arising out of a
17 professional liability claim, including a settlement made prior to suit
18 in which the consumer releases any professional liability claim against
19 the credentialed person, or adverse action by an insurance company
20 affecting professional liability coverage. The department may define what
21 constitutes a settlement that would be reportable when a credential
22 holder refunds or reduces a fee or makes no charge for reasons related to
23 a consumer complaint other than costs;

24 (iv) Denial of a credential or other form of authorization to
25 practice by any jurisdiction due to alleged incompetence, negligence,
26 unethical or unprofessional conduct, or physical, mental, or chemical
27 impairment;

28 (v) Disciplinary action against any credential or other form of
29 permit he or she holds taken by any jurisdiction, the settlement of such
30 action, or any voluntary surrender of or limitation on any such
31 credential or other form of permit;

1 (vi) Loss of membership in, or discipline of a credential related to
2 the applicable profession by, a professional organization due to alleged
3 incompetence, negligence, unethical or unprofessional conduct, or
4 physical, mental, or chemical impairment; or

5 (vii) Conviction of any misdemeanor or felony in this or any other
6 jurisdiction.

7 (2) The requirement to file a report under subdivision (1)(a) or (b)
8 of this section shall not apply:

9 (a) To the spouse of the credential holder;

10 (b) To a practitioner who is providing treatment to such credential
11 holder in a practitioner-consumer relationship concerning information
12 obtained or discovered in the course of treatment unless the treating
13 practitioner determines that the condition of the credential holder may
14 be of a nature which constitutes a danger to the public health and safety
15 by the credential holder's continued practice;~~or~~

16 (c) When a credential holder who is chemically impaired enters the
17 Licensee Assistance Program authorized by section 38-175 except as
18 otherwise provided in such section; or -

19 (d) To a credential holder who is providing coaching, training, or
20 mentoring services to another credential holder through a physician
21 wellness program as defined in section 16 of this act except as otherwise
22 provided in section 16 of this act.

23 (3) A report submitted by a professional liability insurance company
24 on behalf of a credential holder within the thirty-day period prescribed
25 in subsection (1) of this section shall be sufficient to satisfy the
26 credential holder's reporting requirement under subsection (1) of this
27 section.

28 Sec. 23. Section 38-1416, Revised Statutes Cumulative Supplement,
29 2022, is amended to read:

30 38-1416 (1) Before beginning an apprenticeship, an applicant shall
31 apply for an apprentice license. The applicant shall show that he or she

1 has completed twenty of the forty hours required in subdivision (1)(a) of
2 section 38-1414. The applicant may complete the twelve-month
3 apprenticeship in either a split apprenticeship or a full apprenticeship
4 as provided in this section.

5 (2) A split apprenticeship shall be completed in the following
6 manner:

7 (a) Application for an apprentice license to complete a six-month
8 apprenticeship prior to or while attending an accredited school of
9 mortuary science, which license shall be valid for six months from the
10 date of issuance and shall not be extended by the board. The
11 apprenticeship shall be completed over a continuous six-month period;

12 (b) Successful completion of a full course of study in an accredited
13 school of mortuary science;

14 (c) Successful passage of the national standardized examination; and

15 (d) Application for an apprentice license to complete the final six-
16 month apprenticeship, which license shall be valid for six months from
17 the date of issuance and shall not be extended by the board. The
18 apprenticeship shall be completed over a continuous six-month period.

19 (3) A full apprenticeship shall be completed in the following
20 manner:

21 (a) Successful completion of a full course of study in an accredited
22 school of mortuary science;

23 (b) Successful passage of the national standardized examination; and

24 (c) Application for an apprentice license to complete a twelve-month
25 apprenticeship. This license shall be valid for twelve months from the
26 date of issuance and shall not be extended by the board. The
27 apprenticeship shall be completed over a continuous twelve-month period.

28 (4) An individual registered as an apprentice on December 1, 2008,
29 shall be deemed to be licensed as an apprentice for the term of the
30 apprenticeship on such date.

31 Sec. 24. Section 38-1801, Reissue Revised Statutes of Nebraska, is

1 amended to read:

2 38-1801 Sections 38-1801 to 38-1816 and sections 27, 30, 32, 34 to
3 40, and 45 to 50 of this act shall be known and may be cited as the
4 Medical Nutrition Therapy Practice Act.

5 Sec. 25. Section 38-1802, Reissue Revised Statutes of Nebraska, is
6 amended to read:

7 38-1802 (1) The Legislature finds that:

8 (a) The unregulated practice of medical nutrition therapy can
9 clearly harm or endanger the health, safety, and welfare of the public;

10 (b) The public can reasonably be expected to benefit from an
11 assurance of initial and continuing professional ability; and

12 (c) The public cannot be effectively protected by a less cost-
13 effective means than state regulation of the practice of medical
14 nutrition therapy. The Legislature also finds that dietitians and
15 nutritionists ~~medical nutrition therapists~~ must exercise independent
16 judgment and that professional education, training, and experience are
17 required to make such judgment.

18 (2) The Legislature further finds that the practice of medical
19 nutrition therapy in the State of Nebraska is not sufficiently regulated
20 for the protection of the health, safety, and welfare of the public. It
21 declares that this is a matter of statewide concern and it shall be the
22 policy of the State of Nebraska to promote high standards of professional
23 performance by those persons representing themselves as licensed
24 dietitian nutritionists and licensed nutritionists ~~medical nutrition~~
25 ~~therapists~~.

26 Sec. 26. Section 38-1803, Reissue Revised Statutes of Nebraska, is
27 amended to read:

28 38-1803 For purposes of the Medical Nutrition Therapy Practice Act
29 and elsewhere in the Uniform Credentialing Act, unless the context
30 otherwise requires, the definitions found in sections 38-1805 ~~38-1804~~ to
31 38-1810 and sections 27, 30, 32, and 34 to 40 of this act apply.

1 Sec. 27. Appropriate supervision means the specific type,
2 intensity, and frequency of supervision determined by an assessment of a
3 combination of factors, which include discipline, level of education and
4 experience of the supervisee, and assigned level of responsibility.

5 Sec. 28. Section 38-1806, Reissue Revised Statutes of Nebraska, is
6 amended to read:

7 38-1806 Consultation means conferring with a physician, nurse
8 practitioner, or physician assistant regarding the provision of medical
9 nutrition therapy activities of the licensed medical nutrition therapist.
10 In the inpatient setting, consultation may be satisfied by practicing
11 under clinical privileges or following facility-established protocols. In
12 the outpatient setting, consultation may be satisfied by conferring with
13 a consulting physician or the referring primary care practitioner or
14 physician of the patient.

15 Sec. 29. Section 38-1807, Reissue Revised Statutes of Nebraska, is
16 amended to read:

17 38-1807 General nonmedical nutrition information means information
18 on any of the following:

- 19 (1) Principles of good nutrition and food preparation;
20 (2) Food that should be included in the normal diet;
21 (3) Essential nutrients needed by the human body;
22 (4) Recommended amounts of essential nutrients required by the human
23 body;
24 (5) Actions of nutrients in the human body; and
25 (6) Food and supplements that are good sources of essential
26 nutrients required by the human body.

27 ~~General nutrition services includes, but is not limited to:~~

28 ~~(1) Identifying the nutritional needs of individuals and groups in~~
29 ~~relation to normal nutritional requirements; and~~

30 ~~(2) Planning, implementing, and evaluating nutrition education~~
31 ~~programs for individuals and groups in the selection of food to meet~~

1 ~~normal nutritional needs throughout the life cycle.~~

2 Sec. 30. General supervision for the purpose of post-degree
3 clinical practice experience means the qualified supervisor is onsite and
4 present at the location where nutrition-care services are provided or is
5 immediately available by means of electronic communications to the
6 supervisee providing the services and both maintains continued
7 involvement in the appropriate aspects of patient care and has primary
8 responsibility for all nutrition-care services rendered by the
9 supervisee.

10 Sec. 31. Section 38-1808, Reissue Revised Statutes of Nebraska, is
11 amended to read:

12 38-1808 Licensed dietitian nutritionist ~~medical nutrition therapist~~
13 means a person who is licensed to practice medical nutrition therapy
14 pursuant to the Uniform Credentialing Act and who holds a current license
15 issued by the department pursuant to section 38-1813 ~~the Medical~~
16 ~~Nutrition Therapy Practice Act.~~

17 Sec. 32. Licensed nutritionist means a person who is licensed to
18 practice medical nutrition therapy pursuant to the Uniform Credentialing
19 Act and who holds a current license issued by the department pursuant to
20 section 45 of this act.

21 Sec. 33. Section 38-1809, Reissue Revised Statutes of Nebraska, is
22 amended to read:

23 38-1809 Medical nutrition therapy means the assessment of the
24 nutritional status of patients and the provision of the following
25 nutrition-care services for the treatment or management of a disease or
26 medical condition by: ~~assessment of the nutritional status of patients.~~
27 ~~Medical nutrition therapy involves the assessment of patient nutritional~~
28 ~~status followed by treatment, ranging from diet modification to~~
29 ~~specialized nutrition support, such as determining nutrient needs for~~
30 ~~enteral and parenteral nutrition, and monitoring to evaluate patient~~
31 ~~response to such treatment.~~

1 (1) Assessing and evaluating the nutritional needs of people and
2 groups and determining resources and constraints in the practice setting,
3 including ordering laboratory tests to check and track nutrition status,
4 creating dietary plans and orders, and monitoring the effectiveness of
5 such plans and orders;

6 (2) Establishing priorities, goals, and objectives that meet
7 nutritional needs and are consistent with available resources and
8 constraints;

9 (3) Providing nutrition counseling; and

10 (4) Ordering therapeutic diets.

11 Sec. 34. Nutrition-care services means any or all of the following
12 services provided within a systematic process:

13 (1) Assessing and evaluating the nutritional needs of people and
14 groups and determining resources and constraints in the practice setting,
15 including ordering laboratory tests to check and track nutrition status,
16 creating dietary plans and orders, and monitoring the effectiveness of
17 such plans and orders;

18 (2) Establishing priorities, goals, and objectives that meet
19 nutritional needs and are consistent with available resources and
20 constraints;

21 (3) Providing nutrition counseling, including in health and disease;

22 (4) Developing, implementing, and managing nutrition-care systems;

23 (5) Evaluating, changing, and maintaining appropriate standards of
24 quality in food and nutrition services; and

25 (6) Ordering therapeutic diets.

26 Sec. 35. Nutrition counseling means a supportive process,
27 characterized by a collaborative counselor-patient or counselor-client
28 relationship with individuals or groups, to establish food and nutrition
29 priorities, goals, and individualized action plans and general physical
30 activity guidance that acknowledge and foster responsibility for self-
31 care to treat or manage an existing disease or medical condition or to

1 promote health and wellness.

2 Sec. 36. Practice of dietetics and nutrition means the integration
3 and application of scientific principles derived from the study of food,
4 nutrition, biochemistry, metabolism, nutrigenomics, physiology, food
5 management, and behavioral and social sciences in achieving and
6 maintaining health throughout the life span and in providing nutrition
7 care in person or by telehealth, including medical nutrition therapy, for
8 the purpose of disease management and prevention, or to treat or
9 rehabilitate an illness, injury, or condition. The primary functions of
10 the practice of dietetics and nutrition are the provision of medical
11 nutrition therapy for the purpose of disease management or to treat or
12 rehabilitate an illness, injury, or condition and the provision of other
13 nutrition-care services for health and wellness and as primary prevention
14 of chronic disease.

15 Sec. 37. Primary care practitioner means a physician licensed
16 pursuant to section 38-2026 or sections 38-2029 to 38-2033 who provides
17 primary care services, a nurse practitioner licensed pursuant to section
18 38-2317 who provides primary care services, or a physician assistant
19 licensed pursuant to section 38-2049 who provides primary care services
20 under a collaborative agreement with the supervision of a physician.

21 Sec. 38. (1) Qualified supervisor means:

22 (a) When supervising the provision of medical nutrition therapy by a
23 person who is completing post-degree clinical practice experience, a
24 person who either:

25 (i) Is a licensed dietitian nutritionist, a licensed nutritionist,
26 or a health care provider licensed in any state or territory, including
27 licensed or certified dietitian nutritionists and licensed nutritionists,
28 whose scope of practice includes the provision of medical nutrition
29 therapy; or

30 (ii) In the case of a person in a state that does not provide for
31 such licensure or certification, meets such other criteria as the board

1 may establish, including by a registered dietitian nutritionist or a
2 certified nutrition specialist, or is a health care provider authorized
3 in another state or territory to provide medical nutrition therapy; and

4 (b) When supervising the provision of nutrition-care services that
5 does not constitute medical nutrition therapy, a person who:

6 (i) Meets the qualifications of subdivision (1)(a) of this section;
7 or

8 (ii) Has worked in the field of clinical nutrition for at least
9 three of the last five years immediately preceding commencement of the
10 applicant's supervised practice experience and holds a master's or
11 doctoral degree with a major course of study in dietetics, human
12 nutrition, foods and nutrition, clinical nutrition, applied clinical
13 nutrition, community nutrition, public health nutrition, naturopathic
14 medicine, nutrition education, nutrition counseling, nutrition science,
15 nutrition and functional medicine, nutritional biochemistry, or nutrition
16 and integrative health, or an equivalent course of study as approved by
17 the board.

18 (2) In order to qualify as a qualified supervisor in Nebraska, a
19 supervisor obtaining a doctoral degree outside the United States or its
20 territories shall have such degree validated by the board as equivalent
21 to the doctoral degree conferred by an accredited college or university
22 in the United States or its territories.

23 (3) A qualified supervisor shall be licensed under the Uniform
24 Credentialing Act to provide medical nutrition therapy if supervising an
25 applicant providing medical nutrition therapy to a person in this state.

26 Sec. 39. Registered dietitian or registered dietitian nutritionist
27 means a person who is currently registered as a registered dietitian or a
28 registered dietitian nutritionist by the Commission on Dietetic
29 Registration of the Academy of Nutrition and Dietetics or a similar
30 successor entity approved by the department.

31 Sec. 40. Therapeutic diet means a diet intervention prescribed by a

1 physician or other health care professional that provides food or
2 nutrients via oral, enteral, or parenteral routes as part of the
3 treatment of a disease or diagnosed clinical condition to modify,
4 eliminate, decrease, or increase identified micronutrients or
5 macronutrients in the diet or to provide mechanically altered food when
6 indicated.

7 Sec. 41. Section 38-1810, Reissue Revised Statutes of Nebraska, is
8 amended to read:

9 38-1810 Patient means an individual recipient of medical nutrition
10 therapy, whether in the outpatient or inpatient setting ~~a person with a~~
11 ~~disease, illness, injury, or medical condition for which nutritional~~
12 ~~interventions are an essential component of standard care.~~

13 Sec. 42. Section 38-1811, Reissue Revised Statutes of Nebraska, is
14 amended to read:

15 38-1811 (1) The board shall consist of three professional members,
16 one physician, and one public member appointed pursuant to section 38-158
17 until December 1, 2023.

18 (2) Beginning on December 1, 2023, the board shall consist of five
19 members as follows: Three professional members, of which one shall be a
20 licensed nutritionist or a licensed dietitian nutritionist and two shall
21 be licensed dietitian nutritionists; one physician; and one public
22 member.

23 (3) The members shall meet the requirements of sections 38-164 and
24 38-165.

25 Sec. 43. Section 38-1812, Reissue Revised Statutes of Nebraska, is
26 amended to read:

27 38-1812 No person shall practice medical nutrition therapy unless he
28 ~~or she is~~ licensed for such purpose pursuant to the Uniform Credentialing
29 Act. The practice of medical nutrition therapy shall be provided with the
30 consultation of a physician licensed pursuant to section 38-2026 or
31 sections 38-2029 to 38-2033, a nurse practitioner licensed pursuant to

1 section 38-2317, or a physician assistant licensed pursuant to section
2 38-2049. The Medical Nutrition Therapy Practice Act shall not be
3 construed to require a license under the act in order to ~~The practice of~~
4 ~~medical nutrition therapy shall not include:~~

5 (1) Practice medical nutrition therapy within the scope of the
6 official duties of an employee of the state or federal government or
7 while serving in the armed forces of the United States;

8 (2) Engage in practice within the scope of a credential issued under
9 the Uniform Credentialing Act;

10 (3) Practice medical nutrition therapy as a student while pursuing a
11 course of study leading to a degree in dietetics, nutrition, or an
12 equivalent major course of study from an accredited school or program as
13 part of a supervised course of study, if all of the following apply: (a)
14 The person is not engaged in the unrestricted practice of medical
15 nutrition therapy; (b) the person uses a title clearly indicating the
16 person's status as a student or trainee; and (c) the person is in
17 compliance with appropriate supervision requirements developed by the
18 board, including the requirement that the supervised practice experience
19 must be under the order, control, and full professional responsibility of
20 such supervisor. Nothing in this subdivision shall be construed to permit
21 students, trainees, or supervisees to practice medical nutrition therapy
22 other than as specifically allowed in this subdivision and as provided in
23 section 50 of this act;

24 (4) Be employed as a nutrition or dietetic technician or other food
25 service professional who is working in a hospital setting or other
26 regulated health care facility or program and who has been trained and is
27 supervised while engaged in the provision of medical nutrition therapy by
28 an individual licensed pursuant to the Medical Nutrition Therapy Practice
29 Act whose services are retained by that facility or program on a full-
30 time or regular, part-time, or consultant basis;

31 (5) Provide individualized nutrition information, guidance,

1 motivation, nutrition recommendations, behavior change management, health
2 coaching, holistic and wellness education, or other nutrition-care
3 services that do not constitute medical nutrition therapy as long as such
4 activity is being performed by a person who is not licensed under the
5 Medical Nutrition Therapy Practice Act and who is not acting in the
6 capacity of or claiming to be a licensed dietitian nutritionist or
7 licensed nutritionist;

8 (6) Accept or transmit written, verbal, delegated, or
9 electromagnetically transmitted orders for medical nutrition therapy from
10 a referring provider by a registered nurse or licensed practical nurse;

11 (7) Provide medical nutrition therapy without remuneration to family
12 members;

13 (8) Aide in the provision of medical nutrition therapy if:

14 (a) The person performs nutrition-care services at the direction of
15 an individual licensed under the Uniform Credentialing Act whose scope of
16 practice includes provision of medical nutrition therapy; and

17 (b) The person performs only support activities of medical nutrition
18 therapy that do not require the exercise of independent judgment for
19 which a license under the Medical Nutrition Therapy Practice Act is
20 required;

21 ~~(1) Any person credentialed in this state pursuant to the Uniform~~
22 ~~Credentialing Act and engaging in such profession or occupation for which~~
23 ~~he or she is credentialed;~~

24 ~~(2) Any student engaged in an academic program under the supervision~~
25 ~~of a licensed medical nutrition therapist as part of a major course of~~
26 ~~study in human nutrition, food and nutrition, or dietetics, or an~~
27 ~~equivalent major course of study approved by the board, and who is~~
28 ~~designated with a title which clearly indicates the person's status as a~~
29 ~~student or trainee;~~

30 ~~(3) Persons practicing medical nutrition therapy who serve in the~~
31 ~~armed forces of the United States or the United States Public Health~~

1 ~~Service or who are employed by the United States Department of Veterans~~
2 ~~Affairs or other federal agencies, if their practice is limited to that~~
3 ~~service or employment;~~

4 (9) Practice ~~(4) Persons practicing~~ medical nutrition therapy if the
5 practitioner is ~~who are~~ licensed in another state, United States
6 territory ~~possession,~~ or country, has ~~or have~~ received at least a
7 baccalaureate degree, and is ~~are~~ in this state for the purpose of:

8 (a) Consultation, ~~if the practice in this state is limited to~~
9 consultation; or

10 (b) Conducting a teaching clinical demonstration in connection with
11 a program of basic clinical education, graduate education, or
12 postgraduate education which is sponsored by a dietetic education program
13 or a major course of study in human nutrition, food and nutrition, or
14 dietetics, or an equivalent major course of study approved by the board;

15 (10) Perform individualized ~~(5) Persons performing~~ general
16 nutrition-care ~~nutrition~~ services, not constituting medical nutrition
17 therapy, incidental to the practice of the profession insofar as it does
18 not exceed the scope of the person's ~~their~~ education and training;

19 (11) Market ~~(6) Persons who market~~ or distribute food, food
20 materials, or dietary supplements, advise regarding ~~including persons~~
21 ~~employed in health food stores, or persons engaged in the advising of the~~
22 use of those products, ~~or the preparation of those products,~~ or counsel
23 ~~the counseling of~~ individuals or groups in the selection of products to
24 meet general nutrition needs;

25 (12) Conduct ~~(7) Persons conducting~~ classes or disseminate
26 ~~disseminating information related to~~ general nonmedical nutrition
27 information services;

28 (13) Provide ~~(8) Persons who~~ care for the sick in accordance with
29 the tenets and practices of any bona fide church or religious
30 denomination;

31 (14) Practice medical nutrition therapy for the limited purpose of

1 education and research by any person with a master's or doctoral degree
2 from a United States accredited college or university with a major course
3 of study in nutrition or an equivalent course of study as approved by the
4 department;

5 (15) Provide (9) Persons who provide information and instructions
6 regarding food intake or exercise as a part of a weight control program;
7 and

8 (16) Participate (10) Persons with advanced postgraduate degrees
9 involved in academic teaching or research with an advanced postgraduate
10 degree; and -

11 (17) Present a general program of instruction for medical weight
12 control for an individual with prediabetes or obesity if the program has
13 been approved in writing by, consultation is available from, and no
14 program change is initiated without prior approval from, any one of the
15 following:

16 (a) A licensed dietitian nutritionist or a licensed nutritionist;

17 (b) A registered dietitian or registered dietitian nutritionist;

18 (c) A certified nutritionist specialist; or

19 (d) A licensed health care practitioner acting within the scope of
20 such practitioner's license as part of a plan of care.

21 Sec. 44. Section 38-1813, Revised Statutes Cumulative Supplement,
22 2022, is amended to read:

23 38-1813 (1) A person shall be eligible ~~qualified~~ to be a licensed
24 dietitian nutritionist ~~medical nutrition therapist~~ if such person is
25 eighteen years of age or older, submits a completed application as
26 required by the board, submits fees required by the board, and furnishes
27 evidence of that he or she:

28 (a) A current, valid registration as a registered dietitian
29 nutritionist with the Commission on Dietetic Registration or a similar
30 successor entity approved by the department; or

31 (b)(i)(A) A master's or doctoral degree from a college or university

1 accredited at the time of graduation from the appropriate accrediting
2 agency recognized by the Council for Higher Education Accreditation and
3 the United States Department of Education with a major course of study in
4 human nutrition, foods and nutrition, dietetics, food systems management,
5 nutrition education, nutrition, nutrition science, clinical nutrition,
6 applied clinical nutrition, nutrition counseling, nutrition and
7 functional medicine, nutritional biochemistry, nutrition and integrative
8 health, or an equivalent course of study that, as approved by the board,
9 meets the competency requirements of an accredited didactic program in
10 dietetics of the Accreditation Council for Education in Nutrition and
11 Dietetics or a similar successor entity approved by the Department of
12 Health and Human Services; or

13 (B) An academic degree from a foreign country that has been
14 validated as equivalent by a credential evaluation agency recognized by
15 the United States Department of Education and that, as approved by the
16 board, meets the competency requirements of an accredited didactic
17 program in dietetics of the Accreditation Council for Education in
18 Nutrition and Dietetics;

19 (ii) Successful completion of a planned clinical program in an
20 approved practice of dietetics and nutrition that, as approved by the
21 board, meets the competency requirements of an accredited supervised
22 practice experience in dietetics of the Accreditation Council for
23 Education in Nutrition and Dietetics comprised of not less than one
24 thousand hours of practice under the supervision of a registered
25 dietitian nutritionist. A supervisor who obtained a doctoral degree
26 outside of the United States and territories of the United States shall
27 have the degree validated as equivalent to a doctoral degree conferred by
28 an accredited college or university in the United States by a credential
29 evaluation agency recognized by the United States Department of Education
30 as approved by the Department of Health and Human Services; and

31 (iii) Successful completion of the examination for dietitian

1 nutritionists administered by the Commission on Dietetic Registration of
2 the Academy of Nutrition and Dietetics or a similar successor entity
3 approved by the Department of Health and Human Services.

4 (2) A person licensed as a licensed medical nutrition therapist and
5 credentialed as a registered dietitian nutritionist by the Commission on
6 Dietetic Registration or a similar successor entity recognized by the
7 board on the operative date of this section shall be deemed to be
8 licensed as a licensed dietitian nutritionist for the term of the
9 license. A person licensed as a licensed medical nutrition therapist who
10 is not credentialed as a registered dietitian on the operative date of
11 this section shall be deemed to be licensed as a licensed nutritionist
12 for the term of the license.

13 ~~(a) Has met the requirements for and is a registered dietitian by~~
14 ~~the American Dietetic Association or an equivalent entity recognized by~~
15 ~~the board;~~

16 ~~(b)(i) Has satisfactorily passed an examination approved by the~~
17 ~~board;~~

18 ~~(ii) Has received a baccalaureate degree from an accredited college~~
19 ~~or university with a major course of study in human nutrition, food and~~
20 ~~nutrition, dietetics, or an equivalent major course of study approved by~~
21 ~~the board; and~~

22 ~~(iii) Has satisfactorily completed a program of supervised clinical~~
23 ~~experience approved by the department. Such clinical experience shall~~
24 ~~consist of not less than nine hundred hours of a planned continuous~~
25 ~~experience in human nutrition, food and nutrition, or dietetics under the~~
26 ~~supervision of an individual meeting the qualifications of this section;~~
27 ~~or~~

28 ~~(c)(i) Has satisfactorily passed an examination approved by the~~
29 ~~board; and~~

30 ~~(ii)(A) Has received a master's or doctorate degree from an~~
31 ~~accredited college or university in human nutrition, nutrition education,~~

1 ~~food and nutrition, or public health nutrition or in an equivalent major~~
2 ~~course of study approved by the board; or~~

3 ~~(B) Has received a master's or doctorate degree from an accredited~~
4 ~~college or university which includes a major course of study in clinical~~
5 ~~nutrition. Such course of study shall consist of not less than a combined~~
6 ~~two hundred hours of biochemistry and physiology and not less than~~
7 ~~seventy-five hours in human nutrition.~~

8 ~~(2) For purposes of this section, accredited college or university~~
9 ~~means an institution currently listed with the United States Secretary of~~
10 ~~Education as accredited. Applicants who have obtained their education~~
11 ~~outside of the United States and its territories shall have their~~
12 ~~academic degrees validated as equivalent to a baccalaureate or master's~~
13 ~~degree conferred by a United States accredited college or university.~~

14 ~~(3)(a) The practice of medical nutrition therapy shall be performed~~
15 ~~under the consultation of a physician licensed pursuant to section~~
16 ~~38-2026 or sections 38-2029 to 38-2033.~~

17 ~~(b) A licensed medical nutrition therapist may order patient diets,~~
18 ~~including therapeutic diets, in accordance with this subsection.~~

19 Sec. 45. A person shall be eligible to be a licensed nutritionist
20 if such person is eighteen years of age or older, submits a completed
21 application as required by the board, submits fees required by the board,
22 and furnishes evidence of:

23 (1) Certification as a certified nutrition specialist or proof of
24 successful completion of the examination administered by the board for
25 Certification of Nutrition Specialists of the American Nutrition
26 Association or a similar successor entity approved by the department or
27 an equivalent examination dealing with all aspects of the practice of
28 dietetics and nutrition approved by the department;

29 (2)(a) A master's or doctoral degree from a college or university
30 accredited at the time of graduation from the appropriate accrediting
31 agency recognized by the Council on Higher Education Accreditation and

1 the United States Department of Education with a major course of study as
2 approved by the board that provides the knowledge requirements necessary
3 for the competent provision of medical nutrition therapy; or

4 (b) An academic degree from a foreign country that has been
5 validated as equivalent to the degree and course of study described in
6 subdivision (a) of this subdivision as determined by the board;

7 (3) Successful completion of coursework leading to competence in
8 medical nutrition therapy which includes (a) fifteen semester hours of
9 clinical or life sciences, including such courses as chemistry, organic
10 chemistry, biology, molecular biology, biotechnology, botany, genetics,
11 genomics, neuroscience, experimental science, immunotherapy, pathology,
12 pharmacology, toxicology, research methods, applied statistics,
13 biostatistics, epidemiology, energy production, molecular pathways,
14 hormone and transmitter regulations and imbalance, and pathophysiologic
15 base of disease, with at least three semester hours in human anatomy and
16 physiology or the equivalent, and (b) fifteen semester hours of nutrition
17 and metabolism, with at least six semester hours in biochemistry or an
18 equivalent approved by the board; and

19 (4) Successful completion of a board-approved, planned, continuous
20 internship or a documented, planned, continuous, supervised practice
21 experience with a qualified supervisor, demonstrating competency in
22 nutrition-care services and the provision of medical nutrition therapy
23 comprised of not less than one thousand hours involving at least two
24 hundred hours of nutrition assessment and nutrition diagnosis, two
25 hundred hours of nutrition intervention or counseling, and two hundred
26 hours of nutrition monitoring and evaluation. A minimum of seven hundred
27 hours of the supervised practice experience is required in professional
28 work settings, and no more than three hundred hours may be in alternate
29 supervised experiences such as observational interactions between patient
30 and practitioner, simulation, case studies, or role playing. This
31 experience shall be under the supervision of a qualified supervisor.

1 Qualified supervisors shall provide general supervision of an applicant's
2 supervised practice experience in the provision of medical nutrition
3 therapy and provide appropriate supervision of an applicant's provision
4 of other nutrition-care services that do not constitute medical nutrition
5 therapy. For purposes of this subdivision, a supervisor shall be licensed
6 in this state if supervising an applicant providing medical nutrition
7 therapy to a person in this state. A supervisor who obtained a doctoral
8 degree outside of the United States and territories of the United States
9 shall have the degree validated as equivalent to a doctoral degree
10 conferred by an accredited college or university in the United States by
11 a credential evaluation agency recognized by the United States Department
12 of Education.

13 Sec. 46. The board shall develop requirements for appropriate
14 supervision consistent with prevailing professional standards considering
15 factors that include, but are not limited to, level of education,
16 experience, and level of responsibility. The requirements shall include:

17 (1) Adequate, active, and continuing review of the supervisee's
18 activities to assure that the supervisee is performing as directed and
19 complying with the statutes and all related administrative regulations;

20 (2) Personal review by the qualified supervisor of the supervisee's
21 practice on a regular basis and regularly scheduled, face-to-face,
22 education and review conferences between the qualified supervisor and the
23 supervisee;

24 (3) Personal review of all charts, records, and clinical notes of
25 the supervisee on a regular basis;

26 (4) Designation of an alternate qualified supervisor to supervise
27 any services provided in the event of a qualified supervisor's absence;
28 and

29 (5) Knowledge of, and adherence to, by each supervisee and qualified
30 supervisor, the assigned level of responsibility and the permissible
31 types of supervision and documentation as determined by the board in

1 supervision requirements.

2 Sec. 47. (1) A temporary license to practice medical nutrition
3 therapy may be granted to any person who meets all the requirements for a
4 license except passage of the examination required by section 38-1813 or
5 section 45 of this act. A temporary licensee shall be supervised by a
6 qualified supervisor. A temporary license shall be valid for one year or
7 until the temporary licensee takes the examination, whichever occurs
8 first. The temporary licensee shall be designated by a title clearly
9 indicating such licensee's status as a student or trainee. If a temporary
10 licensee fails the examination required by section 38-1813 or section 45
11 of this act, the temporary license shall be null and void, except that
12 the department, with the recommendation of the board, may extend the
13 temporary license upon a showing of good cause for up to six months. A
14 temporary license shall not be issued to any person who fails to pass the
15 examination if such person did not hold a valid temporary license prior
16 to the failure to pass the examination.

17 (2) This section shall not apply to a temporary license issued as
18 provided under section 38-129.01.

19 Sec. 48. (1) Unless otherwise authorized or exempted under the
20 Medical Nutrition Therapy Practice Act:

21 (a) Only a licensed dietitian nutritionist or licensed nutritionist
22 may provide medical nutrition therapy; and

23 (b) No person shall use the title dietitian nutritionist,
24 nutritionist, dietitian, licensed dietitian nutritionist, licensed
25 medical nutrition therapist, licensed nutritionist, medical nutrition
26 therapist, or licensed nutrition specialist, or the abbreviation LDN or
27 LN, or any other title, designation, word, letter, abbreviation, or
28 insignia indicating that the person is a provider of medical nutrition
29 therapy or licensed under the Medical Nutrition Therapy Practice Act
30 unless the person is a licensed dietitian nutritionist or a licensed
31 nutritionist.

1 (2) Only a person who is issued a license as a dietitian
2 nutritionist under the act may use the words licensed dietitian
3 nutritionist, dietitian nutritionist, or dietitian or the letters LDN in
4 connection with such person's name. Only a person who is issued a license
5 as a nutritionist under the act may use the words licensed nutritionist
6 or the letters LN in connection with such person's name. Only a person
7 licensed under the act may use the word nutritionist in connection with
8 such person's name. A person may use any lawfully earned federally
9 trademarked title, and the following persons may use the following words,
10 titles, or letters: (a) A registered dietitian nutritionist may use
11 registered dietitian, registered dietitian nutritionist, rd, or rdn; (b)
12 a person who is credentialed by the Board for Certification of Nutrition
13 Specialists as a certified nutrition specialist may use certified
14 nutrition specialist or cns; or (c) a board-certified nutrition
15 pharmacist may use the title nutrition specialist.

16 Sec. 49. (1) A licensed dietitian nutritionist or a licensed
17 nutritionist, unless otherwise exempt, shall:

18 (a) Provide medical nutrition therapy using evidence-based practice
19 and the nutrition-care services process for patients and clients in
20 clinical and community settings for the purpose of treatment or
21 management of a diagnosed medical disease or medical condition. The
22 nutrition-care services process involves application of the scientific
23 method to medical nutrition therapy and consists of four distinct, but
24 interrelated, steps of nutrition assessment, nutrition diagnosis,
25 nutrition intervention, and nutrition monitoring and evaluation;

26 (b) Use specialized knowledge and skill to apply the systematic
27 problem-solving method to make diagnostic judgments when providing
28 medical nutrition therapy for safe, effective, and high-quality care; and

29 (c) Use critical thinking to collect relevant data, determine
30 nutrition diagnosis based upon interpreted data, establish patient and
31 client goals, determine a nutrition plan and interventions to solve the

1 problem, and evaluate the effectiveness of interventions and progress
2 toward the desired goals or outcomes.

3 (2) A licensed dietitian nutritionist or a licensed nutritionist
4 may:

5 (a) Accept or transmit written, verbal, delegated, or
6 electromagnetically transmitted orders from a referring provider
7 consistent with the Medical Nutrition Therapy Practice Act and rules and
8 regulations adopted and promulgated pursuant to the act and with any
9 controlling protocols established to implement medical nutrition therapy;

10 (b) Recommend and order patient diets, including therapeutic diets,
11 oral nutrition supplements, and dietary supplements, in accordance with
12 the Medical Nutrition Therapy Practice Act and the rules and regulations
13 adopted and promulgated pursuant to the act. Therapeutic diets may
14 include oral, enteral, or parenteral nutrition therapy. Enteral and
15 parenteral nutrition therapy consists of enteral feedings or specialized
16 intravenous solutions and associated nutrition-related services as part
17 of a therapeutic diet and shall only be ordered, initiated, or performed
18 by a licensed dietitian nutritionist or licensed nutritionist who also
19 meets one of the following criteria:

20 (i) The licensee is a registered dietitian nutritionist;

21 (ii) The licensee is a certified nutrition support clinician
22 certified by the National Board of Nutrition Support Certification; or

23 (iii) The licensee meets other requirements demonstrating competency
24 as determined by the board in evaluating and ordering enteral and
25 parenteral therapy and administering enteral therapy;

26 (c) Order medical or laboratory tests related to nutritional
27 therapeutic treatments;

28 (d) Implement prescription drug dose adjustments for specific
29 disease treatment protocols within the limits of such licensee's
30 knowledge, skills, judgment, and clinical practice guidelines pursuant to
31 any applicable and controlling facility-approved protocol and as approved

1 and delegated by the licensed prescriber, physician, or other authorized
2 health care provider who prescribed the drug or drugs to be adjusted.
3 Nothing in this subdivision shall be construed to permit individuals
4 licensed under the Medical Nutrition Therapy Practice Act to
5 independently prescribe or initiate drug treatment. A licensed dietitian
6 nutritionist or a licensed nutritionist may recommend and order or
7 discontinue vitamin and mineral supplements; and

8 (e) Develop, implement, and manage nutrition-care services systems
9 and evaluate, change, and maintain appropriate standards of quality in
10 food and nutrition-care services.

11 (3)(a) Nothing in this section shall be construed to limit the
12 ability of any other licensed health care professional to order
13 therapeutic diets if ordering therapeutic diets falls within the scope of
14 practice of the licensed health care professional.

15 (b) Nothing in this section shall be construed to limit the ability
16 of persons who are not licensed dietitian nutritionists or licensed
17 nutritionists from providing services which they are lawfully able to
18 provide.

19 Sec. 50. A student enrolled in an accredited course on dietetics
20 and nutrition recognized by the board may perform any action necessary to
21 complete the student's course of study and engage in the practice of
22 medical nutrition therapy under the appropriate supervision of a
23 supervisor in accordance with section 38-1813 or section 45 of this act
24 for a period of no more than five years after the student completes the
25 course of study. The board may, in its discretion, grant a limited
26 extension to such five-year period in the event of extraordinary
27 circumstances to allow the student to satisfy the qualifications for
28 licensure under section 38-1813 or section 45 of this act. For purposes
29 of this section, extraordinary circumstances may include circumstances in
30 which a person who legally provides medical nutrition therapy in another
31 state has not met the qualifications for licensure under section 38-1813

1 or section 45 of this act within the five-year period after completion of
2 the course of study.

3 Sec. 51. Section 38-1816, Reissue Revised Statutes of Nebraska, is
4 amended to read:

5 38-1816 (1) Nothing in the Medical Nutrition Therapy Practice Act
6 shall be construed to permit a licensed dietitian nutritionist or a
7 licensed nutritionist ~~medical nutrition therapist~~ to practice any other
8 profession regulated under the Uniform Credentialing Act.

9 (2) Nothing in the Medical Nutrition Therapy Practice Act shall
10 require assisted living facilities or nursing facilities to provide
11 medical nutrition therapy, unless otherwise required by law, or employ or
12 consult with licensed dietitian nutritionists or licensed nutritionists,
13 so long as any medical nutrition therapy provided in such facilities is
14 provided under an exemption listed under section 38-1812.

15 Sec. 52. Section 38-2801, Revised Statutes Cumulative Supplement,
16 2022, is amended to read:

17 38-2801 Sections 38-2801 to 38-28,107 and section 53 of this act and
18 the Nebraska Drug Product Selection Act shall be known and may be cited
19 as the Pharmacy Practice Act.

20 Sec. 53. A prescription that is valid when written remains valid
21 for the period stated in the medical order notwithstanding the
22 prescribing practitioner's subsequent death or retirement or the
23 suspension or revocation of the prescribing practitioner's credential by
24 the appropriate board, and a pharmacist may use professional judgment to
25 fill or refill such a prescription which has sufficient fills remaining.
26 This section shall not apply to a prescription issued by a veterinarian.

27 Sec. 54. Section 38-2852, Reissue Revised Statutes of Nebraska, is
28 amended to read:

29 38-2852 Every applicant for licensure as a pharmacist shall be
30 required to attain a grade to be determined by the board in an
31 examination in pharmacy and ~~a grade of seventy-five~~ in an examination in

1 jurisprudence of pharmacy.

2 Sec. 55. Section 38-2867.01, Reissue Revised Statutes of Nebraska,
3 is amended to read:

4 38-2867.01 (1) Any person authorized to compound shall compound in
5 compliance with the standards of chapters 795 and 797 of The United
6 States Pharmacopeia and The National Formulary, as such chapters existed
7 on January 1, 2023 ~~2015~~, and shall compound (a) as the result of a
8 practitioner's medical order or initiative occurring in the course of
9 practice based upon the relationship between the practitioner, patient,
10 and pharmacist, (b) for the purpose of, or as an incident to, research,
11 teaching, or chemical analysis and not for sale or dispensing, or (c) for
12 office use only and not for resale.

13 (2) Compounding in a hospital pharmacy may occur for any hospital
14 which is part of the same health care system under common ownership or
15 which is a member of or an affiliated member of a formal network or
16 partnership agreement.

17 (3)(a) Any authorized person may reconstitute a commercially
18 available drug product in accordance with directions contained in
19 approved labeling provided by the product's manufacturer and other
20 manufacturer directions consistent with labeling.

21 (b) Any authorized person using beyond-use dating must follow the
22 approved product manufacturer's labeling or the standards of The United
23 States Pharmacopeia and The National Formulary if the product
24 manufacturer's labeling does not specify beyond-use dating.

25 (c) Any authorized person engaged in activities listed in this
26 subsection is not engaged in compounding, except that any variance from
27 the approved product manufacturer's labeling will result in the person
28 being engaged in compounding.

29 (4) Any authorized person splitting a scored tablet along scored
30 lines or adding flavoring to a commercially available drug product is not
31 engaged in compounding.

1 (5) No person shall compound:

2 (a) A drug that has been identified by the federal Food and Drug
3 Administration as withdrawn or removed from the market because the drug
4 was found to be unsafe or ineffective;

5 (b) A drug that is essentially a copy of an approved drug unless
6 there is a drug shortage as determined by the board or unless a patient
7 has an allergic reaction to the approved drug; or

8 (c) A drug that has been identified by the federal Food and Drug
9 Administration or the board as a product which may not be compounded.

10 Sec. 56. Section 38-2891, Revised Statutes Cumulative Supplement,
11 2022, is amended to read:

12 38-2891 (1) A pharmacy technician shall only perform tasks which do
13 not require the professional judgment of a pharmacist and which are
14 subject to verification to assist a pharmacist in the practice of
15 pharmacy.

16 (2) A pharmacy technician may administer vaccines, and such
17 administration shall not be considered to be performing a task requiring
18 the professional judgment of a pharmacist, when:

19 (a) The vaccines are verified by the pharmacist responsible for the
20 supervision and verification of the activities of the pharmacy technician
21 prior to administration;

22 (b) Administration is limited to intra-muscular in the deltoid
23 muscle or subcutaneous on the arm to a person three years of age or
24 older;

25 (c) The pharmacy technician is certified as required by section
26 38-2890;

27 (d) The pharmacy technician has completed certificate training in
28 vaccine administration that includes, at a minimum, vaccine
29 administration, blood-borne pathogen exposure, safety measures during
30 administration, and biohazard handling;

31 (e) The pharmacy technician is currently certified in basic life-

1 support skills for health care providers as determined by the board; and
2 (f) The pharmacist responsible for the supervision and verification
3 of the activities of the pharmacy technician is on site.

4 (3) (2) The functions and tasks which shall not be performed by
5 pharmacy technicians include, but are not limited to:

6 (a) Receiving oral medical orders from a practitioner or his or her
7 agent except as otherwise provided in subsection (4) of section 38-2870;

8 (b) Providing patient counseling;

9 (c) Performing any evaluation or necessary clarification of a
10 medical order or performing any functions other than strictly clerical
11 functions involving a medical order;

12 (d) Supervising or verifying the tasks and functions of pharmacy
13 technicians;

14 (e) Interpreting or evaluating the data contained in a patient's
15 record maintained pursuant to section 38-2869;

16 (f) Releasing any confidential information maintained by the
17 pharmacy;

18 (g) Performing any professional consultations; and

19 (h) Drug product selection, with regard to an individual medical
20 order, in accordance with the Nebraska Drug Product Selection Act.

21 (4) (3) The director shall, with the recommendation of the board,
22 waive any of the limitations in subsection (2) of this section for
23 purposes of a scientific study of the role of pharmacy technicians
24 approved by the board. Such study shall be based upon providing improved
25 patient care or enhanced pharmaceutical care. Any such waiver shall state
26 the length of the study and shall require that all study data and results
27 be made available to the board upon the completion of the study. Nothing
28 in this subsection requires the board to approve any study proposed under
29 this subsection.

30 Sec. 57. Section 68-901, Revised Statutes Cumulative Supplement,
31 2022, is amended to read:

1 68-901 Sections 68-901 to 68-9,101 and sections 58 to 60 of this act
2 shall be known and may be cited as the Medical Assistance Act.

3 Sec. 58. The department shall enroll long-term acute care hospitals
4 in Nebraska as providers eligible to receive funding under the medical
5 assistance program.

6 Sec. 59. No later than July 1, 2023, the department shall submit a
7 state plan amendment or waiver to the federal Centers for Medicare and
8 Medicaid Services to provide coverage under the medical assistance
9 program for long-term acute care hospitals.

10 Sec. 60. The department shall provide for rebasing inpatient
11 interim per diem rates for critical access hospitals. The department
12 shall rebase the rates every two years, and the most recent audited
13 medicare cost report shall be used as the basis for the rebasing process
14 within ninety days after receiving the cost report.

15 Sec. 61. Section 68-911, Revised Statutes Cumulative Supplement,
16 2022, is amended to read:

17 68-911 (1) Medical assistance shall include coverage for health care
18 and related services as required under Title XIX of the federal Social
19 Security Act, including, but not limited to:

- 20 (a) Inpatient and outpatient hospital services;
- 21 (b) Laboratory and X-ray services;
- 22 (c) Nursing facility services;
- 23 (d) Home health services;
- 24 (e) Nursing services;
- 25 (f) Clinic services;
- 26 (g) Physician services;
- 27 (h) Medical and surgical services of a dentist;
- 28 (i) Nurse practitioner services;
- 29 (j) Nurse midwife services;
- 30 (k) Pregnancy-related services;
- 31 (l) Medical supplies;

1 (m) Mental health and substance abuse services;

2 (n) Early and periodic screening and diagnosis and treatment
3 services for children which shall include both physical and behavioral
4 health screening, diagnosis, and treatment services;

5 (o) Rural health clinic services; and

6 (p) Federally qualified health center services.

7 (2) In addition to coverage otherwise required under this section,
8 medical assistance may include coverage for health care and related
9 services as permitted but not required under Title XIX of the federal
10 Social Security Act, including, but not limited to:

11 (a) Prescribed drugs;

12 (b) Intermediate care facilities for persons with developmental
13 disabilities;

14 (c) Home and community-based services for aged persons and persons
15 with disabilities;

16 (d) Dental services;

17 (e) Rehabilitation services;

18 (f) Personal care services;

19 (g) Durable medical equipment;

20 (h) Medical transportation services;

21 (i) Vision-related services;

22 (j) Speech therapy services;

23 (k) Physical therapy services;

24 (l) Chiropractic services;

25 (m) Occupational therapy services;

26 (n) Optometric services;

27 (o) Podiatric services;

28 (p) Hospice services;

29 (q) Mental health and substance abuse services;

30 (r) Hearing screening services for newborn and infant children; and

31 (s) Administrative expenses related to administrative activities,

1 including outreach services, provided by school districts and educational
2 service units to students who are eligible or potentially eligible for
3 medical assistance.

4 (3) No later than July 1, 2009, the department shall submit a state
5 plan amendment or waiver to the federal Centers for Medicare and Medicaid
6 Services to provide coverage under the medical assistance program for
7 community-based secure residential and subacute behavioral health
8 services for all eligible recipients, without regard to whether the
9 recipient has been ordered by a mental health board under the Nebraska
10 Mental Health Commitment Act to receive such services.

11 (4) On or before October 1, 2014, the department, after consultation
12 with the State Department of Education, shall submit a state plan
13 amendment to the federal Centers for Medicare and Medicaid Services, as
14 necessary, to provide that the following are direct reimbursable services
15 when provided by school districts as part of an individualized education
16 program or an individualized family service plan: Early and periodic
17 screening, diagnosis, and treatment services for children; medical
18 transportation services; mental health services; nursing services;
19 occupational therapy services; personal care services; physical therapy
20 services; rehabilitation services; speech therapy and other services for
21 individuals with speech, hearing, or language disorders; and vision-
22 related services.

23 (5) No later than January 1, 2023, the department shall provide
24 coverage for continuous glucose monitors under the medical assistance
25 program for all eligible recipients who have a prescription for such
26 device.

27 (6) On or before October 1, 2023, the department shall seek federal
28 approval for federal matching funds from the federal Centers for Medicare
29 and Medicaid Services through a state plan amendment or waiver to extend
30 postpartum coverage for beneficiaries from sixty days to at least six
31 months. Nothing in this subsection shall preclude the department from

1 submitting a state plan amendment for twelve months.

2 Sec. 62. Section 68-1006.01, Reissue Revised Statutes of Nebraska,
3 is amended to read:

4 68-1006.01 The Department of Health and Human Services shall include
5 in the standard of need for eligible aged, blind, and disabled persons
6 seventy-five at least sixty dollars per month for a personal needs
7 allowance if such persons reside in an alternative living arrangement.

8 For purposes of this section, an alternative living arrangement
9 shall include board and room, a boarding home, a certified adult family
10 home, a licensed assisted-living facility, a licensed residential child-
11 caring agency as defined in section 71-1926, a licensed center for the
12 developmentally disabled, and a long-term care facility.

13 Sec. 63. (1) The state shall provide medicaid reimbursement to a
14 hospital at one hundred percent of the statewide average nursing facility
15 per diem rate for an individual if the individual: (a) Is enrolled in the
16 medical assistance program; (b) has been admitted as an inpatient to such
17 hospital; (c) no longer requires acute inpatient care and discharge
18 planning as described in 42 C.F.R. 482.43; (d) requires nursing facility
19 level of care upon discharge; and (e) is unable to be transferred to a
20 nursing facility due to a lack of available nursing facility beds
21 available to the individual or, in cases where the transfer requires a
22 guardian, has been approved for appointment of a public guardian and the
23 State Court Administrator is unable to appoint a public guardian.

24 (2) Reimbursement for services shall be subject to federal approval.

25 Sec. 64. (1) The Department of Health and Human Services shall
26 contract with, or provide a grant to, an eligible entity to implement a
27 pilot program to facilitate the transfer of patients with complex health
28 needs from eligible acute care hospitals to appropriate post-acute care
29 settings, including facilities that provide skilled nursing or long-term
30 care.

31 (2) The purposes of the pilot program are to ensure that:

1 (a) Patients with complex health needs are able to access timely
2 transition from an acute care hospital to a post-acute care setting;

3 (b) Patients receive the appropriate type of care at the appropriate
4 time to best meet their needs; and

5 (c) Acute-care hospitals have available capacity to meet the needs
6 of patients.

7 (3) For purposes of this section:

8 (a) Eligible acute care hospital means a facility that is not
9 designated as a critical access hospital by the federal Centers for
10 Medicare and Medicaid Services and must satisfactorily demonstrate to the
11 eligible entity that it has reached or exceeded eighty percent of
12 available staffed capacity for adult intensive-care-unit beds and acute
13 care inpatient medical-surgical beds;

14 (b) Eligible entity means a nonprofit statewide association whose
15 members include eligible acute care hospitals; and

16 (c) Patient means a person who is medically stable and who the
17 provider believes, with a reasonable medical probability and in
18 accordance with recognized medical standards, is safe to be discharged or
19 transferred and is not expected to have his or her condition negatively
20 impacted during, or as a result of, the discharge or transfer.

21 (4) The eligible entity responsible for developing the pilot program
22 shall:

23 (a) Determine criteria to define patients with complex health needs;

24 (b) Develop a process for eligible acute care hospitals to determine
25 capacity and the manner and frequency of reporting changes in capacity;

26 (c) Develop a process to ensure funding is utilized for the purposes
27 described in this section and in compliance with all applicable state and
28 federal laws;

29 (d) Include regular consultation with the department and
30 representatives of acute care hospitals, skilled nursing facilities, and
31 nursing facilities; and

1 (e) Include quarterly updates to the department.

2 (5) The pilot program may include direct payments to post-acute care
3 facilities that support care to patients with complex health needs.

4 (6) Funding utilized under the pilot program shall comply with all
5 medicaid and medicare reimbursement policies for skilled nursing
6 facilities, nursing facilities, and swing-bed hospitals.

7 (7) It is the intent of the Legislature to appropriate one million
8 dollars from the General Fund to carry out this section. No more than two
9 and one-half percent of the contracted amount shall be used to administer
10 the pilot program.

11 Sec. 65. Section 68-1017.02, Revised Statutes Cumulative Supplement,
12 2022, is amended to read:

13 68-1017.02 (1)(a) The Department of Health and Human Services shall
14 apply for and utilize to the maximum extent possible, within limits
15 established by the Legislature, any and all appropriate options available
16 to the state under the federal Supplemental Nutrition Assistance Program
17 and regulations adopted under such program to maximize the number of
18 Nebraska residents being served under such program within such limits.
19 The department shall seek to maximize federal funding for such program
20 and minimize the utilization of General Funds for such program and shall
21 employ the personnel necessary to determine the options available to the
22 state and issue the report to the Legislature required by subdivision (b)
23 of this subsection.

24 (b) The department shall submit electronically an annual report to
25 the Health and Human Services Committee of the Legislature by December 1
26 on efforts by the department to carry out the provisions of this
27 subsection. Such report shall provide the committee with all necessary
28 and appropriate information to enable the committee to conduct a
29 meaningful evaluation of such efforts. Such information shall include,
30 but not be limited to, a clear description of various options available
31 to the state under the federal Supplemental Nutrition Assistance Program,

1 the department's evaluation of and any action taken by the department
2 with respect to such options, the number of persons being served under
3 such program, and any and all costs and expenditures associated with such
4 program.

5 (c) The Health and Human Services Committee of the Legislature,
6 after receipt and evaluation of the report required in subdivision (b) of
7 this subsection, shall issue recommendations to the department on any
8 further action necessary by the department to meet the requirements of
9 this section.

10 (2)(a) The department shall develop a state outreach plan to promote
11 access by eligible persons to benefits of the Supplemental Nutrition
12 Assistance Program. The plan shall meet the criteria established by the
13 Food and Nutrition Service of the United States Department of Agriculture
14 for approval of state outreach plans. The Department of Health and Human
15 Services may apply for and accept gifts, grants, and donations to develop
16 and implement the state outreach plan.

17 (b) For purposes of developing and implementing the state outreach
18 plan, the department shall partner with one or more counties or nonprofit
19 organizations. If the department enters into a contract with a nonprofit
20 organization relating to the state outreach plan, the contract may
21 specify that the nonprofit organization is responsible for seeking
22 sufficient gifts, grants, or donations necessary for the development and
23 implementation of the state outreach plan and may additionally specify
24 that any costs to the department associated with the award and management
25 of the contract or the implementation or administration of the state
26 outreach plan shall be paid out of private or federal funds received for
27 development and implementation of the state outreach plan.

28 (c) The department shall submit the state outreach plan to the Food
29 and Nutrition Service of the United States Department of Agriculture for
30 approval on or before August 1, 2011, and shall request any federal
31 matching funds that may be available upon approval of the state outreach

1 plan. It is the intent of the Legislature that the State of Nebraska and
2 the Department of Health and Human Services use any additional public or
3 private funds to offset costs associated with increased caseload
4 resulting from the implementation of the state outreach plan.

5 (d) The department shall be exempt from implementing or
6 administering a state outreach plan under this subsection, but not from
7 developing such a plan, if it does not receive private or federal funds
8 sufficient to cover the department's costs associated with the
9 implementation and administration of the plan, including any costs
10 associated with increased caseload resulting from the implementation of
11 the plan.

12 (3)(a) It is the intent of the Legislature that:

13 (i) Hard work be rewarded and no disincentives to work exist for
14 Supplemental Nutrition Assistance Program participants;

15 (ii) Supplemental Nutrition Assistance Program participants be
16 enabled to advance in employment, through greater earnings or new,
17 better-paying employment;

18 (iii) Participants in employment and training pilot programs be able
19 to maintain Supplemental Nutrition Assistance Program benefits while
20 seeking employment with higher wages that allow them to reduce or
21 terminate such program benefits; and

22 (iv) Nebraska better utilize options under the Supplemental
23 Nutrition Assistance Program that other states have implemented to
24 encourage work and employment.

25 (b)(i) The department shall create a TANF-funded program or policy
26 that, in compliance with federal law, establishes categorical eligibility
27 for federal food assistance benefits pursuant to the Supplemental
28 Nutrition Assistance Program to maximize the number of Nebraska residents
29 being served under such program in a manner that does not increase the
30 current gross income eligibility limit except as otherwise provided in
31 subdivision (3)(b)(ii) of this section.

1 (ii) Except as otherwise provided in this subdivision, such TANF-
2 funded program or policy shall increase the gross income eligibility
3 limit to one hundred sixty-five percent of the federal Office of
4 Management and Budget income poverty guidelines as allowed under federal
5 law and under 7 C.F.R. 273.2(j)(2), as such law and regulation existed on
6 April 1, 2021, but shall not increase the net income eligibility limit.
7 ~~It is the intent of the Legislature to fund the administrative costs~~
8 ~~associated with the benefits under this subdivision beginning on May 27,~~
9 ~~2021, with federal funds as allowed under the federal American Rescue~~
10 ~~Plan Act of 2021, Public Law 117-2, as such act existed on April 1, 2021,~~
11 ~~and continue to fund such administrative costs with such federal funds~~
12 ~~through September 30, 2023. Such administrative costs shall not be paid~~
13 ~~for with General Funds. Beginning October 1, 2025 2023, the gross income~~
14 ~~eligibility limit shall return to the amount used prior to the increase~~
15 ~~required by this subdivision. The department shall evaluate the TANF-~~
16 ~~funded program or policy created pursuant to this subsection and provide~~
17 ~~a report electronically to the Health and Human Services Committee of the~~
18 ~~Legislature and the Legislative Fiscal Analyst on or before December 15~~
19 ~~of each year 31, 2022, regarding the gross income eligibility limit and~~
20 ~~whether it maximizes the number of Nebraska residents being served under~~
21 ~~the program or policy. The evaluation shall include an identification and~~
22 ~~determination of additional administrative costs resulting from the~~
23 ~~increase to the gross income eligibility limit, a recommendation~~
24 ~~regarding the gross income eligibility limit, and a determination of the~~
25 ~~availability of federal funds for the program or policy.~~

26 (iii) To the extent federal funds are available to the Department of
27 Labor for the SNAP Next Step Program, until September 30, 2023, any
28 recipient of Supplemental Nutrition Assistance Program benefits whose
29 household income is between one hundred thirty-one and one hundred sixty-
30 five percent of the federal Office of Management and Budget income
31 poverty guidelines and who is not exempt from work participation

1 requirements shall be encouraged to participate in the SNAP Next Step
2 Program administered by the Department of Labor if the recipient is
3 eligible to participate in the program and the program's services are
4 available in the county in which such household is located. It is the
5 intent of the Legislature that no General Funds be utilized by the
6 Department of Labor for the processes outlined in this subdivision (iii).
7 For purposes of this section, SNAP Next Step Program means a partnership
8 program between the Department of Health and Human Services and the
9 Department of Labor to assist under-employed and unemployed recipients of
10 Supplemental Nutrition Assistance Program benefits in finding self-
11 sufficient employment.

12 (iv) Such TANF-funded program or policy shall eliminate all asset
13 limits for eligibility for federal food assistance benefits, except that
14 the total of liquid assets which includes cash on hand and funds in
15 personal checking and savings accounts, money market accounts, and share
16 accounts shall not exceed twenty-five thousand dollars pursuant to the
17 Supplemental Nutrition Assistance Program, as allowed under federal law
18 and under 7 C.F.R. 273.2(j)(2).

19 (v) This subsection becomes effective only if the department
20 receives funds pursuant to federal participation that may be used to
21 implement this subsection.

22 (c) For purposes of this subsection:

23 (i) Federal law means the federal Food and Nutrition Act of 2008, 7
24 U.S.C. 2011 et seq., and regulations adopted under the act; and

25 (ii) TANF means the federal Temporary Assistance for Needy Families
26 program established in 42 U.S.C. 601 et seq.

27 (4)(a) Within the limits specified in this subsection, the State of
28 Nebraska opts out of the provision of the federal Personal Responsibility
29 and Work Opportunity Reconciliation Act of 1996, as such act existed on
30 January 1, 2009, that eliminates eligibility for the Supplemental
31 Nutrition Assistance Program for any person convicted of a felony

1 involving the possession, use, or distribution of a controlled substance.

2 (b) A person shall be ineligible for Supplemental Nutrition
3 Assistance Program benefits under this subsection if he or she (i) has
4 had three or more felony convictions for the possession or use of a
5 controlled substance or (ii) has been convicted of a felony involving the
6 sale or distribution of a controlled substance or the intent to sell or
7 distribute a controlled substance. A person with one or two felony
8 convictions for the possession or use of a controlled substance shall
9 only be eligible to receive Supplemental Nutrition Assistance Program
10 benefits under this subsection if he or she is participating in or has
11 completed a state-licensed or nationally accredited substance abuse
12 treatment program since the date of conviction. The determination of such
13 participation or completion shall be made by the treatment provider
14 administering the program.

15 Sec. 66. Section 68-1206, Revised Statutes Cumulative Supplement,
16 2022, is amended to read:

17 68-1206 (1) The Department of Health and Human Services shall
18 administer the program of social services in this state. The department
19 may contract with other social agencies for the purchase of social
20 services at rates not to exceed those prevailing in the state or the cost
21 at which the department could provide those services. The statutory
22 maximum payments for the separate program of aid to dependent children
23 shall apply only to public assistance grants and shall not apply to
24 payments for social services.

25 (2)(a) As part of the provision of social services authorized by
26 section 68-1202, the department shall participate in the federal child
27 care assistance program under 42 U.S.C. 9857 et seq., as such sections
28 existed on January 1, 2023 ~~2021~~, and provide child care assistance to
29 families with incomes up to (i) one hundred eighty-five percent of the
30 federal poverty level prior to October 1, 2026 ~~2023~~, or (ii) one hundred
31 thirty percent of the federal poverty level on and after October 1, 2026

1 2023.

2 (b) As part of the provision of social services authorized by this
3 section and section 68-1202, the department shall participate in the
4 federal Child Care Subsidy program. A child care provider seeking to
5 participate in the federal Child Care Subsidy program shall comply with
6 the criminal history record information check requirements of the Child
7 Care Licensing Act. In determining ongoing eligibility for this program,
8 ten percent of a household's gross earned income shall be disregarded
9 after twelve continuous months on the program and at each subsequent
10 redetermination. In determining ongoing eligibility, if a family's income
11 exceeds one hundred eighty-five percent of the federal poverty level
12 prior to October 1, 2026 2023, or one hundred thirty percent of the
13 federal poverty level on and after October 1, 2026 2023, the family shall
14 receive transitional child care assistance through the remainder of the
15 family's eligibility period or until the family's income exceeds eighty-
16 five percent of the state median income for a family of the same size as
17 reported by the United States Bureau of the Census, whichever occurs
18 first. When the family's eligibility period ends, the family shall
19 continue to be eligible for transitional child care assistance if the
20 family's income is below two hundred percent of the federal poverty level
21 prior to October 1, 2026 2023, or one hundred eighty-five percent of the
22 federal poverty level on and after October 1, 2026 2023. The family shall
23 receive transitional child care assistance through the remainder of the
24 transitional eligibility period or until the family's income exceeds
25 eighty-five percent of the state median income for a family of the same
26 size as reported by the United States Bureau of the Census, whichever
27 occurs first. The amount of such child care assistance shall be based on
28 a cost-shared plan between the recipient family and the state and shall
29 be based on a sliding-scale methodology. A recipient family may be
30 required to contribute a percentage of such family's gross income for
31 child care that is no more than the cost-sharing rates in the

1 transitional child care assistance program as of January 1, 2015, for
2 those no longer eligible for cash assistance as provided in section
3 68-1724.

4 (c) For the period beginning July 1, 2021, through September 30,
5 ~~2026~~ ~~2023~~, funds provided to the State of Nebraska pursuant to the Child
6 Care and Development Block Grant Act of 1990, 42 U.S.C. 9857 et seq., as
7 such act and sections existed on January 1, 2023 ~~March 24, 2021~~, shall be
8 used to pay the costs to the state resulting from the income eligibility
9 changes made in subdivisions (2)(a) and (b) of this section by Laws 2021,
10 LB485. If the available amount of such funds is insufficient to pay such
11 costs, then funds provided to the state for the Temporary Assistance for
12 Needy Families program established in 42 U.S.C. 601 et seq. may also be
13 used. No General Funds shall be used to pay the costs to the state, other
14 than administration costs, resulting from the income eligibility changes
15 made in subdivisions (2)(a) and (b) of this section by Laws 2021, LB485,
16 for the period beginning July 1, 2021, through September 30, ~~2026~~ ~~2023~~.

17 (d) The Department of Health and Human Services shall collaborate
18 with a private nonprofit organization with expertise in early childhood
19 care and education for an independent evaluation of the income
20 eligibility changes made in subdivisions (2)(a) and (b) of this section
21 by Laws 2021, LB485, if private funding is made available for such
22 purpose. The evaluation shall be completed by July 1, 2024 ~~December 15,~~
23 ~~2023~~, and shall be submitted electronically to the department and to the
24 Health and Human Services Committee of the Legislature.

25 (3) In determining the rate or rates to be paid by the department
26 for child care as defined in section 43-2605, the department shall adopt
27 a fixed-rate schedule for the state or a fixed-rate schedule for an area
28 of the state applicable to each child care program category of provider
29 as defined in section 71-1910 which may claim reimbursement for services
30 provided by the federal Child Care Subsidy program, except that the
31 department shall not pay a rate higher than that charged by an individual

1 provider to that provider's private clients. The schedule may provide
2 separate rates for care for infants, for children with special needs,
3 including disabilities or technological dependence, or for other
4 individual categories of children. The schedule may also provide tiered
5 rates based upon a quality scale rating of step three or higher under the
6 Step Up to Quality Child Care Act. The schedule shall be effective on
7 October 1 of every year and shall be revised annually by the department.

8 Sec. 67. Section 68-1512, Reissue Revised Statutes of Nebraska, is
9 amended to read:

10 68-1512 (1) The maximum support allowable under sections 68-1501 to
11 68-1519 shall be (a) four ~~(1) three~~ hundred dollars per month per
12 disabled person averaged over any one-year period or (b) four ~~(2) three~~
13 hundred dollars per month per family averaged over any one-year period
14 for the first disabled family member plus two ~~one~~ hundred fifty dollars
15 per month averaged over any one-year period for each additional disabled
16 family member. The department shall not provide support, pursuant to
17 sections 68-1501 to 68-1519, to any family or disabled person whose gross
18 income less the cost of medical or other care specifically related to the
19 disability exceeds the median family income for a family of four in
20 Nebraska, except that the department shall make adjustments for the
21 actual size of the family.

22 (2) It is the intent of the Legislature that any appropriation
23 relating to this section be increased accordingly so that each person who
24 received support prior to the operative date of this section will
25 continue to receive support.

26 Sec. 68. Section 68-1724, Revised Statutes Cumulative Supplement,
27 2022, is amended to read:

28 68-1724 (1) Cash assistance shall be provided for a period or
29 periods of time not to exceed a total of sixty months for recipient
30 families with children subject to the following:

31 (a) If the state fails to meet the specific terms of the self-

1 sufficiency contract developed under section 68-1719, the sixty-month
2 time limit established in this section shall be extended;

3 (b) The sixty-month time period for cash assistance shall begin
4 within the first month of eligibility;

5 (c) When no longer eligible to receive cash assistance, assistance
6 shall be available to reimburse work-related child care expenses even if
7 the recipient family has not achieved economic self-sufficiency. The
8 amount of such assistance shall be based on a cost-shared plan between
9 the recipient family and the state which shall provide assistance up to
10 two hundred percent of the federal poverty level prior to October 1, 2026
11 ~~2023~~, or one hundred eighty-five percent of the federal poverty level on
12 and after October 1, 2026 ~~2023~~. A recipient family may be required to
13 contribute up to twenty percent of such family's gross income for child
14 care. It is the intent of the Legislature that transitional health care
15 coverage be made available on a sliding-scale basis to individuals and
16 families with incomes up to one hundred eighty-five percent of the
17 federal poverty level if other health care coverage is not available; and

18 (d) The self-sufficiency contract shall be revised and cash
19 assistance extended when there is no job available for adult members of
20 the recipient family. It is the intent of the Legislature that available
21 job shall mean a job which results in an income of at least equal to the
22 amount of cash assistance that would have been available if receiving
23 assistance minus unearned income available to the recipient family.

24 The department shall develop policy guidelines to allow for cash
25 assistance to persons who have received the maximum cash assistance
26 provided by this section and who face extreme hardship without additional
27 assistance. For purposes of this section, extreme hardship means a
28 recipient family does not have adequate cash resources to meet the costs
29 of the basic needs of food, clothing, and housing without continuing
30 assistance or the child or children are at risk of losing care by and
31 residence with their parent or parents.

1 (2) Cash assistance conditions under the Welfare Reform Act shall be
2 as follows:

3 (a) Adults in recipient families shall mean individuals at least
4 nineteen years of age living with and related to a child eighteen years
5 of age or younger and shall include parents, siblings, uncles, aunts,
6 cousins, or grandparents, whether the relationship is biological,
7 adoptive, or step;

8 (b) The payment standard shall be based upon family size;

9 (c) The adults in the recipient family shall ensure that the minor
10 children regularly attend school. Education is a valuable personal
11 resource. The cash assistance provided to the recipient family may be
12 reduced when the parent or parents have failed to take reasonable action
13 to encourage the minor children of the recipient family ages sixteen and
14 under to regularly attend school. No reduction of assistance shall be
15 such as may result in extreme hardship. It is the intent of the
16 Legislature that a process be developed to insure communication between
17 the case manager, the parent or parents, and the school to address issues
18 relating to school attendance;

19 (d) Two-parent families which would otherwise be eligible under
20 section 43-504 or a federally approved waiver shall receive cash
21 assistance under this section;

22 (e) For minor parents, the assistance payment shall be based on the
23 minor parent's income. If the minor parent lives with at least one
24 parent, the family's income shall be considered in determining
25 eligibility and cash assistance payment levels for the minor parent. If
26 the minor parent lives independently, support shall be pursued from the
27 parents of the minor parent. If the absent parent of the minor's child is
28 a minor, support from his or her parents shall be pursued. Support from
29 parents as allowed under this subdivision shall not be pursued when the
30 family income is less than three hundred percent of the federal poverty
31 guidelines; and

1 (f) For adults who are not biological or adoptive parents or
2 stepparents of the child or children in the family, if assistance is
3 requested for the entire family, including the adults, a self-sufficiency
4 contract shall be entered into as provided in section 68-1719. If
5 assistance is requested for only the child or children in such a family,
6 such children shall be eligible after consideration of the family's
7 income and if (i) the family cooperates in pursuing child support and
8 (ii) the minor children of the family regularly attend school.

9 Sec. 69. Section 71-222, Revised Statutes Cumulative Supplement,
10 2022, is amended to read:

11 71-222 The board shall annually elect a president and vice
12 president, and the board shall appoint a director who shall serve as
13 secretary of the board. The board shall be furnished with suitable
14 quarters in the State Capitol or elsewhere. It shall adopt and use a
15 common seal for the authentication of its orders and records. The
16 secretary of the board shall keep a record of all proceedings of the
17 board. A majority of the board, in a meeting duly assembled, may perform
18 and exercise all the duties and powers delegated to ~~devolving upon~~
19 board. Each member of the board shall receive a compensation of one
20 hundred fifty ~~seventy-five~~ dollars per diem and shall be reimbursed for
21 expenses incurred in the discharge of such member's ~~his or her~~ duties as
22 provided in sections 81-1174 to 81-1177, not to exceed two thousand
23 dollars per annum. Salaries and expenses shall be paid only from the fund
24 created by fees collected in the administration of the Barber Act, and no
25 other funds or state money except as collected in the administration of
26 the act shall be drawn upon to pay the expense of administration. The
27 board shall report each year to the Governor a full statement of its
28 receipts and expenditures and also a full statement of its work during
29 the year, together with such recommendations as it may deem expedient.
30 The board may employ one field inspector and such other inspectors,
31 clerks, and ~~other~~ assistants as it may deem necessary to carry out the

1 act and prescribe their qualifications. No owner, agent, or employee of
2 any barber school shall be eligible for ~~to~~ membership on the board.

3 Sec. 70. Section 71-401, Revised Statutes Cumulative Supplement,
4 2022, is amended to read:

5 71-401 Sections 71-401 to 71-479 and section 72 of this act shall be
6 known and may be cited as the Health Care Facility Licensure Act.

7 Sec. 71. Section 71-403, Revised Statutes Cumulative Supplement,
8 2022, is amended to read:

9 71-403 For purposes of the Health Care Facility Licensure Act,
10 unless the context otherwise requires, the definitions found in sections
11 71-404 to 71-431 and section 72 of this act shall apply.

12 Sec. 72. Palliative care means specialized care or treatment for a
13 person living with a serious illness that carries a high risk of
14 mortality or negatively impacts quality of life. This type of care or
15 treatment addresses the symptoms and stress of a serious illness,
16 including pain. Palliative care is a team-based approach to care or
17 treatment, providing essential support at any age and stage of a serious
18 illness. It can be provided across care settings and along with curative
19 treatment. The goal of palliative care is to improve quality of life for
20 both the patient and the patient's family or care partner.

21 Sec. 73. Section 71-417, Revised Statutes Cumulative Supplement,
22 2022, is amended to read:

23 71-417 (1) Home health agency means a person or any legal entity
24 which provides skilled nursing care or a minimum of one other therapeutic
25 service as defined by the department on a full-time, part-time, or
26 intermittent basis to persons in a place of temporary or permanent
27 residence used as the person's home.

28 (2) Home health agency does not include a PACE center.

29 (3) Home health agency does not include a person or legal entity
30 that engages only in social work practice as defined in section 38-2119.

31 Sec. 74. Section 71-475, Reissue Revised Statutes of Nebraska, is

1 amended to read:

2 71-475 (1)(a) When administration of a drug occurs in a hospital
3 pursuant to a chart order, hospital personnel may provide the unused
4 portion of the drug to the patient upon discharge from the hospital for
5 continued use in treatment of the patient if:

6 (i) The drug has been opened and used for treatment of the patient
7 at the hospital and is necessary for the continued treatment of the
8 patient and would be wasted if not used by the patient; and

9 (ii) The drug is:

10 (A) In a multidose device or a multidose container; or

11 (B) In the form of a liquid reconstituted from a dry stable state to
12 a liquid resulting in a limited stability.

13 (b) A drug provided to a patient in accordance with this subsection
14 shall be labeled with the name of the patient, the name of the drug
15 including the quantity if appropriate, the date the drug was provided,
16 and the directions for use.

17 (2)(a) A licensed health care practitioner authorized to prescribe
18 controlled substances may provide to his or her patients being discharged
19 from a hospital a sufficient quantity of drugs adequate, in the judgment
20 of the practitioner, to continue treatment, which began in the hospital,
21 until the patient is reasonably able to access a pharmacy.

22 (b) The pharmacist-in-charge at the hospital shall maintain records
23 of the drugs provided to patients in accordance with this subsection
24 which shall include the name of the patient, the name of the drug
25 including the quantity if appropriate, the date the drug was provided,
26 and the directions for use.

27 (3) If a drug is provided to a patient in accordance with subsection
28 (1) or (2) of this section:

29 (a) The drug shall be kept in a locked cabinet or automated
30 medication system with access only by a licensed health care practitioner
31 authorized to prescribe, dispense, or administer controlled substances;

1 (b) Prior to providing the drug to the patient, a written or
2 electronic order shall be in the patient's record;

3 (c) The process at the hospital shall be under the direct
4 supervision of the prescriber;

5 (d) If the label is prepared by a nurse, the prescriber shall verify
6 the drug and the directions for the patient;

7 (e) When possible, the directions for the patient shall be
8 preprinted on the label by the pharmacist;

9 (f) The label shall include the name of the patient, the name of the
10 drug including the quantity if appropriate, the date the drug was
11 provided, and the directions for use;

12 (g) A written information sheet shall be given to the patient for
13 each drug provided; and

14 (h) Documentation in a readily retrievable format shall be
15 maintained each time a drug is provided to a patient from the hospital
16 pharmacy's inventory which shall include the date, the patient, the drug,
17 and the prescriber.

18 (4)(a) When a hospital, an ambulatory surgical center, or a health
19 care practitioner facility provides medication that is ordered at least
20 twenty-four hours in advance for surgical procedures and is administered
21 to a patient at the hospital, ambulatory surgical center, or health care
22 practitioner facility, any unused portion of the medication shall be
23 offered to the patient upon discharge when it is required for continuing
24 treatment. The unused portion of any such medication accepted by the
25 patient upon discharge shall be labeled by the prescriber or a pharmacist
26 consistent with labeling requirements in section 71-2479.

27 (b) For purposes of this subsection, medication means any topical
28 antibiotic, anti-inflammatory, dilation, or glaucoma drop or ointment
29 that a hospital, ambulatory surgical center, or health care practitioner
30 facility has on stand-by or is retrieved from a dispensing system for a
31 specified patient for use during a procedure or visit.

1 (c) If the medication is used in an operating room or emergency
2 department setting, the prescriber is responsible for counseling the
3 patient on its proper use and administration and no other patient
4 counseling is required under section 38-2869.

5 Sec. 75. Section 71-1797, Reissue Revised Statutes of Nebraska, is
6 amended to read:

7 71-1797 The Legislature finds that it is imperative that the State
8 of Nebraska protect its investment and the progress made in its efforts
9 to alleviate the nursing shortage which exists. The Legislature also
10 finds that the Nebraska Center for Nursing will provide the appropriate
11 means to do so. It is the intent of the Legislature to appropriate funds
12 necessary for the center to carry out the Nebraska Center for Nursing
13 Act, including, but not limited to, (1) administrative costs incurred by
14 the Department of Health and Human Services to expand clinical training
15 sites as provided in subsection (3) of section 71-1798 and (2) funds for
16 such expansion of clinical training sites in the amount of three million
17 dollars from the General Fund for fiscal year 2023-24 and three million
18 dollars from the General Fund for fiscal year 2024-25.

19 Sec. 76. Section 71-1798, Reissue Revised Statutes of Nebraska, is
20 amended to read:

21 71-1798 (1) The Nebraska Center for Nursing is established. The
22 center shall address issues of supply and demand for nurses, including
23 issues of recruitment, retention, and utilization of nurses. The
24 Legislature finds that the center will repay the state's investment by
25 providing an ongoing strategy for the allocation of the state's resources
26 directed towards nursing.

27 (2) The primary goals for the center are:

28 (a) ~~(1)~~ To develop a strategic statewide plan to alleviate the
29 nursing shortage in Nebraska by:

30 (i) ~~(a)~~ Establishing and maintaining a database on nursing supply
31 and demand in Nebraska, including current supply and demand and future

1 projections; and

2 ~~(ii) (b)~~ Selecting priorities from the plan to be addressed;

3 ~~(b) (2)~~ To convene various groups representative of nurses, other
4 health care providers, business and industry, consumers, legislators, and
5 educators to:

6 ~~(i) (a)~~ Review and comment on data analysis prepared for the center;

7 ~~(ii) (b)~~ Recommend systemic changes, including strategies for
8 implementation of recommended changes; and

9 ~~(iii) (c)~~ Evaluate and report the results of these efforts to the
10 Legislature and the public; and

11 ~~(c) (3)~~ To enhance and promote recognition, reward, and renewal
12 activities for nurses by:

13 ~~(i) (a)~~ Proposing and creating recognition, reward, and renewal
14 activities; and

15 ~~(ii) (b)~~ Promoting media and positive image-building efforts for
16 nursing.

17 (3) After consultation with a statewide association representing
18 hospitals and health systems that provide clinical nursing opportunities,
19 the Nebraska Center for Nursing Board shall provide for the expansion of
20 clinical training sites for nurses throughout the state, giving
21 preference to areas that have lower numbers of registered nurses per
22 capita compared to the state average, and shall provide for the
23 development of programs that:

24 (a) Incentivize clinical nurses to become clinical nurse faculty;

25 (b) Incentivize nurse faculty to partner with staff nurses in the
26 development of clinical nurse faculty;

27 (c) Expand simulation training for nurse clinical education; and

28 (d) Incentivize hospital facilities to support the center in
29 carrying out this subsection.

30 Sec. 77. Section 71-2461.01, Revised Statutes Cumulative Supplement,
31 2022, is amended to read:

1 71-2461.01 (1) Central fill means the preparation, other than by
2 compounding, of a drug, device, or biological pursuant to a medical order
3 where the preparation occurs in a pharmacy other than the pharmacy
4 dispensing to the patient or caregiver as defined in section 38-2809.

5 (2) If the dispensing pharmacy and central fill pharmacy are under
6 common ownership, the central fill pharmacy may deliver such drug,
7 device, or biological to the patient or caregiver on behalf of the
8 dispensing pharmacy, except that the dispensing pharmacy shall be
9 responsible for the prescriptions filled and delivered by the central
10 fill pharmacy.

11 Sec. 78. Section 71-2479, Revised Statutes Cumulative Supplement,
12 2022, is amended to read:

13 71-2479 (1) Any prescription for a legend drug which is not a
14 controlled substance shall be kept by the pharmacy or the practitioner
15 who holds a pharmacy license in a readily retrievable format and shall be
16 maintained for a minimum of five years. The pharmacy or practitioner
17 shall make all such files readily available to the department and law
18 enforcement for inspection without a search warrant.

19 (2) Before dispensing a legend drug which is not a controlled
20 substance pursuant to a written, oral, or electronic prescription, a
21 label shall be affixed to the container in which the drug is dispensed.
22 Such label shall bear (a) the name, address, and telephone number of the
23 pharmacy or practitioner and the name and address of the central fill
24 pharmacy if central fill is used, (b) the name of the patient, (c) the
25 date of filling, (d) the serial number of the prescription under which it
26 is recorded in the practitioner's prescription records, (e) the name of
27 the prescribing practitioner, (f) the directions for use, (g) the name of
28 the drug, device, or biological unless instructed to omit by the
29 prescribing practitioner, (h) the strength of the drug or biological, if
30 applicable, (i) the quantity of the drug, device, or biological in the
31 container, except unit-dose containers, (j) the dosage form of the drug

1 or biological, and (k) any cautionary statements contained in the
2 prescription.

3 (3) For multidrug containers, more than one drug, device, or
4 biological may be dispensed in the same container when (a) such container
5 is prepackaged by the manufacturer, packager, or distributor and shipped
6 directly to the pharmacy in this manner or (b) the container does not
7 accommodate greater than a thirty-one-day supply of compatible dosage
8 units and is labeled to identify each drug or biological in the container
9 in addition to all other information required by law.

10 Sec. 79. Sections 79 to 94 of this act shall be known and may be
11 cited as the Overdose Fatality Review Teams Act.

12 Sec. 80. The Legislature finds that:

13 (1) Substance use disorders and drug overdoses are major health
14 problems that affect the lives of many people and multiple services
15 systems and lead to profound consequences, including permanent injury and
16 death;

17 (2) Overdoses caused by heroin, fentanyl, other opioids, stimulants,
18 controlled substance analogs, novel psychoactive substances, and other
19 legal and illegal drugs are a public health crisis that stress and strain
20 financial, public health, health care, and public safety resources in
21 Nebraska;

22 (3) Overdose fatality reviews, which are designed to uncover the
23 who, what, when, where, why, and how of fatal overdoses, allow local
24 authorities to examine and understand the circumstances leading to a
25 fatal drug overdose; and

26 (4) Through a comprehensive and multidisciplinary review, overdose
27 fatality review teams can better understand the individual and population
28 factors and characteristics of potential overdose victims. This provides
29 local authorities with a greater sense of the strategies and multiagency
30 coordination needed to prevent future overdoses and results in the more
31 productive allocation of overdose prevention resources and services

1 within Nebraska communities.

2 Sec. 81. The purposes of the Overdose Fatality Review Teams Act are
3 to:

4 (1) Create a legislative framework for establishing county-level,
5 multidisciplinary overdose fatality review teams in Nebraska;

6 (2) Provide overdose fatality review teams with duties and
7 responsibilities to examine and understand the circumstances leading up
8 to overdoses so that the teams can make recommendations on policy changes
9 and resource allocation to prevent future overdoses; and

10 (3) Allow overdose fatality review teams to obtain and review
11 records and other documentation related to overdoses from relevant
12 agencies, entities, and individuals while remaining compliant with local,
13 state, and federal confidentiality laws and regulations.

14 Sec. 82. For purposes of the Overdose Fatality Review Teams Act:

15 (1) De-identified information means information that does not
16 identify an individual and with respect to which there is no reasonable
17 basis to believe that the information can be used to identify an
18 individual;

19 (2) Department means the Department of Health and Human Services;

20 (3) Drug means a substance that produces a physiological effect when
21 ingested or otherwise introduced into the body, and includes both legal
22 and illicit substances. Drug does not include alcohol;

23 (4) Health care provider means any of the following individuals who
24 are licensed, certified, or registered to perform specified health
25 services consistent with state law: A physician, a physician assistant,
26 or an advanced practice registered nurse;

27 (5) Lead organization means a local public health department as
28 defined in section 71-1626;

29 (6) Local team means the multidisciplinary and multiagency drug
30 overdose fatality review team established by a lead organization for such
31 organization's jurisdiction or for a group of cities, counties, or

1 districts, pursuant to an agreement between multiple lead organizations;

2 (7) Mental health provider means:

3 (a) A psychiatrist licensed to practice under the Medicine and
4 Surgery Practice Act;

5 (b) A psychologist licensed to engage in the practice of psychology
6 in this state as provided in section 38-3111 or as provided in similar
7 provisions of the Psychology Interjurisdictional Compact;

8 (c) A person licensed as an independent mental health practitioner
9 under the Mental Health Practice Act; or

10 (d) A professional counselor who holds a privilege to practice in
11 Nebraska as a professional counselor under the Licensed Professional
12 Counselors Interstate Compact;

13 (8) Personal identifying information means information that permits
14 the identity of an individual to whom the information applies to be
15 reasonably inferred by either direct or indirect means;

16 (9) Overdose means injury to the body that happens when one or more
17 drugs are taken in excessive amounts. An overdose can be fatal or
18 nonfatal;

19 (10) Overdose fatality review means a process in which a local team
20 performs a series of individual overdose fatality reviews to effectively
21 identify system gaps and innovative, community-specific overdose
22 prevention and intervention strategies;

23 (11) Substance use disorder means a pattern of use of alcohol or
24 other drugs leading to clinical or functional impairment, in accordance
25 with the definition in the Diagnostic and Statistical Manual of Disorders
26 (DSM-5) of the American Psychiatric Association, or a subsequent edition
27 of such manual; and

28 (12) Substance use disorder treatment provider means any individual
29 or entity who is licensed, registered, or certified within Nebraska to
30 treat substance use disorders or who has a federal Drug Addiction
31 Treatment Act of 2000 waiver from the Substance Abuse and Mental Health

1 Services Administration of the United States Department of Health and
2 Human Services to treat individuals with substance use disorder using
3 medications approved for that indication by the United States Food and
4 Drug Administration.

5 Sec. 83. (1) A lead organization may establish a local team for the
6 lead organization's jurisdiction or for a group of cities, counties, or
7 districts, pursuant to an agreement between multiple lead organizations.
8 If multiple lead organizations decide to form a local team, only one
9 shall fulfill the role of lead organization. The lead organization shall
10 select the members of the local team.

11 (2) A local team shall consist of the core members that may include
12 one or more members from the following backgrounds:

13 (a) Officials from the lead organization or from another local
14 public health department or such officials' designees;

15 (b) Behavioral health providers or officials;

16 (c) Law enforcement personnel;

17 (d) Representatives of jails or detention centers;

18 (e) The coroner or the coroner's designee;

19 (f) Health care providers who specialize in the prevention,
20 diagnosis, and treatment of substance use disorders;

21 (g) Mental health providers who specialize in substance use
22 disorders;

23 (h) Representatives of emergency medical services providers in the
24 county;

25 (i) The Director of Children and Family Services of the Division of
26 Children and Family Services of the Department of Health and Human
27 Services or the director's designee; and

28 (j) Representatives from the Board of Parole, the Office of
29 Probation Administration, the Division of Parole Supervision, or the
30 Community Corrections Division of the Nebraska Commission on Law
31 Enforcement and Criminal Justice.

1 (3) A local team may also include, either as permanent or temporary
2 members:

3 (a) A local school superintendent or the superintendent's designee;

4 (b) A representative of a local hospital;

5 (c) A health care provider who specializes in emergency medicine;

6 (d) A health care provider who specializes in pain management;

7 (e) A pharmacist with a background in prescription drug misuse and
8 diversion;

9 (f) A substance use disorder treatment provider from a licensed
10 substance use disorder treatment program;

11 (g) A poison control center representative;

12 (h) A mental health provider who is a generalist;

13 (i) A prescription drug monitoring program administrator or such
14 administrator's designee;

15 (j) A representative from a harm reduction provider;

16 (k) A recovery coach, peer support worker, or other representative
17 of the recovery community;

18 (l) A representative from the local drug court; and

19 (m) Any other individual necessary for the work of the local team.

20 (4) The lead organization shall select a chairperson for the local
21 team. The chairperson shall be an official of the lead organization or
22 such official's designee. The chairperson shall:

23 (a) Solicit and recruit members and appoint replacement members to
24 fill vacancies that may arise on the team. In carrying out this
25 responsibility, the chairperson shall, at a minimum, attempt to appoint
26 at least one member from each of the backgrounds or positions described
27 in subsection (2) of this section;

28 (b) Facilitate local team meetings and implement the protocols and
29 procedures of the local team;

30 (c) Request and collect the records and information needed for the
31 local team's case review. The chairperson shall remove all personal

1 identifying information from any records or information prior to
2 providing it to the local team;

3 (d) Gather, store, and distribute the necessary records and
4 information for reviews conducted by the team. The chairperson shall
5 carry out such duties in compliance with all local, state, and federal
6 confidentiality laws and regulations;

7 (e) Ensure that team members receive timely notification of upcoming
8 meetings;

9 (f) Ensure the team fulfills the requirements of section 84 of this
10 act to publish an annual report, including recommendations to prevent
11 future drug overdose deaths;

12 (g) Ensure that all members of the local team and all guest
13 observers and participants sign confidentiality forms as required under
14 section 90 of this act;

15 (h) Oversee compliance with the Overdose Fatality Review Teams Act
16 and the protocols developed by the team;

17 (i) Serve as a liaison for the local team; and

18 (j) Perform such other duties as the team deems appropriate.

19 (5) Members of the local team shall not receive compensation for
20 their services as team members.

21 Sec. 84. (1) A local team shall:

22 (a) Promote cooperation and coordination among agencies involved in
23 the investigation of drug overdose fatalities;

24 (b) Examine the incidence, causes, and contributing factors of drug
25 overdose deaths in jurisdictions where the local team operates;

26 (c) Develop recommendations for changes within communities, public
27 and private agencies, institutions, and systems, based on an analysis of
28 the causes and contributing factors of drug overdose deaths;

29 (d) Advise local, regional, and state policymakers about potential
30 changes to law, policy, funding, or practices to prevent drug overdoses;

31 (e) Establish and implement protocols and procedures for overdose

1 investigations and to maintain confidentiality;

2 (f) Conduct a multidisciplinary review of information received
3 pursuant to section 87 of this act regarding a person who died of a drug
4 overdose. Such review shall be limited to records and information from
5 which the chairperson has removed all personally identifying information.
6 Such review shall include, but not be limited to:

7 (i) Consideration of the decedent's points of contact with health
8 care systems, social services, educational institutions, child and family
9 services, law enforcement and the criminal justice system, and any other
10 systems with which the decedent had contact prior to death; and

11 (ii) Identification of the specific factors and social determinants
12 of health that put the decedent at risk for an overdose;

13 (g) Recommend prevention and intervention strategies to improve
14 coordination of services and investigations among member agencies and
15 providers to reduce overdose deaths; and

16 (h) Collect, analyze, interpret, and maintain data on local overdose
17 deaths.

18 (2) A local team shall only review overdose deaths that are not
19 under active investigation by a law enforcement agency or under criminal
20 prosecution.

21 (3)(a) On or before June 1, 2024, and on or before each June 1
22 thereafter, each local team shall submit a report to the department. The
23 report shall include at least the following for the preceding year:

24 (i) The total number of fatal drug overdoses that occurred within
25 the jurisdiction of the local team;

26 (ii) The number of fatal drug overdoses investigated by the local
27 team;

28 (iii) The causes, manner, and contributing factors of drug overdose
29 deaths in the team's jurisdiction, including trends;

30 (iv) Recommendations regarding the prevention of fatal and nonfatal
31 drug overdoses for changes within communities, public and private

1 agencies, institutions, and systems, based on an analysis of such causes
2 and contributing factors. Such recommendations shall include recommended
3 changes to laws, rules and regulations, policies, training needs, or
4 service gaps to prevent future drug overdose deaths; and

5 (v) Follow-up analysis of the implementation of and results from any
6 recommendations made by the local team, including, but not limited to,
7 changes in local or state law, policy, or funding made as a result of the
8 local team's recommendations.

9 (b) The report shall include only de-identified information and
10 shall not identify any victim, living or dead, of a drug overdose.

11 (c) The report is not confidential and shall be made available to
12 the public.

13 (d) The department may analyze each annual report submitted pursuant
14 to this subsection and create a single report containing an aggregate of
15 the data submitted. The department shall make any such report publicly
16 available and submit it electronically to the Clerk of the Legislature.

17 Sec. 85. (1) Members of a local team and other individuals in
18 attendance at a local team meeting, including, but not limited to,
19 experts, health care professionals, or other observers:

20 (a) Shall sign a confidentiality agreement as provided in section 90
21 of this act;

22 (b) Are bound by all applicable local, state, and federal laws
23 concerning the confidentiality of matters reviewed by the local team, but
24 may discuss confidential matters and share confidential information
25 during such meeting; and

26 (c) Except as otherwise permitted by law, shall not disclose
27 confidential information outside of the meeting.

28 (2) A member of a local team or an individual in attendance at a
29 local team meeting shall not be subject to civil or criminal liability or
30 any professional disciplinary action for the sharing or discussion of any
31 confidential matter with the local team during a local team meeting. This

1 immunity does not apply to a local team member or attendee who
2 intentionally or knowingly discloses confidential information in
3 violation of the Overdose Fatality Review Teams Act or any state or
4 federal law.

5 Sec. 86. (1) A local team shall not be considered a public body for
6 purposes of the Open Meetings Act.

7 (2) Except for reports under section 84 of this act, information and
8 records acquired or created by a local team are not public records
9 subject to disclosure pursuant to sections 84-712 to 84-712.09, shall be
10 confidential, shall not be subject to subpoena, shall be privileged and
11 inadmissible in evidence in any legal proceeding of any kind or
12 character, and shall not be disclosed to any other department or agency
13 of the State of Nebraska, except the Department of Health and Human
14 Services as specified in the Overdose Fatality Review Teams Act.

15 Sec. 87. (1) Except as provided in subsection (4) of this section,
16 on written request of the lead organization, and as necessary to carry
17 out the purpose and duties of the local team, the lead organization shall
18 be provided with the following information:

19 (a) Nonprivileged information and records regarding the physical
20 health, mental health, and treatment for any substance use disorder
21 maintained by a health care provider, substance use disorder treatment
22 provider, hospital, or health system for an individual whose death is
23 being reviewed by the local team; and

24 (b) Information and records maintained by a state or local
25 government agency or entity, including, but not limited to, death
26 investigative information, coroner investigative information, law
27 enforcement investigative information, emergency medical services
28 reports, fire department records, prosecutorial records, parole and
29 probation information and records, court records, school records, and
30 information and records of a social services agency, including the
31 department, if the agency or entity provided services to an individual

1 whose death is being reviewed by the local team.

2 (2) Except as provided in subsection (4) of this section, the
3 following persons shall comply with a records request by the lead
4 organization made pursuant to subsection (1) of this section:

5 (a) A coroner;

6 (b) A fire department;

7 (c) A health system;

8 (d) A hospital;

9 (e) A law enforcement agency;

10 (f) A local or state governmental agency, including, but not limited
11 to, the department, local public health authorities, the Attorney
12 General, county attorneys, public defenders, the Commission on Public
13 Advocacy, the Department of Correctional Services, the Office of
14 Probation Administration, and the Division of Parole Supervision;

15 (g) A mental health provider;

16 (h) A health care provider;

17 (i) A substance use disorder treatment provider;

18 (j) A school, including a public or private elementary, secondary,
19 or postsecondary institution;

20 (k) An emergency medical services provider;

21 (l) A social services provider; and

22 (m) Any other person who is in possession of records pertinent to
23 the local team's investigation of an overdose fatality.

24 (3) A person subject to a records request by a lead organization
25 under subsection (1) of this section may charge the lead organization a
26 reasonable fee for the service of duplicating any records requested by
27 the lead organization, not to exceed the actual cost of duplication.

28 (4)(a) Compliance with any records request under this section is
29 subject to the federal Health Insurance Portability and Accountability
30 Act of 1996, Public Law 104-191, and regulations promulgated thereunder;
31 42 U.S.C. 290dd-2; 42 C.F.R. part 2; and the Child Protection and Family

1 Safety Act.

2 (b) The department is not required to comply with a records request
3 under subsection (2) of this section to the extent the information
4 requested:

5 (i) Was obtained by the prescription drug monitoring program created
6 under section 71-2454;

7 (ii) Is covered by section 68-313; or

8 (iii) Is covered by 42 C.F.R. 431.300 et seq.

9 (c) The disclosure or redisclosure of a medical record developed in
10 connection with the provision of substance abuse treatment services,
11 without the authorization of a person in interest, is subject to any
12 limitations that exist under the federal Health Insurance Portability and
13 Accountability Act of 1996, Public Law 104-191, and regulations
14 promulgated thereunder; 42 U.S.C. 290dd-2; and 42 C.F.R. part 2.

15 (5) Information requested by the lead organization shall be provided
16 within thirty calendar days after receipt of the written request, unless
17 an extension is granted by the chairperson. Written request includes a
18 request submitted via email or facsimile transmission.

19 (6)(a) A county attorney or the Attorney General may, upon request
20 by a lead organization, issue subpoenas to compel production of any of
21 the records and information specified in this section.

22 (b) Any willful failure to comply with such a subpoena may be
23 certified by the county attorney or Attorney General to the district
24 court for enforcement or punishment for contempt of court.

25 Sec. 88. A member of the local team may contact, interview, or
26 obtain information by request from a family member or friend of an
27 individual whose death is being reviewed by the local team.

28 Sec. 89. (1) A chairperson may invite other individuals to
29 participate on the local team on an ad hoc basis for a particular
30 investigation. Such individuals may include those with expertise that
31 would aid in the investigation and representatives from organizations or

1 agencies that had contact with, or provided services to, the overdose
2 victim.

3 (2) So long as each individual present at a local team meeting has
4 signed the confidentiality form provided for in section 90 of this act,
5 any otherwise confidential information received by the local team may be
6 shared at a local team meeting with any nonmember attendees.

7 (3) Local team meetings in which confidential information is
8 discussed shall be closed to the public.

9 (4) A lead organization may enter into confidentiality agreements
10 with third-party agencies to obtain otherwise confidential information.

11 (5) A lead organization shall enter into a data-use agreement with
12 the prescription drug monitoring program created under section 71-2454.

13 (6) A local team may enter into consultation agreements with
14 relevant experts to evaluate the information and records collected by the
15 team. All of the confidentiality provisions of the Overdose Fatality
16 Review Teams Act shall apply to the activities of a consulting expert.

17 (7) A lead organization may enter into written agreements with
18 entities to provide for the secure storage of electronic data based on
19 information and records collected in carrying out the local team's
20 duties, including data that contains personal or incident identifiers.
21 Such agreements shall provide for the protection of the security and
22 confidentiality of the information, including access limitations,
23 storage, and destruction of the information. The confidentiality
24 provisions of the Overdose Fatality Review Teams Act shall apply to the
25 activities of the data storage entity.

26 Sec. 90. (1) Each local team member and any nonmember in attendance
27 at a meeting shall sign a confidentiality form and review the purposes
28 and goals of the local team before they may participate in the meeting or
29 review. The form shall set out the requirements for maintaining the
30 confidentiality of any information disclosed during the meeting and the
31 penalties associated with failure to maintain such confidentiality.

1 (2) Except as necessary to carry out the local team's purposes and
2 duties, members of the local team and individuals attending a team
3 meeting shall not disclose any discussion among team members at a meeting
4 and shall not disclose any information prohibited from disclosure by the
5 Overdose Fatality Review Teams Act.

6 (3) De-identified information and records obtained by a local team
7 may be released to a researcher, research organization, university,
8 institution, or governmental agency for the purpose of conducting
9 scientific, medical, or public health research upon proof of identity and
10 execution of a confidentiality agreement as provided in this section.
11 Such release shall provide for a written agreement with the department
12 providing protection of the security of the information, including access
13 limitations, and the storage, destruction, and use of the information.
14 The release of such information pursuant to this subsection shall not
15 make otherwise confidential information a public record.

16 (4) Members of a local team and individuals attending a team meeting
17 shall not testify in any civil, administrative, licensure, or criminal
18 proceeding, including depositions, regarding information reviewed in or
19 an opinion formed as a result of a team meeting. This subsection shall
20 not be construed to prevent a person from testifying to information
21 obtained independently of the team or that is public information.

22 (5) Conclusions, findings, recommendations, information, documents,
23 and records of a local team shall not be subject to subpoena, discovery,
24 or introduction into evidence in any civil or criminal proceeding, except
25 that conclusions, findings, recommendations, information, documents, and
26 records otherwise available from other sources shall not be immune from
27 subpoena, discovery, or introduction into evidence through those sources
28 solely because they were presented during proceedings of a local team or
29 are maintained by a local team.

30 Sec. 91. Any person that in good faith provides information or
31 records to a local team shall not be subject to civil or criminal

1 liability or any professional disciplinary action as a result of
2 providing the information or record.

3 Sec. 92. A person aggrieved by the intentional or knowing
4 disclosure of confidential information in violation of the Overdose
5 Fatality Review Teams Act by a local team, its members, or a person in
6 attendance at a local team meeting may bring a civil action for
7 appropriate relief against the person who committed such violation.
8 Appropriate relief in an action under this section shall include:

9 (1) Damages;

10 (2) Such preliminary and other equitable or declaratory relief as
11 may be appropriate; and

12 (3) Reasonable attorney's fees and other litigation costs reasonably
13 incurred.

14 Sec. 93. A person who intentionally or knowingly violates the
15 confidentiality requirements of the Overdose Fatality Review Teams Act is
16 guilty of a Class II misdemeanor.

17 Sec. 94. The department may adopt and promulgate such rules and
18 regulations as are necessary to carry out the Overdose Fatality Review
19 Teams Act.

20 Sec. 95. Section 71-3404, Revised Statutes Cumulative Supplement,
21 2022, is amended to read:

22 71-3404 (1) Sections 71-3404 to 71-3411 shall be known and may be
23 cited as the Child and Maternal Death Review Act.

24 (2) The Legislature finds and declares that it is in the best
25 interests of the state, its residents, and especially the children of
26 this state that the number and causes of death of children, including
27 stillbirths, in this state be examined. There is a need for a
28 comprehensive integrated review of all child deaths and stillbirths in
29 Nebraska and a system for statewide retrospective review of existing
30 records relating to each child death and stillbirth.

31 (3) The Legislature further finds and declares that it is in the

1 best interests of the state and its residents that the number and causes
2 of maternal death and severe maternal morbidity in this state be
3 examined. There is a need for a comprehensive integrated review of all
4 maternal deaths and incidents of severe maternal morbidity in Nebraska
5 and a system for statewide retrospective review of existing records
6 relating to each maternal death and incident of severe maternal
7 morbidity.

8 (4) It is the intent of the Legislature, by creation of the Child
9 and Maternal Death Review Act, to:

10 (a) Identify trends from the review of past records to prevent
11 future child deaths, stillbirths, ~~and~~ maternal deaths, and incidents of
12 severe maternal morbidity from similar causes when applicable;

13 (b) Recommend systematic changes for the creation of a cohesive
14 method for responding to certain child deaths, stillbirths, ~~and~~ maternal
15 deaths, and incidents of severe maternal morbidity; and

16 (c) When appropriate, cause referral to be made to those agencies as
17 required in section 28-711 or as otherwise required by state law.

18 Sec. 96. Section 71-3405, Revised Statutes Cumulative Supplement,
19 2022, is amended to read:

20 71-3405 For purposes of the Child and Maternal Death Review Act:

21 (1) Child means a person from birth to eighteen years of age;

22 (2) Investigation of child death means a review of existing records
23 and other information regarding the child or stillbirth from relevant
24 agencies, professionals, and providers of medical, dental, prenatal, and
25 mental health care. The records to be reviewed may include, but not be
26 limited to, medical records, coroner's reports, autopsy reports, social
27 services records, records of alternative response cases under alternative
28 response implemented in accordance with sections 28-710.01, 28-712, and
29 28-712.01, educational records, emergency and paramedic records, and law
30 enforcement reports;

31 (3) Investigation of maternal death means a review of existing

1 records and other information regarding the woman from relevant agencies,
2 professionals, and providers of medical, dental, prenatal, and mental
3 health care. The records to be reviewed may include, but not be limited
4 to, medical records, coroner's reports, autopsy reports, social services
5 records, educational records, emergency and paramedic records, and law
6 enforcement reports;

7 (4) Maternal death means the death of a woman during pregnancy or
8 the death of a postpartum woman;

9 (5) Postpartum woman means a woman during the period of time
10 beginning when the woman ceases to be pregnant and ending one year after
11 the woman ceases to be pregnant;

12 (6) Preventable child death means the death of any child or
13 stillbirth which reasonable medical, social, legal, psychological, or
14 educational intervention may have prevented. Preventable child death
15 includes, but is not limited to, the death of a child or stillbirth
16 resulting from (a) intentional and unintentional injuries, (b) medical
17 misadventures, including untoward results, malpractice, and foreseeable
18 complications, (c) lack of access to medical care, (d) neglect and
19 reckless conduct, including failure to supervise and failure to seek
20 medical care for various reasons, and (e) preventable premature birth;

21 (7) Preventable maternal death means the death of a pregnant or
22 postpartum woman when there was at least some chance of the death being
23 averted by one or more reasonable changes to (a) the patient, (b) the
24 patient's family, (c) the health care provider, facility, or system, or
25 (d) community factors;

26 (8) Reasonable means taking into consideration the condition,
27 circumstances, and resources available;~~and~~

28 (9) Severe maternal morbidity means the unexpected outcomes of labor
29 and delivery resulting in significant short- or long-term consequences to
30 a woman's health;

31 (10) (9) Stillbirth means a spontaneous fetal death which resulted

1 in a fetal death certificate pursuant to section 71-606; and

2 (11) ~~(10)~~ Teams means the State Child Death Review Team and the
3 State Maternal Death Review Team.

4 Sec. 97. Section 71-3407, Revised Statutes Cumulative Supplement,
5 2022, is amended to read:

6 71-3407 (1) The purpose of the teams shall be to (a) develop an
7 understanding of the causes and incidence of child deaths, stillbirths,
8 ~~or~~ maternal deaths, and severe maternal morbidity in this state, (b)
9 develop recommendations for changes within relevant agencies and
10 organizations which may serve to prevent child deaths, stillbirths, ~~or~~
11 maternal deaths, and incidents of severe maternal morbidity and (c)
12 advise the Governor, the Legislature, and the public on changes to law,
13 policy, and practice which will prevent child deaths, stillbirths, ~~or~~
14 maternal deaths, and incidents of severe maternal morbidity.

15 (2) The teams shall:

16 (a) Undertake annual statistical studies of the causes and incidence
17 of child or maternal deaths in this state. The studies shall include, but
18 not be limited to, an analysis of the records of community, public, and
19 private agency involvement with the children, the pregnant or postpartum
20 women, and their families prior to and subsequent to the child or
21 maternal deaths;

22 (b) Develop a protocol for retrospective investigation of child or
23 maternal deaths by the teams;

24 (c) Develop a protocol for collection of data regarding child or
25 maternal deaths by the teams;

26 (d) Consider training needs, including cross-agency training, and
27 service gaps;

28 (e) Include in its annual report recommended changes to any law,
29 rule, regulation, or policy needed to decrease the incidence of
30 preventable child or maternal deaths;

31 (f) Educate the public regarding the incidence and causes of child

1 or maternal deaths, the public role in preventing child or maternal
2 deaths, and specific steps the public can undertake to prevent child or
3 maternal deaths. The teams may enlist the support of civic,
4 philanthropic, and public service organizations in the performance of
5 educational duties;

6 (g) Provide the Governor, the Legislature, and the public with
7 annual reports which shall include the teams' findings and
8 recommendations for each of their duties. Each team shall submit an
9 annual report on or before each December 31 to the Legislature
10 electronically; and

11 (h) When appropriate, make referrals to those agencies as required
12 in section 28-711 or as otherwise required by state law.

13 (3) The teams may enter into consultation agreements with relevant
14 experts to evaluate the information and records collected. All of the
15 confidentiality provisions of section 71-3411 shall apply to the
16 activities of a consulting expert.

17 (4) The teams may enter into written agreements with entities to
18 provide for the secure storage of electronic data, including data that
19 contains personal or incident identifiers. Such agreements shall provide
20 for the protection of the security and confidentiality of the content of
21 the information, including access limitations, storage of the
22 information, and destruction of the information. All of the
23 confidentiality provisions of section 71-3411 shall apply to the
24 activities of the data storage entity.

25 (5) The teams may enter into agreements with a local public health
26 department as defined in section 71-1626 to act as the agent of the teams
27 in conducting all information gathering and investigation necessary for
28 the purposes of the Child and Maternal Death Review Act. All of the
29 confidentiality provisions of section 71-3411 shall apply to the
30 activities of the agent.

31 (6) For purposes of this section, entity means an organization which

1 provides collection and storage of data from multiple agencies but is not
2 solely controlled by the agencies providing the data.

3 Sec. 98. Section 71-3408, Revised Statutes Cumulative Supplement,
4 2022, is amended to read:

5 71-3408 (1) The chairperson of each team shall:

6 (a) Chair meetings of the teams; and

7 (b) Ensure identification of strategies to prevent child or maternal
8 deaths.

9 (2) The team coordinator of each team provided under subsection (5)
10 of section 71-3406 shall:

11 (a) Have the necessary information from investigative reports,
12 medical records, coroner's reports, autopsy reports, educational records,
13 and other relevant items made available to the team;

14 (b) Ensure timely notification of the team members of an upcoming
15 meeting;

16 (c) Ensure that all team reporting and data-collection requirements
17 are met;

18 (d) Oversee adherence to the review process established by the Child
19 and Maternal Death Review Act; and

20 (e) Perform such other duties as the team deems appropriate.

21 (3) The team data abstractor provided under subsection (5) of
22 section 71-3406 shall:

23 (a) Possess qualifying ~~nursing~~ experience, a demonstrated
24 understanding of child and maternal outcomes, strong professional
25 communication skills, data entry and relevant computer skills, experience
26 in medical record review, flexibility and ability to accomplish tasks in
27 short time frames, appreciation of the community, knowledge of
28 confidentiality laws, the ability to serve as an objective unbiased
29 storyteller, and a demonstrated understanding of social determinants of
30 health;

31 (b) Request records for identified cases from sources described in

1 section 71-3410;

2 (c) Upon receipt of such records, review all pertinent records to
3 complete fields in child, stillbirth, ~~and~~ maternal death, and severe
4 maternal morbidity databases;

5 (d) Summarize findings in a case summary; and

6 (e) Report all findings to the team coordinators.

7 Sec. 99. Section 71-3409, Revised Statutes Cumulative Supplement,
8 2022, is amended to read:

9 71-3409 (1)(a) The State Child Death Review Team shall review child
10 deaths in the manner provided in this subsection.

11 (b) The members shall review the death certificate, birth
12 certificate, coroner's report or autopsy report if done, and indicators
13 of child or family involvement with the department. The members shall
14 classify the nature of the death, whether accidental, homicide, suicide,
15 undetermined, or natural causes, determine the completeness of the death
16 certificate, and identify discrepancies and inconsistencies.

17 (c) A review shall not be conducted on any child death under active
18 investigation by a law enforcement agency or under criminal prosecution.
19 The members may seek records described in section 71-3410. The members
20 shall identify the preventability of death, the possibility of child
21 abuse or neglect, the medical care issues of access and adequacy, and the
22 nature and extent of interagency communication.

23 (2)(a) The team may review stillbirths ~~occurring on or after January~~
24 ~~1, 2023,~~ in the manner provided in this subsection.

25 (b) The members may review the death certificates and other
26 documentation which will allow the team to identify preventable causes of
27 stillbirths.

28 (c) Nothing in this subsection shall be interpreted to require
29 review of any stillbirth death.

30 (3)(a) The State Maternal Death Review Team shall review all
31 maternal deaths in the manner provided in this subsection.

1 (b) The members shall review the maternal death records in
2 accordance with evidence-based best practices in order to determine: (i)
3 If the death is pregnancy-related; (ii) the cause of death; (iii) if the
4 death was preventable; (iv) the factors that contributed to the death;
5 (v) recommendations and actions that address those contributing factors;
6 and (vi) the anticipated impact of those actions if implemented.

7 (c) A review shall not be conducted on any maternal death under
8 active investigation by a law enforcement agency or under criminal
9 prosecution. The members may seek records described in section 71-3410.
10 The members shall identify the preventability of death, the possibility
11 of domestic abuse, the medical care issues of access and adequacy, and
12 the nature and extent of interagency communication.

13 (4)(a) The team may review incidents of severe maternal morbidity in
14 the manner provided in this subsection and additionally, may use
15 guidelines published by the Centers for Disease Control and Prevention or
16 develop its own guidelines for such review.

17 (b) The members may review any records or documents which will allow
18 the team to identify preventable causes of severe maternal morbidity.

19 (c) Nothing in this subsection shall be interpreted to require the
20 review of any incident of severe maternal morbidity.

21 Sec. 100. Section 71-3410, Revised Statutes Cumulative Supplement,
22 2022, is amended to read:

23 71-3410 (1) Upon request, the teams shall be immediately provided:

24 (a) Information and records maintained by a provider of medical,
25 dental, prenatal, and mental health care, including medical reports,
26 autopsy reports, and emergency and paramedic records; and

27 (b) All information and records maintained by any agency of state,
28 county, or local government, any other political subdivision, any school
29 district, or any public or private educational institution, including,
30 but not limited to, birth and death certificates, law enforcement
31 investigative data and reports, coroner investigative data and reports,

1 educational records, parole and probation information and records, and
2 information and records of any social services agency that provided
3 services to the child, the pregnant or postpartum woman, or the family of
4 the child or woman.

5 (2) The Department of Health and Human Services shall have the
6 authority to issue subpoenas to compel production of any of the records
7 and information specified in subdivisions (1)(a) and (b) of this section,
8 except records and information on any child death, stillbirth, ~~or~~
9 maternal death, or incident of severe maternal morbidity under active
10 investigation by a law enforcement agency or which is at the time the
11 subject of a criminal prosecution, and shall provide such records and
12 information to the teams.

13 Sec. 101. Section 71-8202, Reissue Revised Statutes of Nebraska, is
14 amended to read:

15 71-8202 The Legislature finds and declares that:

16 (1) Trauma is a severe health problem in the State of Nebraska and a
17 major cause of death and long-term disability;

18 (2) Trauma care is very limited in many parts of Nebraska,
19 particularly in rural areas where there is a growing danger that some
20 communities may be left without adequate emergency medical care;

21 (3) It is in the best interests of the citizens of Nebraska to
22 establish an efficient and well-coordinated statewide trauma system to
23 reduce costs and incidence of inappropriate and inadequate trauma care
24 and emergency medical service; and

25 (4) The goals and objectives of a statewide trauma system are to:

26 (a) Pursue trauma prevention activities to decrease the incidence of
27 trauma; (b) provide optimal care for trauma victims; (c) prevent
28 unnecessary death and disability from trauma and emergency illness
29 ~~without regard to insurance or ability to pay and utilize the protocols~~
30 ~~established in the rules and regulations adopted under the Statewide~~
31 ~~Trauma System Act~~; and (d) contain costs of trauma care and trauma system

1 implementation.

2 Sec. 102. Section 71-8228, Reissue Revised Statutes of Nebraska, is
3 amended to read:

4 71-8228 Regional medical director means a physician licensed under
5 the Uniform Credentialing Act ~~who shall report to the Director of Public~~
6 ~~Health and carry out the regional plan for his or her region.~~

7 Sec. 103. Section 71-8230, Reissue Revised Statutes of Nebraska, is
8 amended to read:

9 71-8230 Specialty level burn or pediatric trauma center means a
10 trauma center that ~~(1) provides specialized care in the areas of burns or~~
11 ~~pediatrics, (2) provides continuous accessibility regardless of day,~~
12 ~~season, or patient's ability to pay, and (3) has entry access from each~~
13 ~~of the designation levels as its online physician or qualified physician~~
14 ~~surrogate deems appropriate.~~

15 Sec. 104. Section 71-8231, Reissue Revised Statutes of Nebraska, is
16 amended to read:

17 71-8231 State trauma medical director means a physician licensed
18 under the Uniform Credentialing Act who advises reports to the department
19 ~~Director of Public Health~~ and carries out duties under the Statewide
20 Trauma System Act.

21 Sec. 105. Section 71-8234, Reissue Revised Statutes of Nebraska, is
22 amended to read:

23 71-8234 Trauma team means a team of physicians, nurses, medical
24 technicians, and other personnel compiled to respond ~~create a seamless~~
25 ~~response~~ to an acutely injured patient upon the patient's arrival at the
26 hospital ~~in a hospital emergency department.~~

27 Sec. 106. Section 71-8235, Reissue Revised Statutes of Nebraska, is
28 amended to read:

29 71-8235 Trauma system means an organized approach to providing care
30 to trauma patients that provides personnel, facilities, and equipment for
31 effective and coordinated trauma care. The trauma system shall identify

1 facilities with specific capabilities to provide care and provide that
2 trauma patients be treated at a designated trauma center appropriate to
3 the patient's level of injury. Trauma system includes prevention,
4 prehospital or out-of-hospital care, hospital care, and rehabilitative
5 services ~~regardless of insurance carrier or ability to pay.~~

6 Sec. 107. Section 71-8236, Revised Statutes Cumulative Supplement,
7 2022, is amended to read:

8 71-8236 The State Trauma Advisory Board is created. The board shall
9 be composed of representatives knowledgeable in emergency medical
10 services and trauma care, including emergency medical providers such as
11 physicians, nurses, hospital personnel, prehospital or emergency care
12 providers, local government officials, state officials, consumers, and
13 persons affiliated professionally with health science schools. The
14 Director of Public Health or his or her designee shall appoint the
15 members of the board for staggered terms of three years each. The
16 department shall provide administrative support to the board. All members
17 of the board may be reimbursed for expenses incurred in the performance
18 of their duties ~~as such members~~ as provided in sections 81-1174 to
19 81-1177. The terms of members representing the same field shall not
20 expire at the same time.

21 The board shall elect a chairperson and a vice-chairperson whose
22 terms of office shall be for two years. The board shall meet at least
23 twice per year by written request of the director or the chairperson.

24 Sec. 108. Section 71-8237, Revised Statutes Cumulative Supplement,
25 2022, is amended to read:

26 71-8237 The State Trauma Advisory Board shall:

27 (1) Advise the department regarding trauma care needs throughout the
28 state;

29 (2) Advise the Board of Emergency Medical Services regarding trauma
30 care to be provided throughout the state by emergency medical services;

31 ~~(3) Review the regional trauma plans and recommend changes to the~~

1 ~~department before the department adopts the plans;~~

2 ~~(3) (4) Review proposed departmental rules and regulations for~~
3 ~~trauma care; and~~

4 ~~(4) (5) Recommend modifications in rules regarding trauma care. ;~~
5 ~~and~~

6 ~~(6) Draft a five-year statewide prevention plan that each trauma~~
7 ~~care region shall implement.~~

8 Sec. 109. Section 71-8239, Reissue Revised Statutes of Nebraska, is
9 amended to read:

10 71-8239 (1) The department, in consultation with and having
11 solicited the advice of the State Trauma Advisory Board, shall establish
12 ~~and~~ maintain the statewide trauma system.

13 (2) The department, with the advice of the board, shall adopt and
14 promulgate rules and regulations and develop injury prevention strategies
15 to carry out the Statewide Trauma System Act.

16 (3) The Director of Public Health or his or her designee shall
17 appoint the state trauma medical director and the regional medical
18 directors.

19 (4) The department, with the advice of the board, shall identify the
20 state and regional activities that create, operate, maintain, and enhance
21 the statewide trauma system.

22 Sec. 110. Section 71-8240, Revised Statutes Cumulative Supplement,
23 2022, is amended to read:

24 71-8240 The department shall establish and maintain the following on
25 a statewide basis:

26 (1) Trauma system objectives and priorities;

27 (2) Minimum trauma standards for facilities, equipment, and
28 personnel for advanced, basic, comprehensive, and general level trauma
29 centers and specialty level burn or pediatric trauma centers;

30 (3) Minimum standards for facilities, equipment, and personnel for
31 advanced, intermediate, and general level rehabilitation centers;

1 (4) Minimum trauma standards for the development of facility patient
2 care protocols;

3 (5) Trauma care regions as provided for in section 71-8250;

4 ~~(6) Recommendations for an effective trauma transportation system;~~

5 ~~(7) The minimum number of hospitals and health care facilities in~~
6 ~~the state and within each trauma care region that may provide designated~~
7 ~~trauma care services based upon approved regional trauma plans;~~

8 ~~(8) The minimum number of prehospital or emergency care providers in~~
9 ~~the state and within each trauma care region that may provide trauma care~~
10 ~~services based upon approved regional trauma plans;~~

11 ~~(9) A format for submission of the regional trauma plans to the~~
12 ~~department;~~

13 ~~(6)~~ (10) A program for emergency medical services and trauma care
14 research and development; and

15 ~~(11) Review and approve regional trauma plans;~~

16 (7) (12) The ~~initial~~ designation of hospitals and health care
17 facilities to provide designated trauma care services, ~~in accordance with~~
18 ~~needs identified in the approved regional trauma plan; and~~

19 ~~(13) The trauma implementation plan incorporating the regional~~
20 ~~trauma plans.~~

21 Sec. 111. Section 71-8241, Reissue Revised Statutes of Nebraska, is
22 amended to read:

23 71-8241 The department shall ~~coordinate the statewide trauma system~~
24 ~~to assure integration and smooth operation among the trauma care regions~~
25 ~~and~~ facilitate coordination of the State Trauma Advisory Board and the
26 Board of Emergency Medical Services to advise the department on
27 development of the statewide trauma ~~monitor the system.~~

28 Sec. 112. Section 71-8242, Reissue Revised Statutes of Nebraska, is
29 amended to read:

30 71-8242 The department shall:

31 (1) Maintain ~~Purchase and maintain~~ the statewide trauma registry

1 pursuant to section 71-8248 to assess the effectiveness of trauma
2 delivery and modify standards and other requirements of the statewide
3 trauma system, to improve the provision of emergency medical services and
4 trauma care;

5 (2) Develop patient outcome measures to assess the effectiveness of
6 trauma care in the system;

7 (3) Develop standards for regional trauma care quality assurance
8 programs; and

9 (4) Coordinate and develop trauma prevention and education programs.

10 The department shall administer funding allocated to the department
11 for the purpose of creating, maintaining, or enhancing the statewide
12 trauma system.

13 Sec. 113. Section 71-8243, Reissue Revised Statutes of Nebraska, is
14 amended to read:

15 71-8243 Designated trauma centers and rehabilitation centers that
16 receive trauma patients shall be categorized according to designation
17 under the Statewide Trauma System Act. ~~All levels of centers shall follow
18 federal regulation guidelines and established referral patterns, as
19 appropriate, to facilitate a seamless patient-flow system.~~

20 Sec. 114. Section 71-8244, Reissue Revised Statutes of Nebraska, is
21 amended to read:

22 71-8244 (1) Any hospital, facility, rehabilitation center, or
23 specialty level burn or pediatric trauma center that desires to be a
24 designated center shall request designation from the department whereby
25 each agrees to maintain a level of commitment and resources sufficient to
26 meet responsibilities and standards required by the statewide trauma
27 system. The department shall determine by rule and regulation the manner
28 and form of such requests.

29 (2) Upon receiving a request, the department shall review the
30 request to determine whether there is compliance with standards for the
31 trauma care level for which designation is desired or whether the

1 appropriate verification or accreditation documentation has been
2 submitted. Any hospital, facility, rehabilitation center, or specialty
3 level burn or pediatric trauma center which submits verification or
4 accreditation documentation from a recognized independent verification or
5 accreditation body or public agency with standards that are at least as
6 stringent as those of the State of Nebraska for the trauma care level for
7 which designation is desired, as determined by the State Trauma Advisory
8 Board, shall be designated by the department and shall be included in the
9 trauma system or plan established under the Statewide Trauma System Act.
10 Any medical facility that is currently verified or accredited shall be
11 designated by the department at the corresponding level of designation
12 for the same time period in Nebraska without the necessity of an onsite
13 review by the department.

14 (3) Any medical facility applying for designation may appeal its
15 designation. The appeal shall be in accordance with the Administrative
16 Procedure Act.

17 (4) Except as otherwise provided in subsection (2) of this section,
18 designation is valid for a period of four years and is renewable upon
19 receipt of a request from the medical facility for renewal prior to
20 expiration.

21 ~~(5) Regional trauma advisory boards shall be notified promptly of~~
22 ~~designated medical facilities in their region so they may incorporate~~
23 ~~them into the regional plan.~~

24 (5) (6) The department may revoke or suspend a designation if it
25 determines that the medical facility is substantially out of compliance
26 with the standards and has refused or been unable to comply after a
27 reasonable period of time has elapsed. The department shall promptly
28 notify the regional trauma medical director ~~advisory board~~ of designation
29 suspensions and revocations. Any rehabilitation or trauma center ~~the~~
30 ~~designation of which has been revoked or suspended~~ may request an
31 administrative a hearing to review a revocation or suspension ~~the action~~

1 of the department.

2 Sec. 115. Section 71-8245, Reissue Revised Statutes of Nebraska, is
3 amended to read:

4 71-8245 (1) ~~The~~ As part of the process to designate and renew the
5 designation of hospitals and health care facilities as advanced, basic,
6 comprehensive, or general level trauma centers, the department may
7 contract for onsite reviews of such hospitals and health care facilities
8 to determine compliance with required standards as part of the process to
9 designate and renew the designation of hospitals and health care
10 facilities as advanced, basic, comprehensive, or general level trauma
11 centers. ~~The~~ As part of the process to designate a health care facility
12 as a general, an intermediate, or an advanced level rehabilitation center
13 or a specialty level burn or pediatric trauma center, the applicant shall
14 submit to the department documentation of current verification or
15 accreditation as part of the process to designate a health care facility
16 as a general, intermediate, or advanced level rehabilitation center or a
17 specialty level burn or pediatric trauma center.

18 (2) Members of onsite review teams and staff included in onsite
19 visits shall not divulge and cannot be subpoenaed to divulge information
20 obtained or reports written pursuant to this section in any civil action,
21 except pursuant to a court order which provides for the protection of
22 sensitive information of interested parties, including the department, in
23 actions arising out of:

24 (a) ~~The~~ In actions arising out of the designation of a hospital or
25 health care facility pursuant to section 71-8244;

26 (b) ~~The~~ In actions arising out of the revocation or suspension of a
27 designation under such section; or

28 (c) ~~The~~ In actions arising out of the restriction or revocation of
29 the clinical or staff privileges of a health care provider, subject to
30 any further restrictions on disclosure that may apply.

31 (3) Information that identifies an individual patient shall not be

1 publicly disclosed without the patient's consent.

2 ~~(4) When a medical facility requests designation for more than one~~
3 ~~service, the department may coordinate the joint consideration of such~~
4 ~~requests. Composition and qualification of the designation team shall be~~
5 ~~set forth in rules and regulations adopted under the Statewide Trauma~~
6 ~~System Act. Reports prepared pursuant to this section shall not be~~
7 ~~considered public records.~~

8 ~~(4) (5)~~ The department may establish fees to defray the costs of
9 carrying out onsite reviews required by this section, but such fees shall
10 not be assessed to health care facilities designated as basic or general
11 level trauma centers.

12 ~~(5) (6)~~ This section does not restrict the authority of a hospital
13 or a health care provider to provide services which it has been
14 authorized to provide by state law.

15 Sec. 116. Section 71-8247, Reissue Revised Statutes of Nebraska, is
16 amended to read:

17 71-8247 The board shall establish a committee for each trauma
18 region to maintain a ~~In each trauma region, a regional~~ trauma system
19 quality assurance program ~~shall be~~ established and maintained by the
20 health care facilities designated as advanced, basic, comprehensive, and
21 general level trauma centers. The quality assurance program shall
22 evaluate trauma data quality, trauma care delivery, patient care
23 outcomes, and compliance with the Statewide Trauma System Act. The
24 regional medical director shall participate in the program and all health
25 care providers and facilities which provide trauma care services within
26 the region shall be invited to participate in the quality assurance
27 program.

28 Sec. 117. Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14,
29 15, 16, 17, 18, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33,
30 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51,
31 52, 53, 54, 55, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73,

1 74, 75, 76, 77, 78, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105,
2 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 119, and 121 of
3 this act become operative three calendar months after the adjournment of
4 this legislative session. The other sections of this act become operative
5 on their effective date.

6 Sec. 118. If any section in this act or any part of any section is
7 declared invalid or unconstitutional, the declaration shall not affect
8 the validity or constitutionality of the remaining portions.

9 Sec. 119. Original sections 38-1801, 38-1802, 38-1803, 38-1806,
10 38-1807, 38-1808, 38-1809, 38-1810, 38-1811, 38-1812, 38-1816, 38-2852,
11 38-2867.01, 68-1006.01, 68-1512, 71-475, 71-1797, 71-1798, 71-8202,
12 71-8228, 71-8230, 71-8231, 71-8234, 71-8235, 71-8239, 71-8241, 71-8242,
13 71-8243, 71-8244, 71-8245, and 71-8247, Reissue Revised Statutes of
14 Nebraska, and sections 38-101, 38-121, 38-129.02, 38-167, 38-186,
15 38-1,125, 38-1416, 38-1813, 38-2801, 68-911, 68-1017.02, 68-1206,
16 68-1724, 71-222, 71-401, 71-403, 71-417, 71-2461.01, 71-2479, 71-3404,
17 71-3405, 71-3407, 71-3408, 71-3409, 71-3410, 71-8236, 71-8237, and
18 71-8240, Revised Statutes Cumulative Supplement, 2022, are repealed.

19 Sec. 120. Original sections 38-131, 38-2891, and 68-901, Revised
20 Statutes Cumulative Supplement, 2022, are repealed.

21 Sec. 121. The following sections are outright repealed: Sections
22 38-1804, 71-8208, 71-8216, 71-8220, 71-8222, 71-8238, 71-8246, and
23 71-8252, Reissue Revised Statutes of Nebraska, and sections 71-8226,
24 71-8227, and 71-8251, Revised Statutes Cumulative Supplement, 2022.

25 Sec. 122. Since an emergency exists, this act takes effect when
26 passed and approved according to law.