

LEGISLATIVE BILL 227

Approved by the Governor June 6, 2023

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

A BILL FOR AN ACT relating to public health and welfare; to amend sections 38-1801, 38-1802, 38-1803, 38-1806, 38-1807, 38-1808, 38-1809, 38-1810, 38-1811, 38-1812, 38-1816, 38-2852, 38-2867.01, 68-1006.01, 68-1512, 71-475, 71-1797, 71-1798, 71-8202, 71-8228, 71-8230, 71-8231, 71-8234, 71-8235, 71-8239, 71-8241, 71-8242, 71-8243, 71-8244, 71-8245, and 71-8247, Reissue Revised Statutes of Nebraska, and sections 38-101, 38-121, 38-129.02, 38-131, 38-167, 38-186, 38-1,125, 38-1416, 38-1813, 38-2801, 38-2891, 68-901, 68-911, 68-1017.02, 68-1206, 68-1724, 71-222, 71-401, 71-403, 71-417, 71-2461.01, 71-2479, 71-3404, 71-3405, 71-3407, 71-3408, 71-3409, 71-3410, 71-8236, 71-8237, and 71-8240, Revised Statutes Cumulative Supplement, 2022; to adopt the Behavior Analyst Practice Act; to change provisions of the Uniform Credentialing Act relating to criminal history record information checks, confidentiality relating to physical wellness programs, and a report requirement for certain credential holders; to change provisions of the Funeral Directing and Embalming Practice Act relating to apprenticeship; to provide, change, and eliminate definitions and provisions of the Medical Nutrition Therapy Practice Act relating to legislative findings, board membership and duties, licensure, and scope of practice; to change provisions relating to prescriptions, licensure of pharmacists, and compounding standards; to provide for vaccine administration by pharmacy technicians; to provide duties for the Department of Health and Human Services under the Medical Assistance Act regarding certain hospitals and require submission of a state plan amendment or waiver to extend postpartum coverage; to change the personal needs allowance for eligible aged, blind, and disabled persons; to require medicaid reimbursement for hospitals as prescribed; to create a pilot program relating to patients with complex health needs; to change provisions relating to the Supplemental Nutrition Assistance Program; to state intent regarding appropriations; to change provisions relating to child care assistance; to change provisions of the Disabled Persons and Family Support Act; to change the compensation of the Board of Barber Examiners; to provide and change definitions and change requirements relating to medication under the Health Care Facility Licensure Act; to change provisions of the Nebraska Center for Nursing Act relating to appropriation intent and the Nebraska Center for Nursing Board; to change provisions of the Prescription Drug Safety Act relating to delivery and labeling; to adopt the Overdose Fatality Review Teams Act; to provide for the review of incidents of severe maternal morbidity under the Child and Maternal Death Review Act; to change and eliminate definitions, powers and duties, other provisions, and a fund under the Statewide Trauma System Act; to harmonize provisions; to provide operative dates; to provide severability; to repeal the original sections; to outright repeal sections 38-1804, 71-8208, 71-8216, 71-8220, 71-8222, 71-8238, 71-8246, and 71-8252, Reissue Revised Statutes of Nebraska, and sections 71-8226, 71-8227, and 71-8251, Revised Statutes Cumulative Supplement, 2022; and to declare an emergency.

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

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

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

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

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

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

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

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

Sec. 8. (1) Practice of applied behavior analysis means the design, implementation, and evaluation of instructional and environmental modifications

to produce socially significant improvements in human behavior.

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

(3) Applied behavior analysis interventions (a) are based on scientific research and direct and indirect observation and measurement of behavior and environment and (b) utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other procedures to help individuals develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions.

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

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

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

(2) An individual licensed to practice any other profession in the State of Nebraska and any person who delivers services under the supervision of the licensed professional, if (a) applied behavior analysis is stated in the Uniform Credentialing Act as being in the scope of practice of the profession, (b) the applied behavior analysis services provided are within the scope of the licensed professional's education, training, and competence, and (c) the licensed professional does not represent that the professional is a licensed behavior analyst unless the professional is licensed as a behavior analyst under the act;

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

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

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

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

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

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

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

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

Sec. 10. (1) Beginning one year after the operative date of this section, each applicant for licensure as a licensed behavior analyst or licensed

assistant behavior analyst shall submit an application that includes evidence that the applicant meets the requirements of the Uniform Credentialing Act for a license as a licensed behavior analyst or licensed assistant behavior analyst, as applicable.

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

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

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

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

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

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

Sec. 14. The department shall establish and collect fees for initial licensure and renewal under the Behavior Analyst Practice Act as provided in sections 38-151 to 38-157.

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

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

- (1) The Advanced Practice Registered Nurse Practice Act;
- (2) The Alcohol and Drug Counseling Practice Act;
- (3) The Athletic Training Practice Act;
- (4) The Audiology and Speech-Language Pathology Practice Act;
- (5) The Behavior Analyst Practice Act;
- (6) ~~(5)~~ The Certified Nurse Midwifery Practice Act;
- (7) ~~(6)~~ The Certified Registered Nurse Anesthetist Practice Act;
- (8) ~~(7)~~ The Chiropractic Practice Act;
- (9) ~~(8)~~ The Clinical Nurse Specialist Practice Act;
- (10) ~~(9)~~ The Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act;
- (11) ~~(10)~~ The Dentistry Practice Act;
- (12) ~~(11)~~ The Dialysis Patient Care Technician Registration Act;
- (13) ~~(12)~~ The Emergency Medical Services Practice Act;
- (14) ~~(13)~~ The Environmental Health Specialists Practice Act;
- (15) ~~(14)~~ The Funeral Directing and Embalming Practice Act;
- (16) ~~(15)~~ The Genetic Counseling Practice Act;
- (17) ~~(16)~~ The Hearing Instrument Specialists Practice Act;
- (18) ~~(17)~~ The Licensed Practical Nurse-Certified Practice Act until November 1, 2017;
- (19) ~~(18)~~ The Massage Therapy Practice Act;
- (20) ~~(19)~~ The Medical Nutrition Therapy Practice Act;
- (21) ~~(20)~~ The Medical Radiography Practice Act;
- (22) ~~(21)~~ The Medicine and Surgery Practice Act;
- (23) ~~(22)~~ The Mental Health Practice Act;
- (24) ~~(23)~~ The Nurse Practice Act;
- (25) ~~(24)~~ The Nurse Practitioner Practice Act;
- (26) ~~(25)~~ The Nursing Home Administrator Practice Act;
- (27) ~~(26)~~ The Occupational Therapy Practice Act;
- (28) ~~(27)~~ The Optometry Practice Act;
- (29) ~~(28)~~ The Perfusion Practice Act;
- (30) ~~(29)~~ The Pharmacy Practice Act;
- (31) ~~(30)~~ The Physical Therapy Practice Act;
- (32) ~~(31)~~ The Podiatry Practice Act;
- (33) ~~(32)~~ The Psychology Practice Act;
- (34) ~~(33)~~ The Respiratory Care Practice Act;
- (35) ~~(34)~~ The Surgical First Assistant Practice Act; and

~~(36)~~ ~~(35)~~ The Veterinary Medicine and Surgery Practice Act.

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

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

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

(b) Physician wellness program means a program that (i) provides coaching, training, and mentoring services by physician peer coaches or coaches certified by a nationally recognized credentialing program for coach practitioners for the purpose of addressing issues related to career fatigue and wellness for individuals licensed to practice medicine and surgery under the Uniform Credentialing Act and students of an accredited school or college of medicine and (ii) is established, organized, or contracted by any statewide association exempt from taxation under section 501(c)(6) of the Internal Revenue Code of 1986 that primarily represents health care providers in multiple specialties who are licensed to practice medicine and surgery under the Uniform Credentialing Act. A physician wellness program does not include a program of evaluation, monitoring, treatment, or referral.

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

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

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

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

- (a) Acupuncture;
- (b) Advanced practice nursing;
- (c) Alcohol and drug counseling;
- (d) Asbestos abatement, inspection, project design, and training;
- (e) Athletic training;
- (f) Audiology;
- (g) Speech-language pathology;
- (h) Beginning one year after the operative date of this section, behavior analysis;

- ~~(i) (h) Body art;~~
- ~~(j) (i) Chiropractic;~~
- ~~(k) (j) Cosmetology;~~
- ~~(l) (k) Dentistry;~~
- ~~(m) (l) Dental hygiene;~~
- ~~(n) (m) Electrology;~~
- ~~(o) (n) Emergency medical services;~~
- ~~(p) (o) Esthetics;~~
- ~~(q) (p) Funeral directing and embalming;~~
- ~~(r) (q) Genetic counseling;~~
- ~~(s) (r) Hearing instrument dispensing and fitting;~~
- ~~(t) (s) Lead-based paint abatement, inspection, project design, and training;~~
- ~~(u) (t) Licensed practical nurse-certified until November 1, 2017;~~
- ~~(v) (u) Massage therapy;~~
- ~~(w) (v) Medical nutrition therapy;~~
- ~~(x) (w) Medical radiography;~~
- ~~(y) (x) Medicine and surgery;~~
- ~~(z) (y) Mental health practice;~~
- ~~(aa) (z) Nail technology;~~
- ~~(bb) (aa) Nursing;~~
- ~~(cc) (bb) Nursing home administration;~~
- ~~(dd) (cc) Occupational therapy;~~
- ~~(ee) (dd) Optometry;~~
- ~~(ff) (ee) Osteopathy;~~
- ~~(gg) (ff) Perfusion;~~
- ~~(hh) (gg) Pharmacy;~~
- ~~(ii) (hh) Physical therapy;~~
- ~~(jj) (ii) Podiatry;~~
- ~~(kk) (jj) Psychology;~~
- ~~(ll) (kk) Radon detection, measurement, and mitigation;~~
- ~~(mm) (ll) Respiratory care;~~
- ~~(nn) (mm) Surgical assisting; and~~
- ~~(oo) (nn) Veterinary medicine and surgery.~~

(2) No individual shall hold himself or herself out as any of the

following until such individual has obtained a credential under the Uniform Credentialing Act for that purpose:

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

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

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

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

38-129.02 (1) This section provides an additional method of issuing a credential based on reciprocity and is supplemental to the methods of credentialing found in the various practice acts within the Uniform Credentialing Act. Any person required to be credentialed under any of the various practice acts who meets the requirements of this section shall be issued a credential subject to the provisions of this section.

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

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

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

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

(c) Educational requirements;

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

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

(f) Such credential is not and has not been subject to revocation or any other disciplinary action or voluntarily surrendered while the applicant was under investigation for unprofessional conduct or any other conduct which would be subject to section 38-178 if the conduct occurred in Nebraska;

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

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

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

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

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

(b) The applicant has a complaint, allegation, or investigation pending before any jurisdiction that relates to unprofessional conduct or any other conduct which would be subject to section 38-178 if the conduct occurred in Nebraska. If the matter has not been resolved, the applicant is not eligible for a credential under this section until the matter is resolved; or

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

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

(7) This section applies to credentials for:

(a) Professions governed by the Advanced Practice Registered Nurse Practice Act, ~~the Behavior Analyst Practice Act,~~ the Certified Nurse Midwifery Practice Act, the Certified Registered Nurse Anesthetist Practice Act, the Clinical Nurse Specialist Practice Act, the Dentistry Practice Act, the Dialysis Patient Care Technician Registration Act, the Emergency Medical Services Practice Act, the Medical Nutrition Therapy Practice Act, the Medical Radiography Practice Act, the Nurse Practitioner Practice Act, the Optometry Practice Act, the Perfusion Practice Act, the Pharmacy Practice Act, the Psychology Practice Act, and the Surgical First Assistant Practice Act; and

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

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

38-131 (1) An applicant for an initial license to practice as a registered nurse, a licensed practical nurse, a physical therapist, a physical therapy assistant, a psychologist, an advanced emergency medical technician, an emergency medical technician, an audiologist, a speech-language pathologist, a licensed independent mental health practitioner, an occupational therapist, an occupational therapy assistant, or a paramedic or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. ~~A criminal background check may also be required for initial licensure or reinstatement of a license governed by the Uniform Credentialing Act if a criminal background check is required by an interstate licensure compact.~~ Except as provided in subsection (4) (3) of this section, ~~such an~~ the applicant for an initial license shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol ~~to be submitted to the Federal Bureau of Investigation for a national criminal history record information check.~~ The applicant shall authorize release of the results of the national criminal history record information check ~~by the Federal Bureau of Investigation to the department.~~ The applicant shall pay the actual cost of the fingerprinting and criminal background check.

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

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

(4) ~~(3)~~ An applicant for a temporary educational permit as defined in section 38-2019 shall have ninety days from the issuance of the permit to comply with subsection (1) of this section and shall have such ~~his or her~~ permit suspended after such ninety-day period if the criminal background check is not complete or revoked if the criminal background check reveals that the applicant was not qualified for the permit.

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

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

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

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

- (a) Board of Advanced Practice Registered Nurses;
- (b) Board of Alcohol and Drug Counseling;
- (c) Board of Athletic Training;
- (d) Board of Audiology and Speech-Language Pathology;
- (e) Board of Behavior Analysts;
- (f) ~~(e)~~ Board of Chiropractic;
- (g) ~~(f)~~ Board of Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art;
- (h) ~~(g)~~ Board of Dentistry;
- (i) ~~(h)~~ Board of Emergency Medical Services;
- (j) ~~(i)~~ Board of Registered Environmental Health Specialists;
- (k) ~~(j)~~ Board of Funeral Directing and Embalming;
- (l) ~~(k)~~ Board of Hearing Instrument Specialists;
- (m) ~~(l)~~ Board of Massage Therapy;
- (n) ~~(m)~~ Board of Medical Nutrition Therapy;
- (o) ~~(n)~~ Board of Medical Radiography;

- (p) ~~(o)~~ Board of Medicine and Surgery;
- (q) ~~(p)~~ Board of Mental Health Practice;
- (r) ~~(q)~~ Board of Nursing;
- (s) ~~(r)~~ Board of Nursing Home Administration;
- (t) ~~(s)~~ Board of Occupational Therapy Practice;
- (u) ~~(t)~~ Board of Optometry;
- (v) ~~(u)~~ Board of Pharmacy;
- (w) ~~(v)~~ Board of Physical Therapy;
- (x) ~~(w)~~ Board of Podiatry;
- (y) ~~(x)~~ Board of Psychology;
- (z) ~~(y)~~ Board of Respiratory Care Practice; and
- (aa) ~~(z)~~ Board of Veterinary Medicine and Surgery.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

costs;

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

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

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

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

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

(a) To the spouse of the credential holder;

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

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

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

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

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

38-1416 (1) Before beginning an apprenticeship, an applicant shall apply for an apprentice license. The applicant shall show that he or she has completed twenty of the forty hours required in subdivision (1)(a) of section 38-1414. The applicant may complete the twelve-month apprenticeship in either a split apprenticeship or a full apprenticeship as provided in this section.

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

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

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

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

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

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

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

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

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

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

Sec. 24. Section 38-1801, Reissue Revised Statutes of Nebraska, is amended to read:

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

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

38-1802 (1) The Legislature finds that:

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

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

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

(2) The Legislature further finds that the practice of medical nutrition

therapy in the State of Nebraska is not sufficiently regulated for the protection of the health, safety, and welfare of the public. It declares that this is a matter of statewide concern and it shall be the policy of the State of Nebraska to promote high standards of professional performance by those persons representing themselves as licensed dietitian nutritionists and licensed nutritionists ~~medical nutrition therapists~~.

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

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

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

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

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

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

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

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

General nutrition services includes, but is not limited to:

- (1) Identifying the nutritional needs of individuals and groups in relation to normal nutritional requirements; and
- (2) Planning, implementing, and evaluating nutrition education programs for individuals and groups in the selection of food to meet normal nutritional needs throughout the life cycle.

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

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

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

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

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

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

- (1) Assessing and evaluating the nutritional needs of people and groups and determining resources and constraints in the practice setting, including ordering laboratory tests to check and track nutrition status, creating dietary plans and orders, and monitoring the effectiveness of such plans and orders;
- (2) Establishing priorities, goals, and objectives that meet nutritional needs and are consistent with available resources and constraints;
- (3) Providing nutrition counseling; and
- (4) Ordering therapeutic diets.

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

- (1) Assessing and evaluating the nutritional needs of people and groups and determining resources and constraints in the practice setting, including

ordering laboratory tests to check and track nutrition status, creating dietary plans and orders, and monitoring the effectiveness of such plans and orders;

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

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

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

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

(6) Ordering therapeutic diets.

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

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

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

Sec. 38. (1) Qualified supervisor means:

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

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

(ii) In the case of a person in a state that does not provide for such licensure or certification, meets such other criteria as the board may establish, including by a registered dietitian nutritionist or a certified nutrition specialist, or is a health care provider authorized in another state or territory to provide medical nutrition therapy; and

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

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

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

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

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

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

Sec. 40. Therapeutic diet means a diet intervention prescribed by a physician or other health care professional that provides food or nutrients via oral, enteral, or parenteral routes as part of the treatment of a disease or diagnosed clinical condition to modify, eliminate, decrease, or increase identified micronutrients or macronutrients in the diet or to provide mechanically altered food when indicated.

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

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

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

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

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

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

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

38-1812 No person shall practice medical nutrition therapy unless he or she is licensed for such purpose pursuant to the Uniform Credentialing Act. The practice of medical nutrition therapy shall be provided with the consultation of a physician licensed pursuant to section 38-2026 or sections 38-2029 to 38-2033, a nurse practitioner licensed pursuant to section 38-2317, or a physician assistant licensed pursuant to section 38-2049. The Medical Nutrition Therapy Practice Act shall not be construed to require a license under the act in order to ~~The practice of medical nutrition therapy shall not include:~~

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

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

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

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

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

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

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

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

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

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

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

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

~~(3) Persons practicing medical nutrition therapy who serve in the armed forces of the United States or the United States Public Health Service or who are employed by the United States Department of Veterans Affairs or other federal agencies, if their practice is limited to that service or employment;~~

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

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

~~(b) Conducting a teaching clinical demonstration in connection with a~~

program of basic clinical education, graduate education, or postgraduate education which is sponsored by a dietetic education program or a major course of study in human nutrition, food and nutrition, or dietetics, or an equivalent major course of study approved by the board;

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

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

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

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

(14) Practice medical nutrition therapy for the limited purpose of education and research by any person with a master's or doctoral degree from a United States accredited college or university with a major course of study in nutrition or an equivalent course of study as approved by the department;

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

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

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

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

(b) A registered dietitian or registered dietitian nutritionist;

(c) A certified nutritionist specialist; or

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

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

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

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

(b)(i)(A) A master's or doctoral degree from a college or university accredited at the time of graduation from the appropriate accrediting agency recognized by the Council for Higher Education Accreditation and the United States Department of Education with a major course of study in human nutrition, foods and nutrition, dietetics, food systems management, nutrition education, nutrition, nutrition science, clinical nutrition, applied clinical nutrition, nutrition counseling, nutrition and functional medicine, nutritional biochemistry, nutrition and integrative health, or an equivalent course of study that, as approved by the board, meets the competency requirements of an accredited didactic program in dietetics of the Accreditation Council for Education in Nutrition and Dietetics or a similar successor entity approved by the Department of Health and Human Services; or

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

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

(iii) Successful completion of the examination for dietitian nutritionists administered by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics or a similar successor entity approved by the Department of Health and Human Services.

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

as a licensed nutritionist for the term of the license.

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

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

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

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

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

~~(ii)(A) Has received a master's or doctorate degree from an accredited college or university in human nutrition, nutrition education, food and nutrition, or public health nutrition or in an equivalent major course of study approved by the board; or~~

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

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

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

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

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

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

(2)(a) A master's or doctoral degree from a college or university accredited at the time of graduation from the appropriate accrediting agency recognized by the Council on Higher Education Accreditation and the United States Department of Education with a major course of study as approved by the board that provides the knowledge requirements necessary for the competent provision of medical nutrition therapy; or

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

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

(4) Successful completion of a board-approved, planned, continuous internship or a documented, planned, continuous, supervised practice experience with a qualified supervisor, demonstrating competency in nutrition-care services and the provision of medical nutrition therapy comprised of not less than one thousand hours involving at least two hundred hours of nutrition assessment and nutrition diagnosis, two hundred hours of nutrition intervention or counseling, and two hundred hours of nutrition monitoring and evaluation. A minimum of seven hundred hours of the supervised practice experience is required in professional work settings, and no more than three hundred hours may be in alternate supervised experiences such as observational interactions between patient and practitioner, simulation, case studies, or role playing. This experience shall be under the supervision of a qualified supervisor. Qualified supervisors shall provide general supervision of an applicant's supervised practice experience in the provision of medical nutrition therapy and provide appropriate supervision of an applicant's provision of other nutrition-care services that do not constitute medical nutrition therapy. For purposes of this subdivision, a supervisor shall be licensed in this state if supervising an applicant providing medical nutrition therapy to a person in this state. A supervisor who obtained a doctoral degree outside of the United States and territories of the United States shall have the degree validated as

equivalent to a doctoral degree conferred by an accredited college or university in the United States by a credential evaluation agency recognized by the United States Department of Education.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(c) Use critical thinking to collect relevant data, determine nutrition diagnosis based upon interpreted data, establish patient and client goals, determine a nutrition plan and interventions to solve the problem, and evaluate the effectiveness of interventions and progress toward the desired goals or outcomes.

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

(a) Accept or transmit written, verbal, delegated, or electromagnetically

transmitted orders from a referring provider consistent with the Medical Nutrition Therapy Practice Act and rules and regulations adopted and promulgated pursuant to the act and with any controlling protocols established to implement medical nutrition therapy;

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

(i) The licensee is a registered dietitian nutritionist;

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

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

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

(d) Implement prescription drug dose adjustments for specific disease treatment protocols within the limits of such licensee's knowledge, skills, judgment, and clinical practice guidelines pursuant to any applicable and controlling facility-approved protocol and as approved and delegated by the licensed prescriber, physician, or other authorized health care provider who prescribed the drug or drugs to be adjusted. Nothing in this subdivision shall be construed to permit individuals licensed under the Medical Nutrition Therapy Practice Act to independently prescribe or initiate drug treatment. A licensed dietitian nutritionist or a licensed nutritionist may recommend and order or discontinue vitamin and mineral supplements; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) No person shall compound:

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

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

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

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

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

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

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

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

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

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

(e) The pharmacy technician is currently certified in basic life-support skills for health care providers as determined by the board; and

(f) The pharmacist responsible for the supervision and verification of the activities of the pharmacy technician is on site.

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

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

(b) Providing patient counseling;

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

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

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

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

(g) Performing any professional consultations; and

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

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

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

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

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

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

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

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

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

- (a) Inpatient and outpatient hospital services;
- (b) Laboratory and X-ray services;
- (c) Nursing facility services;
- (d) Home health services;
- (e) Nursing services;
- (f) Clinic services;
- (g) Physician services;
- (h) Medical and surgical services of a dentist;
- (i) Nurse practitioner services;
- (j) Nurse midwife services;
- (k) Pregnancy-related services;
- (l) Medical supplies;
- (m) Mental health and substance abuse services;
- (n) Early and periodic screening and diagnosis and treatment services for children which shall include both physical and behavioral health screening, diagnosis, and treatment services;
- (o) Rural health clinic services; and
- (p) Federally qualified health center services.

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

- (a) Prescribed drugs;
- (b) Intermediate care facilities for persons with developmental disabilities;
- (c) Home and community-based services for aged persons and persons with disabilities;
- (d) Dental services;
- (e) Rehabilitation services;
- (f) Personal care services;
- (g) Durable medical equipment;
- (h) Medical transportation services;
- (i) Vision-related services;
- (j) Speech therapy services;
- (k) Physical therapy services;
- (l) Chiropractic services;
- (m) Occupational therapy services;
- (n) Optometric services;
- (o) Podiatric services;
- (p) Hospice services;
- (q) Mental health and substance abuse services;
- (r) Hearing screening services for newborn and infant children; and
- (s) Administrative expenses related to administrative activities, including outreach services, provided by school districts and educational service units to students who are eligible or potentially eligible for medical assistance.

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

(4) On or before October 1, 2014, the department, after consultation with the State Department of Education, shall submit a state plan amendment to the federal Centers for Medicare and Medicaid Services, as necessary, to provide that the following are direct reimbursable services when provided by school districts as part of an individualized education program or an individualized family service plan: Early and periodic screening, diagnosis, and treatment services for children; medical transportation services; mental health services; nursing services; occupational therapy services; personal care services; physical therapy services; rehabilitation services; speech therapy and other

services for individuals with speech, hearing, or language disorders; and vision-related services.

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

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

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

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

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

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

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

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

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

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

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

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

(3) For purposes of this section:

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

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

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

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

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

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

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

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

(e) Include quarterly updates to the department.

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

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

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

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

68-1017.02 (1)(a) The Department of Health and Human Services shall apply for and utilize to the maximum extent possible, within limits established by

the Legislature, any and all appropriate options available to the state under the federal Supplemental Nutrition Assistance Program and regulations adopted under such program to maximize the number of Nebraska residents being served under such program within such limits. The department shall seek to maximize federal funding for such program and minimize the utilization of General Funds for such program and shall employ the personnel necessary to determine the options available to the state and issue the report to the Legislature required by subdivision (b) of this subsection.

(b) The department shall submit electronically an annual report to the Health and Human Services Committee of the Legislature by December 1 on efforts by the department to carry out the provisions of this subsection. Such report shall provide the committee with all necessary and appropriate information to enable the committee to conduct a meaningful evaluation of such efforts. Such information shall include, but not be limited to, a clear description of various options available to the state under the federal Supplemental Nutrition Assistance Program, the department's evaluation of and any action taken by the department with respect to such options, the number of persons being served under such program, and any and all costs and expenditures associated with such program.

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

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

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

(c) The department shall submit the state outreach plan to the Food and Nutrition Service of the United States Department of Agriculture for approval on or before August 1, 2011, and shall request any federal matching funds that may be available upon approval of the state outreach plan. It is the intent of the Legislature that the State of Nebraska and the Department of Health and Human Services use any additional public or private funds to offset costs associated with increased caseload resulting from the implementation of the state outreach plan.

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

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

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

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

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

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

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

(ii) Except as otherwise provided in this subdivision, such TANF-funded program or policy shall increase the gross income eligibility limit to one hundred sixty-five percent of the federal Office of Management and Budget income poverty guidelines as allowed under federal law and under 7 C.F.R. 273.2(j)(2), as such law and regulation existed on April 1, 2021, but shall not increase the net income eligibility limit. ~~It is the intent of the Legislature to fund the administrative costs associated with the benefits under this subdivision beginning on May 27, 2021, with federal funds as allowed under the federal American Rescue Plan Act of 2021, Public Law 117-2, as such act existed~~

~~on April 1, 2021, and continue to fund such administrative costs with such federal funds through September 30, 2023. Such administrative costs shall not be paid for with General Funds. Beginning October 1, 2025 2023, the gross income eligibility limit shall return to the amount used prior to the increase required by this subdivision. The department shall evaluate the TANF-funded program or policy created pursuant to this subsection and provide a report electronically to the Health and Human Services Committee of the Legislature and the Legislative Fiscal Analyst on or before December 15 of each year 31-2022,~~ regarding the gross income eligibility limit and whether it maximizes the number of Nebraska residents being served under the program or policy. The evaluation shall include an identification and determination of additional administrative costs resulting from the increase to the gross income eligibility limit, a recommendation regarding the gross income eligibility limit, and a determination of the availability of federal funds for the program or policy.

(iii) To the extent federal funds are available to the Department of Labor for the SNAP Next Step Program, until September 30, 2023, any recipient of Supplemental Nutrition Assistance Program benefits whose household income is between one hundred thirty-one and one hundred sixty-five percent of the federal Office of Management and Budget income poverty guidelines and who is not exempt from work participation requirements shall be encouraged to participate in the SNAP Next Step Program administered by the Department of Labor if the recipient is eligible to participate in the program and the program's services are available in the county in which such household is located. It is the intent of the Legislature that no General Funds be utilized by the Department of Labor for the processes outlined in this subdivision (iii). For purposes of this section, SNAP Next Step Program means a partnership program between the Department of Health and Human Services and the Department of Labor to assist under-employed and unemployed recipients of Supplemental Nutrition Assistance Program benefits in finding self-sufficient employment.

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

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

(c) For purposes of this subsection:

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

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

(4)(a) Within the limits specified in this subsection, the State of Nebraska opts out of the provision of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as such act existed on January 1, 2009, that eliminates eligibility for the Supplemental Nutrition Assistance Program for any person convicted of a felony involving the possession, use, or distribution of a controlled substance.

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

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

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

(2)(a) As part of the provision of social services authorized by section 68-1202, the department shall participate in the federal child care assistance program under 42 U.S.C. 9857 et seq., as such sections existed on January 1, ~~2023 2024,~~ and provide child care assistance to families with incomes up to (i) one hundred eighty-five percent of the federal poverty level prior to October 1, ~~2026 2023,~~ or (ii) one hundred thirty percent of the federal poverty level on and after October 1, ~~2026 2023.~~

(b) As part of the provision of social services authorized by this section and section 68-1202, the department shall participate in the federal Child Care Subsidy program. A child care provider seeking to participate in the federal Child Care Subsidy program shall comply with the criminal history record information check requirements of the Child Care Licensing Act. In determining

ongoing eligibility for this program, ten percent of a household's gross earned income shall be disregarded after twelve continuous months on the program and at each subsequent redetermination. In determining ongoing eligibility, if a family's income exceeds one hundred eighty-five percent of the federal poverty level prior to October 1, ~~2026~~ 2023, or one hundred thirty percent of the federal poverty level on and after October 1, ~~2026~~ 2023, the family shall receive transitional child care assistance through the remainder of the family's eligibility period or until the family's income exceeds eighty-five percent of the state median income for a family of the same size as reported by the United States Bureau of the Census, whichever occurs first. When the family's eligibility period ends, the family shall continue to be eligible for transitional child care assistance if the family's income is below two hundred percent of the federal poverty level prior to October 1, ~~2026~~ 2023, or one hundred eighty-five percent of the federal poverty level on and after October 1, ~~2026~~ 2023. The family shall receive transitional child care assistance through the remainder of the transitional eligibility period or until the family's income exceeds eighty-five percent of the state median income for a family of the same size as reported by the United States Bureau of the Census, whichever occurs first. The amount of such child care assistance shall be based on a cost-shared plan between the recipient family and the state and shall be based on a sliding-scale methodology. A recipient family may be required to contribute a percentage of such family's gross income for child care that is no more than the cost-sharing rates in the transitional child care assistance program as of January 1, 2015, for those no longer eligible for cash assistance as provided in section 68-1724.

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

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

(3) In determining the rate or rates to be paid by the department for child care as defined in section 43-2605, the department shall adopt a fixed-rate schedule for the state or a fixed-rate schedule for an area of the state applicable to each child care program category of provider as defined in section 71-1910 which may claim reimbursement for services provided by the federal Child Care Subsidy program, except that the department shall not pay a rate higher than that charged by an individual provider to that provider's private clients. The schedule may provide separate rates for care for infants, for children with special needs, including disabilities or technological dependence, or for other individual categories of children. The schedule may also provide tiered rates based upon a quality scale rating of step three or higher under the Step Up to Quality Child Care Act. The schedule shall be effective on October 1 of every year and shall be revised annually by the department.

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

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

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

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

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

(a) If the state fails to meet the specific terms of the self-sufficiency contract developed under section 68-1719, the sixty-month time limit established in this section shall be extended;

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

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

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

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

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

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

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

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

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

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

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

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

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

inspectors, clerks, and other assistants as it may deem necessary to carry out the act and prescribe their qualifications. No owner, agent, or employee of any barber school shall be eligible for membership on the board.

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

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

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

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

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

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

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

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

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

Sec. 74. Section 71-475, Reissue Revised Statutes of Nebraska, is amended to read:

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

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

(ii) The drug is:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4)(a) When a hospital, an ambulatory surgical center, or a health care practitioner facility provides medication that is ordered at least twenty-four hours in advance for surgical procedures and is administered to a patient at the hospital, ambulatory surgical center, or health care practitioner facility, any unused portion of the medication shall be offered to the patient upon discharge when it is required for continuing treatment. The unused portion of

any such medication accepted by the patient upon discharge shall be labeled by the prescriber or a pharmacist consistent with labeling requirements in section 71-2479.

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

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

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

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

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

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

(2) The primary goals for the center are:

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

(i) (a) Establishing and maintaining a database on nursing supply and demand in Nebraska, including current supply and demand and future projections; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a search warrant.

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

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

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

Sec. 80. The Legislature finds that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(6) Local team means the multidisciplinary and multiagency drug overdose fatality review team established by a lead organization for such organization's jurisdiction or for a group of cities, counties, or districts, pursuant to an agreement between multiple lead organizations;

(7) Mental health provider means:

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

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

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

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

(8) Personal identifying information means information that permits the identity of an individual to whom the information applies to be reasonably

inferred by either direct or indirect means;

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

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

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

(12) Substance use disorder treatment provider means any individual or entity who is licensed, registered, or certified within Nebraska to treat substance use disorders or who has a federal Drug Addiction Treatment Act of 2000 waiver from the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services to treat individuals with substance use disorder using medications approved for that indication by the United States Food and Drug Administration.

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

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

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

(b) Behavioral health providers or officials;

(c) Law enforcement personnel;

(d) Representatives of jails or detention centers;

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

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

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

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

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

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

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

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

(b) A representative of a local hospital;

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

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

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

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

(g) A poison control center representative;

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

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

(j) A representative from a harm reduction provider;

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

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

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

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

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

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

(c) Request and collect the records and information needed for the local team's case review. The chairperson shall remove all personal identifying information from any records or information prior to providing it to the local team;

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

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

(f) Ensure the team fulfills the requirements of section 84 of this act to

publish an annual report, including recommendations to prevent future drug overdose deaths;

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

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

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

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

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

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

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

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

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

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

(e) Establish and implement protocols and procedures for overdose investigations and to maintain confidentiality;

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

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

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

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

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

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

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

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

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

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

(iv) Recommendations regarding the prevention of fatal and nonfatal drug overdoses for changes within communities, public and private agencies, institutions, and systems, based on an analysis of such causes and contributing factors. Such recommendations shall include recommended changes to laws, rules and regulations, policies, training needs, or service gaps to prevent future drug overdose deaths; and

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

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

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

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

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

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

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

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

(2) A member of a local team or an individual in attendance at a local team meeting shall not be subject to civil or criminal liability or any professional disciplinary action for the sharing or discussion of any confidential matter with the local team during a local team meeting. This immunity does not apply to a local team member or attendee who intentionally or

knowingly discloses confidential information in violation of the Overdose Fatality Review Teams Act or any state or federal law.

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

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

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

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

(b) Information and records maintained by a state or local government agency or entity, including, but not limited to, death investigative information, coroner investigative information, law enforcement investigative information, emergency medical services reports, fire department records, prosecutorial records, parole and probation information and records, court records, school records, and information and records of a social services agency, including the department, if the agency or entity provided services to an individual whose death is being reviewed by the local team.

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

(a) A coroner;

(b) A fire department;

(c) A health system;

(d) A hospital;

(e) A law enforcement agency;

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

(g) A mental health provider;

(h) A health care provider;

(i) A substance use disorder treatment provider;

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

(k) An emergency medical services provider;

(l) A social services provider; and

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

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

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

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

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

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

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

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

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

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

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

Sec. 88. A member of the local team may contact, interview, or obtain information by request from a family member or friend of an individual whose

death is being reviewed by the local team.

Sec. 89. (1) A chairperson may invite other individuals to participate on the local team on an ad hoc basis for a particular investigation. Such individuals may include those with expertise that would aid in the investigation and representatives from organizations or agencies that had contact with, or provided services to, the overdose victim.

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

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

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

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

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

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

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

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

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

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

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

Sec. 91. Any person that in good faith provides information or records to a local team shall not be subject to civil or criminal liability or any professional disciplinary action as a result of providing the information or record.

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

(1) Damages;

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

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

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

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

Act.

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

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

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

(3) The Legislature further finds and declares that it is in the best interests of the state and its residents that the number and causes of maternal death and severe maternal morbidity in this state be examined. There is a need for a comprehensive integrated review of all maternal deaths and incidents of severe maternal morbidity in Nebraska and a system for statewide retrospective review of existing records relating to each maternal death and incident of severe maternal morbidity.

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

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

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

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

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

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

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

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

(3) Investigation of maternal death means a review of existing records and other information regarding the woman from relevant agencies, professionals, and providers of medical, dental, prenatal, and mental health care. The records to be reviewed may include, but not be limited to, medical records, coroner's reports, autopsy reports, social services records, educational records, emergency and paramedic records, and law enforcement reports;

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

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

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

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

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

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

~~(10) (9)~~ Stillbirth means a spontaneous fetal death which resulted in a fetal death certificate pursuant to section 71-606; and

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

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

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

maternal morbidity.

(2) The teams shall:

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

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

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

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

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

(f) Educate the public regarding the incidence and causes of child or maternal deaths, the public role in preventing child or maternal deaths, and specific steps the public can undertake to prevent child or maternal deaths. The teams may enlist the support of civic, philanthropic, and public service organizations in the performance of educational duties;

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

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

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

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

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

(6) For purposes of this section, entity means an organization which provides collection and storage of data from multiple agencies but is not solely controlled by the agencies providing the data.

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

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

(a) Chair meetings of the teams; and

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

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

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

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

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

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

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

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

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

(b) Request records for identified cases from sources described in section 71-3410;

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

(d) Summarize findings in a case summary; and

(e) Report all findings to the team coordinators.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) All information and records maintained by any agency of state, county, or local government, any other political subdivision, any school district, or any public or private educational institution, including, but not limited to, birth and death certificates, law enforcement investigative data and reports, coroner investigative data and reports, educational records, parole and probation information and records, and information and records of any social services agency that provided services to the child, the pregnant or postpartum woman, or the family of the child or woman.

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

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

71-8202 The Legislature finds and declares that:

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

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

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

(4) The goals and objectives of a statewide trauma system are to: (a) Pursue trauma prevention activities to decrease the incidence of trauma; (b) provide optimal care for trauma victims; (c) prevent unnecessary death and disability from trauma and emergency illness ~~without regard to insurance or ability to pay and utilize the protocols established in the rules and regulations adopted under the Statewide Trauma System Act;~~ and (d) contain costs of trauma care and trauma system implementation.

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

71-8228 Regional medical director means a physician licensed under the

Uniform Credentialing Act who shall report to the Director of Public Health and carry out the regional plan for his or her region.

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

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

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

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

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

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

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

71-8235 Trauma system means an organized approach to providing care to trauma patients that provides personnel, facilities, and equipment for effective and coordinated trauma care. The trauma system shall identify facilities with specific capabilities to provide care and provide that trauma patients be treated at a designated trauma center appropriate to the patient's level of injury. Trauma system includes prevention, prehospital or out-of-hospital care, hospital care, and rehabilitative services ~~regardless of insurance carrier or ability to pay.~~

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

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

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

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

71-8237 The State Trauma Advisory Board shall:

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

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

~~(3) Review the regional trauma plans and recommend changes to the department before the department adopts the plans;~~

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

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

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

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

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

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

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

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

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

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

(1) Trauma system objectives and priorities;

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

(3) Minimum standards for facilities, equipment, and personnel for

advanced, intermediate, and general level rehabilitation centers;

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

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

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

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

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

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

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

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

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

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

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

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

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

71-8242 The department shall:

(1) Maintain ~~Purchase and maintain~~ the statewide trauma registry pursuant to section 71-8248 to assess the effectiveness of trauma delivery and modify standards and other requirements of the statewide trauma system, to improve the provision of emergency medical services and trauma care;

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

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

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

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

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

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

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

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

(2) Upon receiving a request, the department shall review the request to determine whether there is compliance with standards for the trauma care level for which designation is desired or whether the appropriate verification or accreditation documentation has been submitted. Any hospital, facility, rehabilitation center, or specialty level burn or pediatric trauma center which submits verification or accreditation documentation from a recognized independent verification or accreditation body or public agency with standards that are at least as stringent as those of the State of Nebraska for the trauma care level for which designation is desired, as determined by the State Trauma Advisory Board, shall be designated by the department and shall be included in the trauma system or plan established under the Statewide Trauma System Act. Any medical facility that is currently verified or accredited shall be designated by the department at the corresponding level of designation for the same time period in Nebraska without the necessity of an onsite review by the department.

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

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

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

~~(5) (6)~~ The department may revoke or suspend a designation if it determines that the medical facility is substantially out of compliance with

the standards and has refused or been unable to comply after a reasonable period of time has elapsed. The department shall promptly notify the regional trauma medical director advisory board of designation suspensions and revocations. Any rehabilitation or trauma center the designation of which has been revoked or suspended may request an administrative hearing to review a revocation or suspension the action of the department.

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

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

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

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

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

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

(3) Information that identifies an individual patient shall not be publicly disclosed without the patient's consent.

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

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

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

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

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

Sec. 117. Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 119, and 121 of this act become operative three calendar months after the adjournment of this legislative session. The other sections of this act become operative on their effective date.

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

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

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

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

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