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Nebraska Legislature  
One Hundred Second Legislature – First Session

# Health and Human Services Committee

## Summary of Legislation 2011

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Senator Kathy Campbell, Chair (Lincoln)  
Senator Mike Gloor, Vice Chair (Grand Island)  
Senator Dave Bloomfield (Hoskins)  
Senator Tanya Cook (Omaha)  
Senator Gwen Howard (Omaha)  
Senator Bob Krist (Omaha)  
Senator Norm Wallman (Cortland)

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**Health and Human Services Committee**  
**Index of Bills**  
**2011**

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LB 036	Harms	Provide for a vote regarding adding fluoride to the drinking water supply
LB 039	Haar	Change licensure provisions for interpreters for deaf and hard of hearing persons.
LB 045	Fulton	Change the Engineers and Architects Regulation Act
LB 046	Fulton	Define the term "barber pole" for purposes of the Barber Act
LB 051	Krist	Require health clinics to have patient transfer agreements
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**Nebraska Legislature**  
**Health and Human Services Committee**  
**Summaries of 2011 Legislative Bills**

1. **LB34** (Louden) Exempt convents from the Health Care Facility Licensure Act. *Enacted*

The bill provides a religious exemption to provisions of the Health Care Facility Licensure Act. The exemption involves the licensure, or regulation, of assisted-living facilities, intermediate care facilities and nursing facilities when used as a residence by members of an organization, association, order or society; organized and operated for religious purposes; for such members who, in exercise of their duties in the organization, association, order, or society, are required to participate in congregant living within such facility. This exception allows the facility that is a primary residence for members of a religious organization, who reside in such facility as their home while fulfilling their religious duties, to be treated in a similar fashion as a family home as the members get older. The religious exception is limited to facilities organized and operated for religious purposes, not for financial gain or profit, that are for members of a religious order whose religious duties require congregant living. The exemption relates to licensure for assisted-living facilities, intermediate care facilities and nursing facilities only; skilled nursing facilities are not included in the exception.

2. **LB 36** (Harms) Provide for a vote regarding adding fluoride to the drinking water supply. *Enacted*

LB 36 provides a process to vote on the fluoridation of the drinking water supply for a city or village that reaches the population of one thousand or more inhabitants after June 1, 2010.

Current law, under Neb. Rev. Stat. 71-3305, requires cities and villages of one thousand or more inhabitants to fluoride its drinking water by June 1, 2010. It allowed villages and cities, after April 18, 2008 (the effective date of the legislation) and before June 1, 2010, the opportunity to vote on an ordinance to prohibit the addition of fluoride. LB 36 allows cities and villages who attain one thousand or more inhabitants after June 1, 2010 the ability to vote on fluoridation.

3. **LB 39** (Haar) Change licensure provisions for interpreters for deaf and hard of hearing persons. *Held in Committee*

LB 39 would require persons serving as an interpreter for the deaf or hard of hearing to be a licensed interpreter, unless meeting the exceptions specified in the bill.

Current law, Neb Rev Stat. 20-150 to 20-159, outlines the requirements for licensed interpreters for the deaf and hard of hearing. The Commission for the Deaf and Hard of Hearing license and evaluate licensed interpreters. Licensed interpreters are required to be appointed for state agencies and law enforcement personnel. State agencies are defined as any state entity which receives appropriations from the Legislature and includes the Legislature, legislative committees, executive agencies, courts and probation officials but does not include political subdivisions. The Department of Ed develops and implements the requirements and guidelines for qualified educational interpreters employed in K-12 public school.

LB 39 would require that no person shall practice as an interpreter for the deaf or hard of hearing unless licensed, unless meeting the specified exceptions. The exceptions include:

- Interpreting as a part of a religious service
- Interpreting in an emergency situation
- Interpreting under the direct supervision of a licensed interpreter as a part of a course of

Study

- Interpreting as an educational interpreter under the rules of the Department of Education
- Interpreting while licensed or certified by another state for a period of less than 14 days or via technological means.

LB 39 provides for a civil penalty, not to exceed \$500, for each offense to be paid to the Commission for the Deaf and Hard of Hearing, as specified in the bill. The Commission may investigate any actual, alleged or suspected unlicensed activity.

4. **LB 45** (Fulton) Change the Engineers and Architects Regulation Act. *Enacted*

LB 45 provides a number of changes the Engineers and Architects Regulation Act. It:

- Adds “building official” to the definitions under the act and moves “project” to the definition section.
- Slightly expands allowable instances for authorization of per diem for Board members.
- Corrects inconsistencies referring to exemptions to the Act.
- Aligns language related to complaints with national model laws; allow complaints to be filed against organizations; and harmonizes language related to distribution of penalty fees.
- Changes the provisions of the exemption regulating the practice of architecture and engineers under the Engineers and Architects Regulation Act. The bill revises the level of exemption for public works projects from eighty six thousand to one hundred thousand dollars. Future adjustments will be made using the method described in the existing statute. The bill clarifies the exemption pertaining to certified trade professionals.
- Requires an examination testing the knowledge of the applicable statutes and rules and regulations unique to the State of Nebraska by a person holding an active Council Recorded with the National Council of Examiners for Engineering and Surveying. Prior to this bill no examination was required.
- Provides for enrollment of engineer interns in Nebraska if the applicant has taken the Fundamentals of Engineering exam in another state.
- Makes changes to the minimum length of the exam for certification of licensure to practice engineering.
- Adds “political subdivision” to eliminate possible ambiguity in reciprocity. It addresses an individual who may be certified or licensed by a non-state entity such as a city or county.

5. **LB 46** (Fulton) Define the term “Barber pole” for purposes of the Barber Act. *Enacted*

LB 46 adds the definition for “barber pole” under the Barber Act. The bill defines a barber pole as “a cylinder or pole with alternating stripes of red, white and blue or any combination of them which run diagonally along the length of the cylinder or pole”.

6. **LB 51** (Krist) Require health clinics to have patient transfer agreements. *General File; IPP Motion Pending*

LB 51 requires a health clinic, prior to being licensed under the Health Care Facility Licensure Act, to have a patient transfer agreement in effect with a local hospital.

In order to be eligible to participate in a patient transfer agreement with a health clinic, the hospital shall:

- Accept patients covered by Medicare; or
- Provide emergency room services; and
- Allow clinical privileges for the physicians performing surgery at the health

clinic.

A patient transfer agreement shall address procedures for:

- Appropriate transfer of patients;
- Continuity of care; and
- Support for maintaining emergency capacity, including on-call coverage.

The department will adopt and promulgate rules and regulations for the patient transfer agreement requirements and, as a minimum requirement, the hospital must have reasonable distance parameters, emergency room services and hospital capacity.

Public health clinics operated by the department or any county, city-county, or multicounty health department are exempt from this section.

*Committee Amendment 79 to LB 51 Pending*

AM 79 to LB 51 strikes the requirement that, in order for a hospital to be eligible to participate in a patient transfer agreement with a health clinic, the hospital must allow clinical privileges for physicians performing surgery at the health clinic. Instead, AM 79 states that in order for a hospital to be eligible to participate in a patient transfer agreement with a health clinic the hospital shall allowed qualified physicians performing surgery at the health clinic clinical privileges pursuant to Neb. Rev. Stat. 71-2048.01.

7. **LB 68** (Fulton) Permit certified nurse midwives to have clinical privileges *Enacted*

LB 68 adds “certified nurse midwives” to the list of professions that shall not be denied clinical privileges in a hospital solely by reason of the credential held by the practitioner under the Health Care Facility Licensure Act. Under Neb. Rev. Stat. 71-2048.01 the list currently identifies physicians and surgeons, podiatrists, osteopathic physicians and surgeons, licensed psychologists and dentists; LB 68 adds certified nurse midwives to the list.

8. **LB 92** (Howard) Change caseload provisions for public child service caseworkers *Held in Committee*

LB 92 limits the caseload maintained by the Department of Health and Human Services for child welfare services to not more than two cases above the caseload standard recommended by a national child welfare organization.

The bill requires private entities, under contract with the State of Nebraska, to be included in the annual caseload report required by the department. Private entities, under contract with the State of Nebraska, are, also, to be included in the caparison of caseloads established by the department with the workload standards recommended by national child welfare organizations and the amount of fiscal resources necessary to maintain such caseloads in Nebraska. LB 92 provides that failure to issue the required report by July 1 of each year shall result in the unpaid suspension of the chief executive officer of the department until the report is issued.

9. **LB 95** (Howard) Require accreditation for lead agencies contracting with the Department of Health and Human Services *Select File, Motion to Bracket to January 4, 2012 Pending*

LB 95 provides that every lead agency, contracting with the department for out-of-home care for children under the age of nineteen years of age, shall be accredited by a national accrediting entity with respect to the services provided by the lead agency within eighteen months of the effective date of the act, or within eighteen months of a lead agency entering into such a contract.

Additionally, LB 95 provides that it is the intent of the Legislative to:

- Attain a stable system of care for children and families involved in the child welfare system and the juvenile justice system who are wards of the state.
- Obtain this stability by enacting a moratorium on 1) contracting for services with any new lead agency or 2) adding new or additional service areas to any new lead agency in the child welfare reform initiative known as Families Matter.
- Complete Legislative Resolution 37 to review, investigate and assess the child welfare reform initiative to develop a report and appropriate legislation to establish a stable child welfare system.

In accordance with the Legislative intent outlined above, the bill provides that until June 1, 2012 the department will provide service coordination and case management functions, including supervision of service coordination and case management functions, through direct employees of the department, not by any contracted employees or contract in the areas of the state, including the western, central and northern service areas, which were previously provided through the contract until September 30, 2010 between Boys and Girls Home as a lead agency and the department.

Additionally, until June 1, 2012 the department shall not enter into any contract with a new lead agency for purposes of service coordination and case management functions, including supervision of service coordination and case management function, in the areas of the state, including the western, central and northern service areas, previously contracted, as described above, with Boys and Girls Home as a lead agency.

10. **LB 111** (Gloor) Change membership on mental health boards. *Enacted*

Previously, Nebraska law, Neb. Rev. Stat. 71-915 (2) required that each mental health board consist of an attorney and any two, but not more than one, from each category: a physician, a psychologist, a psychiatric social worker, a psychiatric nurse, a clinical social worker, or a layperson with a demonstrated interest in mental health and substance dependency issues. LB 111 adds “license” to clinical social worker; removes “a psychiatric social worker” from the list; and adds, to the options “a licensed independent clinical social worker, licensed independent mental health practitioner who is not a social worker”.

11. **LB 125** (Avery) Create the Children’s Health Advisory Committee. *Held in Committee*

LB 125 creates the Children’s Health Advisory Committee. The Committee’s purpose is to research, identify, and recommend policy standards aimed at reducing childhood obesity and increase healthful choices and lifestyles in the Nebraska public school system.

The Committee will consist of fourteen members. Seven members appointed by the chief executive officer of the department, one member each from: the Nebraska Medical Association; the Nebraska Chapter of the American Academy of Pediatrics; the Nebraska Dietetic Association; the Nebraska Academy of Family Physicians; staff or administration of the



University of Nebraska Medical Center; the Division of Public Health and a nonprofit health association, or individual as determined by the chief executive officer. Seven members shall be appointed by the Commission of Education, one member each from: the Nebraska State Education Association; the Nebraska Council of School Administrators; the Nebraska Association of School Boards; the State Board of Education; the Nebraska School Nurses Association; the Nutrition Services Division of the State Department of Education and a nonprofit children's association, or individual as determined by the commissioner.

Members will serve three year terms, except for the initial appointments, as outlined by the bill. The Children's Health Advisory Committee will elect from its members a chairperson, vice-chairperson and a secretary. The Committee shall meet at least quarterly and be organized as determined by the bill.

The Committee will make recommendations to the State Department of Education and the Department of Health and Human Services relating to decreasing childhood obesity and increasing healthy choices and lifestyles in the Nebraska public school system. The Advisory Committee shall develop nutrition and physical activity policy recommendations including: foods sold individually in school cafeterias; competitive foods offered at schools, typically through vending machines, students stores, school fundraisers, good carts or food concessions; ongoing professional development of school food service staff; the expenditure of funds derived from competitive food and beverage contracts; physical education, school-sanctioned after school activities or sports; systems to ensure implementation of nutrition and physical activity standards; and monitoring and evaluation of results and reporting of outcomes by individual school districts.

The State Department of Education, in consultation with the Children's Health Advisory Committee and the Department of Health and Human Services, shall adopt and promulgate rules and regs to ensure that nutrition and physical activity standards are implemented to provide students with skills, opportunities and encouragement to adopt healthy lifestyles.

Beginning with the 2012-13 school year each school district shall: implement the standards of this act; annually provide parents with written explanation of possible health effects of body mass index, nutrition, and physical activity; and annually monitor and evaluate the implementation and effectiveness of the nutrition and physical education standards.

For the school year 2012-13, and each school year there after, each school district shall convene a school nutrition and physical activity Advisory Committee to include members from the board of education, school administrators, school food service personnel, teacher organizations, parents, students and local professionals to: raise awareness of the importance of nutrition and physical activity and assist in the implementing department approved polices that address the issues and goals of this act. This will include, but not be limited to: assisting with the implementation of nutrition and physical activity standards of the department; integrate nutrition and physical activity in the curriculum; ensure professional development opportunities are available for food staff and handlers; ensure that students receive nutrition education and engage in healthy levels of vigorous physical activities; improve the quality of physical education curriculum and increase training of physical education teachers; enforce physical education requirements and pursue competitive-food contracts that promote healthy eating and reduce school dependence from sale of foods of minimal nutritional value.

The Children's Health Advisory Committee shall provide a report to the Governor and Legislature no later that July 1 of each year. The report shall include findings and

recommendations relating to childhood obesity and increasing healthy choices and lifestyles in Nebraska public school system.

**12. LB 140** (Lautenbaugh) Change provisions relating to criminal background checks required for health and human services transportation services. *Held in Committee*

Nebraska law provides that individuals who have been convicted of a felony, or of any crime involving moral turpitude, or who has been charged with or indicted for a felony or crime involving moral turpitude, shall not provide transportation services under contract with the Department of Health and Human Services, whether as an employee or as a volunteer, for vulnerable adults or persons under nineteen years of age. The law requires individuals who will be providing such transportation services to complete a national criminal history record background check.

LB 140 changes the process for criminal background checks from being performed through the Nebraska State Patrol to a national criminal history record background check acceptable to the Department of Health and Human Services.

**13. LB 144** (Haar) Require mobile home parks to have shelter and evacuation plans. *Held in Committee*

LB 144 requires that the licensee of a mobile home park provide each tenant with a plan for shelter or evacuation to a safe place in the event of severe weather, including, but not limited to tornado, high wind, or flood. The Nebraska Emergency Management Agency shall assist with development of the shelter and evacuation plans. The agency will hold a public hearing and approve the plan for each mobile home park by March 1, 2015, and every five years thereafter. The plan shall be approved if it reasonably provides shelter or evacuation for the residents of the park.

Additionally, LB 144 states that any person providing shelter pursuant to an approved plan shall be held harmless for claims for damages and no cause of action shall be related to providing shelter under the approved plan.

**14. LB 166** (Coash) Change the Developmental Disabilities Services Act to authorize private pre-employment screening services to conduct criminal background checks *Held in Committee*

Nebraska law requires a criminal history record information check of 1) all employees who work directly with clients receiving services in community based developmental disability programs and who are not licensed or certified as members of their profession; and 2) employees of state-operated services and facilities providing developmental disabilities services.

LB 166 provides for an additional option for obtaining a criminal history record information check through a private pre-employment screening service. The private pre-employment screening service national criminal history record information check would be in lieu of the other option of the national criminal history record information check conducted by the Identification Division of the FBI and the Nebraska criminal history record information check conducted by the Nebraska State patrol.

The bill provides that the national criminal history record information check conducted by a private pre-employment screening service shall include information concerning the employee from the federal repositories of such information and repositories of such information in Nebraska and in other states if authorized by federal law. The private pre-employment

screening service shall issue a report containing the results of the national criminal history information check to the department.

The information from this section unless publicly disclosed in an open court, open administrative proceeding, or open meeting or disclosed by a public entity pursuant to its duties may be withheld from the public by the lawful custodian of the records except that such information may be released upon written authorization by the employee.

**15. LB 177** (Campbell) Change foster care provisions relating to “Fostering Connections”  
*Enacted*

LB 177 is intended to assist the Department of Health and Human Services to implement three specific requirements of the federal *Fostering Connections to Success and Increasing Adoptions Act of 2008*:

- Using due diligence to notify adult relatives when a child is removed from parental custody;

- Making efforts to place siblings together, or provide for sibling time if placement together is not possible; and

- Creating transition plans for children aging out of foster care.

1) The bill requires the department, within thirty days after removal of the child from his or her home, to identify, locate and provide written notification to any non-custodial parents and adult extended family members, unless that relative’s history of family or domestic violence makes notification inappropriate, of the removal.

The notification shall include:

- The child has been removed from the custody of parent(s);

- An explanation of the options the relative has under the law to participate in the care and placement of the child, including consequences of lost options by failure to respond to the notice;

- A description of the requirements for the relative to serve as a foster care provider or care provider and the services, training, and support available for children receiving such care; and

- Information concerning the option to apply for guardianship assistance payments.

- The department shall investigate the names and locations of the relatives and shall provide to the court the names and relationship to the child of all relatives contacted, method of contact and responses received.

2) LB 177 requires reasonable efforts be made to place a child and siblings, who have been removed from their home, together- unless placement is contrary to the safety or well-being of any siblings. Siblings mean biological siblings and legal siblings, including, but not limited to, half-siblings and stepsiblings. If not jointly placed the department will provide the siblings and the court with the reasons why such placement would be contrary to the safety or well-being of any siblings. When joint placement does not occur the department shall make reasonable efforts to provide for frequent siblings visitation or ongoing interaction between the child and siblings, unless the department provides the siblings and the court with reasons why such sibling visitation or ongoing interaction would be contrary to the safety or well being of any of the siblings. The court will determine the type and frequency of sibling visitation, or ongoing interaction, to be implemented by the department.

- Parties to the case may file a motion for joint-sibling placement, sibling visitation, or ongoing interaction between siblings.

- Except that for the purposes of potential sibling placement, the child's family unit shall also include the child's siblings even if the child had not resided with such siblings prior to placement in foster care;

- The court will periodically review the issue of sibling joint placement and visitation. Information regarding the child and sibling placement, visitation and interaction will be provided to parents, foster parent, prospective adoptive parent and child as soon as reasonably possible.

- If parental termination occurs, unless the court has suspended or terminated joint-sibling placement, visitation or interaction, the department shall make reasonable efforts to make joint-sibling placement, visitation or ongoing interaction occur after the child is adopted or enters a permanent placement. This includes: training of prospective adoptive parents regarding the importance of sibling relationships to an adopted child and counseling methods for maintaining sibling relationships; information regarding the child's siblings; and encouraging the adoptive parents to plan for post adoption contact between the child and the child's siblings.

- Provides that a court may not notify parents of joint-sibling placement, sibling visitation, or ongoing interaction between siblings if it determines that doing so would be contrary to the safety or well-being of the child

3) LB 177 provides that when a child in foster care is sixteen years of age a written independent living transition proposal shall be developed to prepare for the transition from foster care to adulthood.

- The transition proposal shall be individualized and include the child's following needs: education; employment services and workforce support; health and health care coverage; financial assistance including education on credit card financing, banking and other services; housing; relationship development; and other adult services available at eighteen.

- The transition proposal shall be developed and reviewed by the department in collaboration with the child's transition team, comprised of the child, the child's caseworker, guardian ad litem, individuals selected by the child and individuals who have knowledge of services available to the child.

- The transition plan shall be updated and reviewed after every permanency or review hearing.

- The final transition proposal, prior to the child leaving foster care, shall specifically address the child's housing needs. Information on the process of applying for higher education and aid available shall also be addressed.

- On or before the child reaches nineteen years of age the department shall provide a certified copy of the child's birth certificate and social security card.

#### **16. LB 179 (Krist) Change pharmacy provisions. *Enacted***

LB 179 removes the requirement that all prescriptions for controlled substances in Schedule II of Neb. Rev. Stat. 28-405 have the practitioner filling the prescription write the date of filling and his or her own signature on the face of the prescription. Also, the bill adds to the Pharmacy Practice Act and the Uniform Credentialing Act the definition of "drug sample or sample medication". LB 179 clarifies how a pharmacist becomes licensed in Nebraska as well as explicit language regarding pharmacist licensure by reciprocity. This language addresses both licensure by exam or score transfer and licensure by reciprocity. Finally, the bill states that performance as a pharmacist intern under the supervision of a licensed pharmacist shall be predominantly related to the practice of pharmacy and shall include the keeping of records and the making of reports required under state and federal statutes.

**17. LB 180 (Fischer)** Provide for gubernatorial appointment of the Board of Veterinary Medicine and Surgery. *Held in Committee*

Under current law the Board of Veterinary Medicine and Surgery members are appointed by the State Board of Health. LB 180 would change this to provide that the governor appoint the members, with the approval of the Legislature. The bill states the members will serve a five year term beginning December 1. Current members of the board would continue to serve until their terms expire, subsequently the governor would appoint replacements. Also, LB 180 specifies the criteria to remove a board member from office by the governor.

**18. LB 199 (Dubas)** Require adequate financial support for foster parents to support foster children *Held in Committee*

LB 199 provides that payments to foster parents for the support of foster children shall be sufficient to cover the cost of the basic needs of the child. This shall include: food, shelter, daily supervision, school supplies, personal incidentals, liability insurance, travel to the child's home for visitation, and other needs. The Department of Health and Human Services shall develop a methodology for determining rates of payment to foster parents that is based on such costs and adopt rules and regs regarding such methodology before January 1, 2012. The department shall require that all private entities and subcontractors provide timely financial support to foster parents to cover the cost of the basic needs of the child consistent with the methodology established by the department.

**19. LB 219 (McCoy)** Adopts the Health Care Freedom Act. *Held in Committee*

LB 219 adopts the Health Care Freedom Act that provides no individual, employer or health care provider shall be compelled directly or indirectly to participate in a health care system. The bill states that any person, or employer, may make direct payment for health care services provided to a person or a person's dependant without the imposition of any fine or penalty. A health care provider may accept direct payment for health care services without the imposition of a fine or penalty.

The bill provides that, subject to reasonable and necessary rules and regulations that do not limit the purchaser's or seller's options, the purchase or sale of health insurance in a private health care system shall not be prohibited by law, rule or regulation.

LB 219 states that the bill does not:

- Affect which health care services a health care provider or health care facility is required to provide;
- Affect which health care services are lawful health care services;
- Prohibit health care services provided pursuant to the Nebraska Worker's Compensation Act;
- Affect the terms and conditions of coverage by any health care system to the extent that such terms and conditions do not impose a fine or penalty for direct payment or acceptance of direct payment for lawful care services; or
- Affect any law, rule, or regulation in effect on or before January 1, 2011.

**20. LB 221 (Janssen)** Provide for drug screening of public assistance applicants and recipients. *Held in Committee*

According to LB 221 applicants and recipients who test positive for use of controlled substance, not prescribed for him or her by a licensed health care provider, shall be ineligible for one year for cash assistance under the Welfare Reform Act. The bill states screening may occur if the department has reasonable cause to believe the individual is using such a controlled substance. If the individual tests positive from the screening the department shall conduct an administrative hearing to review the case. If, after such hearing, the department determines the positive result was accurate, the individual will be ineligible for benefits for a period of one year from the date of such determination. The ruling of the department may be appealed and the appeal shall be in accordance with the Administrative Procedure Act. The department shall refer the individual declared ineligible for such assistance benefits, under this section, to the Division of Behavioral Health of the department for referral to a substance abuse treatment program.

**21. LB 222 (Gloor)** Change scope of practice considerations under the Nebraska Regulation of Health Professions. Act *Held in Committee*

LB 222 removes from Neb. Rev. Stat. 71-6221 (3) (a) the criteria for reviewing the scope of practice of a current regulated health professional that requires: “The present scope of practice of regulated health profession shall be changed only when the present scope of practice or limitations on the scope of practice create a situation of harm or danger to the health, safety, or welfare of the public and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument”.

**22. LB 225 (Campbell)** Change provisions relating to issuance of credentials under the Uniform Credentialing Act. *Enacted with Emergency Clause*

LB 225 removes, under the Uniform Credentialing Act, the restriction that credentials for nonimmigrants are issued only to nonimmigrants whose visa for entry, or application for visa for entry, is related to employment in the United States.

The bill allows a credential to be issued to a United States citizen, an alien lawfully admitted, or a nonimmigrant lawfully present in the United States who is eligible for credentials under the Uniform Credentialing Act.

**23. LB 237 (Howard)** Provide for creation of a prescription drug monitoring program *Enacted*

LB 237 states that the intent of the Legislature in this act is to establish a system of prescription drug monitoring to:

- Prevent the misuse of prescription drugs, in an efficient and cost-effective manner;
- Allow doctors and pharmacists to monitor the care and treatment of patients prescribed prescription drugs, to ensure their medical appropriateness; and
- Have the State of Nebraska remain on the cutting edge of medical information technology.

The bill provides that the department, in collaboration with the Nebraska Health Information Initiative (or any successor public-private statewide health information exchange), shall enhance or establish technology for prescription drug monitoring to carry out this act. No state funds will be used for the monitoring program. The department may adopt and promulgate rules and regs to authorize the use of electronic health information, if necessary, to carry out the purposes of this act.

**24. LB 260 (Lathrop)** Adopt the Concussion Awareness Act. *Enacted*

LB 260 states the Legislature finds that concussions are a common reported injury in children and adolescents participating in sports and recreational activities. Catastrophic injury and death can occur when concussions are not properly treated, including continuing to play with a concussion.

The bill requires that public, private, denominational or parochial schools:

- Make available to all coaches or athletic teams training on how to recognize the symptoms and seek proper medical treatment for a concussion or brain injury; and
- Require information be provided annually to students and parents, prior to practice or competition, regarding the risk posed by sustaining a concussion, the actions a student should take (including notification of coaches) in response to sustaining a concussion and the signs and symptoms of a concussion; and

• LB 260 requires students who participate in a school athletic teams, where there is reasonable suspicion after observation, suspected of sustaining a concussion or brain injury in practice or a game, be removed from the practice or game. Parents are to be notified by the school of the date, time and extent of the injury suffered by the student and any treatment provided. The student will not be permitted to return to a practice or game until evaluated by a licensed health care professional and cleared in writing to return to play.

Additionally, LB 260 requires any city, village, business or nonprofit organization that organizes an athletic activity for athletes nineteen years of age or younger to:

- Provide information regarding the risk posed by sustaining a concussion, the actions an athlete should take in response to sustaining a concussion (including notification of coaches) and the signs and symptoms of a concussion to all coaches, athletes, and parents; and
- Make available to coaches training on how to recognize the symptoms and seek proper medical treatment of a concussion or brain injury; and
- Remove from the practice or a game an athlete who participates in an athletic activity and is reasonably suspected after observation of sustaining a concussion or brain injury in a practice or a game; and
- Inform parents of the date, time and extent of the injury suffered by the athlete and any treatment taken; and
- The athlete will not be permitted to participate in any supervised athletic activities until the athlete has been evaluated by a licensed health care profession and cleared to resume participation.
- Nothing in the bill requires any city, village, business, or nonprofit organization to provide for the presence of a licensed health care professional at any practice or game.
- The signature of an individual who represents that he or she is a licensed health care professional shall be deemed to be conclusive and reliable evidence that the individual who signed the clearance is a licensed health care professional. The city, village, business, or nonprofit organization shall not be required to determine or verify the individual's qualifications.

Nothing in the Concussion Awareness Act shall create liability for, or modify the liability or immunity of a school, school district, city, village, business or nonprofit organization or the officer, employees, or volunteers of such. The bill becomes operative on July 1, 2012.

**25. LB 265 (Coash) Change Department of Health and Humans Services petty cash fund provisions *Enacted***

LB 265 changes the maximum amount in the petty cash fund under Neb. Rev. Stat. section 81-3120 from one thousand to two thousand dollars. These petty cash funds are created

at specific locations at the request of the Department of Health and Human Services to be used for fees and costs related to the prosecution of support establishment, modification, and enforcement cases. The petty cash fund includes the administration of court costs, filing fees, service of process fees, sheriff's costs, garnishment and execution fees, court reporter and transcription costs, and costs related to appeals, witness and expert witness fees, and fees or costs for obtaining necessary document.

26. **LB 267** (Howard) Require application for a waiver to limit the types of beverages which may be purchased with Supplemental Nutrition Assistance Program benefits. *Held in Committee*

LB 267 requires the department to seek a waiver to limit the beverages that may be purchased with SNAP benefits to milk, one-hundred percent juice, and plain water; but shall not establish the limits until such waiver has been granted.

27. **LB 274** (Gloor) Change provisions relating to the return of dispensed drugs and devices.

*Enacted*

LB 274 changes provisions for collecting drugs and devices for disposal. Prior to enactment, Neb. Rev. Stat. section 71-2421 stated that dispensed drugs or devices may be returned to the dispensing pharmacy for immediate destruction, in response to a recall, or if the device is defective. LB 274 allows dispensed drugs or devices to be returned to a pharmacy (not limited to the dispensing pharmacy) for recall, if the device is defective, or collected (not immediately destroyed) for disposal. The bill allows returned dispensed drugs or devices to be retained until disposed or relabeled or redispensed as specified.

Additionally, the bill states that dispensed drugs or devices shall not be returned to saleable inventory nor made available for subsequent relabeling and redispensing, excepts when returned from a long-term care facility to the pharmacy from which they were dispensed for credit or for relabeling and redispensing as specified in statute.

Pharmacies are allowed to charge a fee for collecting dispensed drugs or devices for disposal or from a long-term care facility for credit or for relabeling and redispensing. Drug manufacturers who exercise reasonable care are immune from civil or criminal liability for any injury, death or loss to person or property relating to the relabeling and redispensing of drugs returned to a long-term care facility.

Also, LB 274 allows immunity from civil or criminal liability or professional disciplinary actions for any injury, death, or loss to person or property relating to the collecting of dispensed drugs or devices for disposal or relabeling and redispensing pursuant to the bill as long as reasonable care is exercised.

LB 274 changes the definition of calculated expiration date. Previously, Neb. Rev. Stat. section 71-2421(4)(a) defined a calculated expiration date as an expiration date on the prepackaged product which is greater than twenty five percent of the time between the date of repackaging and the expiration date of the bulk container nor greater than six months from the date of repackaging. The bill changes the definition for calculated expiration date to the expiration date on the manufacturer's, packager's, or distributor's container, or one year from the date the drug or device is repackaged, whichever is earlier.

28. **LB 290** (Pankonin) Change health care information required to be given to a patient upon request. *Held in Committee*



LB 290 changes the required information provided by a health care facility, or a health care practitioner facility, from an itemized billing statement (including diagnostic codes) to:

- A reasonable description of the procedure, supplies and other services provided for the care of the patient; and
- The charge for each item or category of such procedures, supplies and other services.

29. **LB 304** (McGill) Provide for treatment of sexually transmitted disease as prescribed.

*General File*

LB 304 provides that prescription oral antibiotic drugs may be provided to a patient's partner, or partners, by a physician, a physician assistant, or an advanced practice registered nurse who diagnoses the patient as having a sexually transmitted disease.

The bill requires the oral antibiotic drugs for any partner or partners:

- May be prescribed, provided or dispensed by the physician diagnosing the patient;
- May be prescribed by the physician assistant, or advanced practice registered nurse, diagnosing the patient;
- May be provided without examination of the partner or partners;
- Include general instruction for use or medication guides, where applicable;
- Be labeled in accordance with section 38-286;
- Be delivered, if the medical provider has sufficient locating information and the patient is unwilling or unable to deliver, by the:
  - Disease prevention and control staff of the department, or
  - A county or city board of health, local public health department, city health department or local health agency, or
  - Any state or local public official exercising the duties and responsibilities of any board of health or health department.

Medical providers under this act, or a pharmacist who provides or dispenses prescription oral antibiotic drugs pursuant to this act; who act in good faith and with or without compensation, or who chooses not to prescribe, provide or dispense such prescription oral antibiotic drugs, shall be immune from civil liability except in the case of willful or wanton misconduct.

The bill reconciles current statutes by including this act in reporting, confidentiality, disclosure, notification, immunity, and privilege statutes.

30. **LB 316** (Heidemann) Change provisions relating to the practice of optometry *Held in Committee*

LB 316 changes the practice of optometry by adding the performance of laser capsulotomies, laser peripheral iridotomies, laser trabeculoplasties and the injection of pharmaceutical agents into the eyelid. The pharmaceutical agents includes treatment of anaphylaxis or agents injected into the eyelid for treatment or drainage of cysts or glands of the eyelids, conjunctiva, and ocular adnexa or for removal of skin lesions of the eyelids and ocular adnexa.

The bill strikes from the pharmaceutical agents for therapeutic purposes the exclusion of steroids and immunosuppressive agents. It also strikes from the exclusion of the practice of optometry oral therapeutic agents used in the treatment of glaucoma, oral steroids or oral immunosuppressive agents, or the treatment of infantile/congenital glaucoma.

Under Neb. Rev. Stat. section 38-2607 the bill provides the practice of optometry shall not be construed to include: a student in an optometric educational program approved by the board who is performing optometry or related services within the scope of such program under the direct supervision of such school; or the practice of optometry by optometrists licensed by other states or countries while appearing as clinicians at meetings of the Nebraska Optometric Association or components thereof or other optometric organizations approved by the board.

The bill requires the board to establish certification requirements to be met before initial licensure by an applicant who graduated, or renewal of the license of an optometrist who was licensed, prior to the effective date of this act. Certification requirements shall include classroom education and clinical training in practices authorized by this bill; or evidence provided by the applicant of certification in another state which is deemed by the board as satisfactory evidence of such qualifications. The bill updates the optometrist licensure to include the practices authorized by this bill if such person is certified by the department with the recommendation of the board as qualified to perform these procedures based upon training and testing, or evidence provided of certification in another state deemed by the board as satisfactory evidence of such qualifications. Under the bill, a licensed optometrist who performs minor surgical procedures shall provide the same standard of care to patients as that provided by a physician licensed in this state to practice medicine and surgery who performs the same procedures.

**31. LB 330 (Cook)** Change requirements for dental hygienists in public health-related settings.

*Held in Committee*

LB 330 removes the requirement of three thousand hours of clinical experience in at least four of the proceeding five calendar years to perform certain preventive dental services on children. The bill removes the clinical experience and changes “children” to “patient”. As a result of these changes, the bill provides that dental hygienists may be authorized to perform public health-related services in a public health setting or in a health care or related facility. These services include oral prophylaxis to healthy patients who do not require antibiotic premedication; pulp vitality testing; and preventive measures, including the application of fluorides, sealants, and other recognized topical agents for the prevention of oral disease.

**32. LB 401 (Howard)** Require assisted-living facilities to provide written information to applicants for admission *Enacted*

LB 401 requires each assisted-living facility to provide written information about the practices of the assisted-living facility to each applicant for admission to the facility or his or her authorized representative. The information shall include:

- A description of the services provided by the assisted-living facility and the staff available to provide the services;
- The charges for services provided by the assisted-living facility;
- Whether or not the assisted-living facility accepts residents who are eligible for the medical assistance program under the Medical Assistance Act and, if applicable, the policies or limitations on access to services provided by the assisted-living facility for residents who seek care paid by the medical assistance program;
- The circumstance under which a resident would be required to leave an assisted-living facility;
- The process for developing and updating the resident services agreement; and

•For facilities that have special care units for dementia, the additional services provided to meet the special needs of persons

33. **LB 406** (Cook) Provide for reentry license under the Medicine and Surgery Practice Act  
*Enacted*

LB 406 provides that the Department of Health and Human Services, with the recommendation of the Board of Examiners in Medicine and Surgery, may issue a reentry license to a physician who has not actively practiced medicine for the two-year period immediately preceding the filing, or who has not otherwise maintained continued competency during a period determined by the board.

To qualify for a reentry license the physician shall meet the same requirements for licensure as a regular licensee and submit to evaluations, assessments, and an educational program as required by the board. If, after conducting an assessment, the board determines the applicant should be supervised prior to licensing, the board, with the department's recommendation, may issue a reentry license requiring supervision. After satisfactory completing the supervised practice for the time specified by the board the reentry licensee may apply to the department to convert the reentry license to a license.

The reentry license shall be valid for one year and may be renewed up to two additional years, if approved by the department with the recommendation of the board. The issuance of a reentry license shall not constitute a disciplinary action.

34. **LB 413** (Conrad) Authorize use of the Affordable Housing Trust Fund for programs benefiting homeless youth. *Enacted*

LB 413 adds "Support for efforts to improve programs benefiting homeless youth." to the activities eligible for assistance from the Affordable Housing Trust Fund under section 58-706.

35. **LB 431** (Hadley) Adopt the Health Care Quality Improvement Act *Enacted with Emergency Clause*

The purpose of the Health Care Quality Improvement Act is to provide protection for individuals going through a peer review process and protect the confidentiality of the peer review records. The bill defines terms in the Act including health care provider, incident report or risk management report, peer review, and peer review committee. The peer review committee must be created by the governing board of the health care facility.

LB 431 provides that no health care provider, individual, or employee who serves a peer review committee who acts without malice shall be held liable for activities within the scope of the peer review committee. Additionally, no individual who supplies information to a peer review committee acting without malice shall be subject to suit as a result of the information.

The bill states peer review committee processes are confidential and not subject to discovery or evidence in a civil action; nor are individuals working in and with a peer review committee as an officer, director, employee, or member of the governing board of a facility which is a health care provider be allowed or compelled to testify in any civil action.

Nothing in the bill limits discovery of any otherwise available sources and original documents.

Finally, an incident report or risk management report that is created specifically for and collected and maintained for the exclusive use by a peer review committee are not subject to

discovery or admissible in evidence in a civil action for damages for injury, death or loss to a patient. A person who prepares or has knowledge of the contents of an incident report or risk management report shall not testify, nor be required to testify, in any civil action as to the content of the report.

36. **LB 433** (Campbell) Provide requirements for contracts for child welfare services between private agencies and the Department of Health and Human Services. *Held in Committee*  
LB 433 provides requirements for contracts entered into by the department under Families Matter including:

- Payment to providers and agencies shall be made based on the reasonable costs of services.
- Prohibits contracting for services related to the child abuse and neglect hotline; investigation of allegations of abuse and neglect; initial family assessments; and final determinations regarding case closure.
- The department shall be responsible to conduct ongoing assessments of safety and to insure services are provided to meet the state's obligations.
- The department shall retain responsibility for the quality; and compliance with federal laws and regulations, of contracted services;
- The contracts will not result in the loss of federal funding.

The department shall adopt and promulgate rules and regs prior to January 1, 2012 that provide for the monitoring and oversight of contracts. These rules and regs will include the evaluation of fiscal accountability and program operations including performance standards, monitoring of subcontractors and follow up for corrective actions.

The department shall provide a financial report to the Legislature on a biannual basis regarding all contracts. The report shall include the total amount of state and federal funding provided to private agencies; the amount spent on services, case management, subcontracts and indirect expenses; the amount of any profit or loss by the agencies; and the full cost of outsourcing.

LB 433 defines child welfare and related services under the legislation.

37. **LB 456** (Health and Human Services Committee) Change provisions relating to health and human services. *General File with Health and Human Services Committee AM 994 pending*  
LB 456 provides the following changes in the area of health and human services. The bill:

- Changes the state law regarding references to the Federal Social Security Act in State Medicaid statutes. This section removes "accepts and assents" and authorizes the Department to adopt and promulgate rules and regulations and take such other actions as are necessary to secure federal matching funds under the applicable provisions of the federal Social Security Act. Nebraska law adopts by reference the Federal Social Security Act as it existed on January 1, 2010. Nebraska case law provides that a state statute may incorporate by reference a federal statute, but only as to the date such state statute became effective and not all future changes in federal law. This statute must be updated each year so any federal Medicaid changes that have been made are incorporated by reference. (Section 1)

- Adds provisions in Nebraska law (Section 71-503.01) related to the sharing of communicable disease, illness or poisoning information to control or prevent the spread of serious disease, or to diminish an imminent threat to public health. First, this section allows the

sharing of such information with Tribes to allow for coordination and response. Second, this section provides explicit authority to the Chief Medical Officer of the Department of Health and Human Services to release such information to the extent necessary to protect the public. This section is important because it provides clear authority to share information to detect and locate sources of serious disease, illness or poisoning to control, prevent or diminish its effects.

- Changes Nebraska law relating to purchases by electronic benefits transfer or food coupons. In the federal law, the Supplemental Nutrition Assistance Program (SNAP) no longer references “food coupons” or “food stamps”. This bill will update the reference to the federal program.

- Eliminates the Advisory Committee for the State Unit on Aging (also referred to as the Division of Medicaid and Long-Term Care Advisory Committee on Aging). The elimination of the Advisory Committee for the State Unit on Aging would provide a cost benefit to the state while the majority of the functions of the committee would continue to be carried out by other, existing entities, including the oversight and planning functions performed by DHHS.

- Eliminates the Nursing Home Advisory Council. The elimination of this council is advisable since the Division of Public Health has already established a Long Term Care (LTC) Provider Group which is comprised of representatives of nursing homes from across the State.

*Health and Human Services Committee AM 994 to LB 456:*

LB 994 becomes the bill and makes the technical change of updating the statute language from 2010 to 2011 in the same manner that has been done legislatively since 1996. The amendment changes the state law regarding references to Title XIX and Title XXI of the Federal Social Security Act in the state Medicaid statute, 69-906. Nebraska case law provides that a state statute may incorporate by reference a federal statute, but only as to the date such state statute became effective and not all future changes in federal law. Present Nebraska law adopts by reference the Federal Social Security Act as it existed on January 1, 2010. Therefore Nebraska statute needs updating so federal changes that have been made are incorporated by reference. Accordingly, the amendment provides for a change in Nebraska statute 68-906 to incorporate by reference the federal changes from January 1, 2010 to as existed on January 1, 2011.

38. **LB 465** (Campbell) Eliminate provisions relating to eligibility of non-United States citizens for public assistance. *Enacted with Emergency Clause*

LB 465 eliminated state-only programs for non-United States citizens who are here legally but do not qualify for assistance under federal guidelines or with federal dollars.

Currently the Department of Health and Human Services pays for certain benefits for Legal Permanent Residents (LPRs). These benefits include:

- Supplemental Nutrition Assistance Program - SNAP (formerly known as food stamps)
- Cash payments for Temporary Assistance to Needy Families (TANF)
- Medicaid
- Aid to the Aged, Blind, and Disabled (AABD)

Federal law requires LPRs to be in the U.S. for at least 5 years before receiving federal public benefits. As a result, Nebraska has been using state general funds to provide these public benefits during the five years before individuals become eligible for federal benefits. LB 465 eliminated this practice.

39. **LB 466** (Gloor) Change provisions relating to a preferred drug list under the Medicaid Assistance Act. *Held in Committee*

The purpose of the Medicaid Prescription Drug Act is to provide appropriate pharmaceutical care to Medicaid recipients in a cost-effective manner through the management of a preferred drug list.

In 2009 Nebraska joined The Optimal PDL Solutions (TOPS) purchasing pool to negotiate supplemental rebate offers. Six other states are members of this pool. A Pharmaceutical and Therapeutics Committee (P&T) was formed and reviews approximately 64 drug classes annually. The Committee makes recommendations to the Department regarding which drug(s) within the classes should be preferred. Medicaid reviews those recommendations and finalizes the Preferred Drug List. The Pharmacy Benefits Manger (PBM) then executes rebate agreements for the preferred drugs.

Currently anti-psychotic, anti-depressant and anti-convulsant drugs are not included in the review of preferred drugs or on the PDL. LB 466 would change this to allow anti-psychotic, anti-depressant and anti-convulsant drugs to be included. Inclusion of these drugs on the PDL would result in additional supplemental rebates for the State.

**40. LB 467** (Campbell) Change eligibility provisions relating to the medical assistance program  
*Held in Committee*

LB 467 was prompted by the 2010 Nebraska Supreme Court decision, Davio v. DHHS. The bill would authorize the Department of Health and Human Services to end Medicaid coverage, in addition to DHHS's current authorization to end cash assistance benefits, as a sanction when an individual fails to comply with an Employment First self-sufficiency contract.

The Employment First contract is part of Nebraska's welfare reform activities. There are approximately 925 persons on Employment First sanction each month. With an average monthly Medicaid cost of approximately \$341, the savings per year is approximately \$3,800,000 (\$1,600,000 of state general funds and \$2,200,000 of federal funds).

**41. LB 468** (Campbell) change reporting provisions relating to the medical assistance program.  
*Enacted*

Nebraska statute 68-909 states that prior to the adoption and promulgation of proposed rules and regulations under section 68-912 or relating to the implementation of Medicaid state plan amendments or waivers, the department shall provide a report to the Governor, the Legislature, and the Medicaid Reform Council no later than December 1 before the next regular session of the Legislature summarizing the purpose and content of such proposed rules and regulations and the projected impact of such proposed rules and regulations on recipients of medical assistance and medical assistance expenditures. LB 468 states that Medicaid copays in FY 2011-2012 shall be exempt from the report requirement of this subsection and 68-912.

**42. LB 481** (Krist) Provide exemption from medical radiography licensure for auxiliary personnel and cardiovascular technologists *Held in Committee*

LB 481 amends the Medical Radiography Practice Act to allow auxiliary personnel and cardiovascular technologists to assist a licensed practitioner who specializes in cardiology or interventional cardiology.

Auxiliary personnel means a person who assists a licensed practitioner in radiographic imaging during the performance of diagnostic and therapeutic procedures. A cardiovascular technologist means a person who is specifically trained to assist a licensed practitioner who

specializes in cardiology or interventional cardiology in performing cardiac catheterization and cardiac electrophysiology procedures.

Under the bill, auxiliary personnel and cardiovascular technologists are allowed to assist a licensed practitioner who specializes in cardiology or interventional cardiology in the performance of diagnostic and therapeutic procedures. The procedures are performed in cardiac catheterization and cardiac electrophysiology laboratories under the personal supervision and specific verbal instruction of the licensed practitioner who is physically present. Auxiliary personnel and cardiovascular technologist are not permitted to make independent decisions or determinations.

Auxiliary personnel and cardiovascular technologist are not required to be licensed under the act.

**43. LB 494** (Nordquist) Requires timely review of Medicaid eligibility *Enacted*

LB 494 provides that the Department of Health and Human Services shall process applications for medical assistance to determine eligibility in a timely manner in compliance with federal law, 42 C.F.R. 435.911. This includes a timely determination of eligibility for coverage of an emergency medical condition, such as labor and delivery.

**44. LB 507** (Harms) Change Welfare Reform Act Requirements relating to education for recipients of assistance. *General File with Health and Human Services Committee AM 670 pending*

LB 507 provides for expanded educational opportunities under the Welfare Reform Act. The bill allows, for purposes of creating the self-sufficiency contract and meeting the work activity requirement, that:

An applicant who is twenty years of age, or head of household meets the requirement if he or she:

- Maintains satisfactory attendance at a secondary school, a general education development program or equivalent; or
- Participates in education directly related to employment for an average of twenty hours a week including, but not limited to, Adult Basic Education, English as a Second Language, and a general education development program.

An applicant under twenty four years of age , meets the requirement if he or she:

- Engages in education directly related to employment for an average of twenty hours a week, including, but not limited to, Adult Basic Education, English as a Second Language and a general education development program.

Current requirements state young people age 19 are not deemed to meet their work requirement when they pursue secondary education or GED. The result is some 19 year olds, although they are in school, must also meet an additional work requirement. LB 507 would change this limitation and give a 19 year old the same work requirement as those 18 or younger.

In addition, regulations currently indicate that education directly related to employment (Adult Basic Ed, ESL, etc.) is a “non-core” activity. (468 NAC 2-020.07). This means an individual must work 20 hours per week in a “core” activity before hours spent on education directly related to employment would count. LB 507 would change this, by making education directly related to employment a “core” activity for a person under 24 and engaged in 20 hours per week of education.

States must maintain at least 50% of their TANF caseload participating in qualifying work activities in order to receive funding and avoid penalties. Accordingly, the bill allows the department to set reasonable limits for the number of applicants that may engage in education directly related to employment if work participation rates reach fifty-five percent. This is meant to ensure that Nebraska remains in compliance with the federal work participation rate requirements.

LB 507, also, requires the department to report annually to the Legislature regarding participation in specific education activities as outlined and the number of person participating in a self sufficiency contract who obtain or maintain employment for specified periods after they are no longer eligible for assistance due to obtaining employment.

*Health and Human Services Committee AM 670:*

The Committee Amendment clarifies that it is the intent of the Legislature that the Department of Health and Human Services carry out the provisions of LB 507 within the limits of its annual appropriation. The Committee Amendment clarifies that both work participation rates and caseload reduction credit contribute to achieving federal requirements and uses that as the guideline for a target work rate. Also the Committee Amendment states that if Nebraska's work participation rate does not exceed the target work rate by ten percentage points in any month the Department may suspend the new educational allowance until the target rate exceeds 10% for three consecutive months.

45. **LB 525** (Lathrop) Provide for a Medicaid plan amendment or waiver and transfer of funds relating to the Nebraska Regional Poison Center. *Enacted*

LB 525 states that the Legislature finds that:

- The Nebraska Regional Poison Center provides a valuable service to Nebraska;
- The center receives over 17,0000 calls annually, 72 % of the calls involve children, 27% of the calls relate to children in families whose annual household income is at or below two hundred percent of the federal poverty level;
- Over 90% of the calls have resulted in children under six years old having their medical concerns addressed at home rather than going to the ER, using 911 or emergency medical services; and
- The operation of the center results in a cost savings of \$175 per call in 1996 dollars.

LB 525 requires the department, on or before January 1, 2012, to submit an application to CMS to amend the Medicaid state plan or seek a waiver to provide for utilization of the unused administrative cap to allow for payments to the Nebraska Regional Poison Center funded through the University of Nebraska Medical Center Cash fund to help offset the cost for treatment of children eligible for assistance under CHIP.

The bill states that, upon approval of the plan, UNMC shall transfer an amount, not to exceed \$250,000, to the Health Care Cash Fund for the department to meet the state match to maximize the use of the unused administrative cap money. When the department receives the transferred amount (or any portion thereof) and the corollary federal funds, the department shall transfer the combined funds to the UNMC Cash Fund for operation of the Nebraska Regional Poison Center. If the plan is not approved, or if less than \$250,000 is needed for the match, the UNMC may use the remaining state appropriation for the operation of the Nebraska Regional Poison Center.

The bill provides that UNMC shall report to the Legislative Fiscal Analyst, on or before October 1 of every year, the amount transferred to the department in the prior fiscal year and the



amount of matching funds received under this section for the Nebraska Regional Poison Center in the prior fiscal year.

**46. LB 534** (Smith) Adopt the Phototherapy Practice Act. *Indefinitely Postponed*

LB 534 provides that the Legislature declare that the Phototherapy Practice Act is enacted in the interest of the public health, safety and welfare and is intended to regulate the trade of phototherapy. The bill defines phototherapy as the provision of ultraviolet light to an individual for the treatment of a condition determined to be treatable by exposing an individual to specific wavelengths or light, either upon referral from a physician or other health care professional with appropriate diagnostic capability, or in the course of direct treatment when no referral is required by law.

The bill requires an individual who holds himself as to being a registered phototherapist to be registered pursuant to the act and shall be considered a medical professional in this state only for the sole and limited purpose of providing phototherapy. To be eligible for registration as a photo therapist an individual shall be at least seventeen years of age and pass an examination approved by the board. An individual may provide ultraviolet light treatment or service in accordance with existing law without being registered.

LB 534 outlines the process of approval by the board for examination to test the fitness of an individual to practice phototherapy; and the process for certification, registration and setting fees.

The bill provides for three members appointed by the Governor to serve on the Board of Phototherapy and outlines the terms for their appointments. The bill provides for election of officers, record keeping, meetings guidelines, and reimbursement for expenses. The board shall adopt, promulgate and enforce rules, regulations and orders necessary to carry out the Phototherapy Practice Act. The bill creates the Phototherapy Practice Fund for the administration of the act, including fees, fund transfers and investment.

**47. LB 539** (HHS Committee) Require a Medicaid state plan amendment or waiver relating to adult emergency room visits. *Held in Committee*

LB 539 requires the department, no later than July 1, 2011, to submit a state plan amendment or waiver to CMS to limit Medicaid payments for emergency room visits for adults to twelve per year. Emergency room visits that result in inpatient admission shall not be counted towards the limit of twelve visits.

**48. LB 540** (Health and Human Services Committee) Require a Medicaid waiver relating to family planning services. *Held in Committee*

LB 540 relates to the state medical assistance program (Medicaid). The bill requires the Department of Health and Human Services to apply for a Medicaid waiver or an amendment to an existing waiver for the purpose of providing medical assistance for family planning services for persons whose family earned income is at or below one hundred eighty-five percent of the federal poverty level.

**49. LB 541** (Health and Human Services Committee) Provide for third-party contracts to promote Medicaid integrity and cost containment *Final Reading with AM 1483 pending.*

LB 541 states the Legislature finds Nebraska Medicaid would benefit from increased efforts to prevent improper payments by enforcing the eligibility criteria for recipients,

enrollment criteria for providers, determining third party liability for benefits, review of claims prior to payment and identification of the extent and cause of improper payment. Medicaid would also benefit from efforts made to identify and recoup improper payments and collecting post payment reimbursement.

The bill requires the department to contract with one or more recovery audit contractors to promote the integrity of Medicaid and assist with cost containment. The contracts will include services for cost-avoidance, cost-recovery, and casualty recovery of payments through identification of third-party liability. Contractor will review claims submitted by providers of services, or other individuals furnishing items and services for which payment has been made, to determine whether the provider has been underpaid or overpaid and take action to recover any overpayments identified. Also, the department shall contract to support a health insurance premium assistance payment program. Finally, LB 541 allows the department to enter into any other contracts deemed to increase the efforts to promote the integrity of the medical assistance program.

The contracts entered into under the authority of this section may be on a contingent fee basis. Contingent fee payments are based upon amounts recovered not amount identified. Initial contracts will be entered into as soon as practical under federal law and regulations.

LB 541 requires the department to report to the Legislature the status of the contracts by December 1, 2011.

*AM 1483 pending*

Am 1483 would limit contingent fees to no more than twelve and one-half percent of amounts recovered. All amounts recovered and savings generated would be required to be returned to the medical assistance program.

**50. LB 542** (Howard) Require hospitals to offer and mandate employee influenza vaccinations.

*Enacted*

LB 542 provides that, under the Health Care Facility Licensure Act, each general acute hospital annually offer onsite influenza vaccinations when no national vaccine shortage exists, to all hospital employees. The bill requires all hospital employees to be vaccinated against influenza unless the employee elects not to be vaccinated. The hospital shall keep a record of the employees receive the annual vaccination against influenza and which employees do not receive such vaccination. These actions shall be in accordance with the guidelines of the CDC and US Public Health Services of the US Department of Health and Human Services as existed on January 1, 2011.

**51. LB 543** (Cook) Provide for a state outreach plan relating to the Supplemental Nutrition Assistance Program. *Includes portions of LB 663 Enacted with Emergency Clause*

LB 543 requires the department to develop a state outreach plan to promote access, by eligible persons, to SNAP benefits. The plan will conform to federal criteria and the department may apply for and accept gifts, grants, and donations to develop the plan. For purposes of developing and implementing the state outreach plan, the department shall partner with one or more counties or nonprofit organizations. The agreement with the nonprofit organization can specify that the nonprofit is responsible for seeking sufficient funds for the state outreach plan. Additionally, any costs to the department for 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 such plan.

The department shall submit the state outreach plan for approval on or before August 1, 2011. Also, any additional public or private funds may be used to offset costs associated with increased caseload resulting from the implementation of the state outreach plan.

The department shall be exempt from implementing or administering a state outreach plan under this subsection, but not developing a plan, if it does not receive private or federal funds sufficient to cover the department's costs for implementing and administering the plan and any increase caseload costs resulting from the implementation of the plan.

The TANF-funded program shall eliminate all asset limits for eligibility for federal food assistance benefits, except the total of liquid assets including cash on hand and funds in personal checking and savings accounts, money market accounts, and share accounts shall not exceed twenty-five thousand dollars.

52. **LB 557** (Dubas) Provide requirements regarding health care facilities employing surgical technologists *Held in Committee*

LB 557 provides for requirements under the Health Care Facility Licensure Act regarding surgical technologist. A surgical technologist means a person who is employed or contracted by a health care facility to perform surgical technology tasks and functions. Surgical technology means surgical patient care performed with other members of the surgical team that includes, but is not limited to: preparing the operating room for surgical procedures by ensuring the surgical equipment is functioning properly and safely; prepares the operating room and the sterile field for surgical procedures by preparing sterile supplies, instruments and equipment using sterile technique; demonstrates knowledge of human anatomy and pathophysiology and how they relate to the surgical patient and the patient's surgical procedure; and performs in the sterile field of the operating room the tasks specified in the bill.

The bill states that a facility licensed under the Health Care Facility Licensure Act shall not employ, contract for services of, or allow a surgical technologist to practice in the health care facility, unless the person meets one of the following requirements:

- Has successfully completed a nationally accredited education program for surgical technologists and holds the Certified Surgical Technologist credential administered by the National Board of Surgical Technology and Surgical Assisting, or its successor or similar national credentialing organization approved by the department;
- Has completed a training program for surgical technology in the armed forces of the US or the US Public Health Service Commissioned Corps;
- Was employed, under contract, or allowed to practice surgical technology in a licensed health care facility on the operative date of this act; or
- Performs surgical technology in the service of the federal government to the extent the person is performing duties related to that service.

Under the bill a facility may employ an individual during the twelve-month period immediately following the successful completion of a program; however, to continue beyond a year the person must be certified. The facility employing surgical technologists must establish continuing education guidelines that maintain national standards. A person who qualifies to practice surgical technology under this subdivision shall complete fifteen hours of continuing education to remain qualified. The facility employing surgical technologists shall establish policies and procedures ensuring compliance with this subdivision.

53. **LB 574** (Price) Adopt the Electronic Prescription Transmission Act *Held in Committee*

LB 574 adopts the Electronic Prescription Transmission Act. The Act applies to all electronic prescribing devices and prior authorization requests (other than prescribing practitioners who are employees of the State). It also applies to software and hardware vendors, and content managers, with respect to electronic prescribing devices and electronic prior authorization requests regardless of location.

The bill requires that a prescription drug order sent by electronic transmission to a pharmacy or pharmacist shall:

- Be transmitted by the practitioner directly to a licensed pharmacy, of the patient's choice, with no intervening person permitted access to alter the order. The order may be transmitted through a third-party intermediary to facilitate the transmission of the order;
- Contain information regarding the transmitter, to allow for written or oral confirmation, and the time, date of transmission and identity of the pharmacy intended to receive transmission; and
- Serve as the original medical order.

The electronic prescription transmission device used to transmit a prescription order to a pharmacist shall:

- Allow any legal prescription to be written and transmitted without interference or limitations prior to transmission;
- Allow the prescription to be transmitted through a neutral and open platform that does not trigger any communication to influence the prescribing decision of the practitioner or the pharmacy selection for a patient;
- Make available information regarding a plan's specific formulary according to the following conditions:
  - All available outpatient drugs covered by the formulary shall be disclosed to the prescribing practitioner;
  - All available pharmacies, both in-network and out-of-network, shall be readily disclosed to the prescribing practitioner;
  - Nothing is designed to preclude or make the selection of any particular pharmacy or outpatient drug covered by the formulary difficult;
  - Co-payment and cost-sharing data specific to the patient's plan's formulary and benefits are accessible electronically for reference to the practitioner; and
  - An electronic prior authorization process for allowing approval of an exception to the plan formulary or other restriction be available on the device providing real-time adjudication.

Also, LB 574 provides for alerts and messages to the prescribing practitioner regarding the plan formulary to support better clinical decision-making. The information will be scientifically supported and include a fair and balanced presentation of risk and benefits. Such information shall:

- Be consistent with FDA regulations for advertising pharmaceutical products not being competitively pushed to the prescribing practitioner;
- Be categorized or prioritized based on clinical importance, including severity and likelihood of any adverse events;
- Be individually suppressible by the prescribing practitioner;

- Be able to be overridden by the prescribing practitioner to prescribe the practitioner's choice; and
- Provide access to the decision support rules, including date of last update and source of any financial support in connection to the development of such rules.

LB 574 requires an electronic prior authorization process for allowing approval of an exception to the plan formulary or other restriction shall:

- Be required as a part of all electronic medical record systems that facilitate electronic transmission of prescriptions sold in Nebraska;
- Utilize a universal format developed by the department on or before June 30, 2012;
- Provide specific feedback on acceptable and approvable reasons for approval of a prior authorization request; and
- Provide real-time adjudication of the prior authorization that facilitates an explanation of patient benefits and info on how to appeal a denial.

Under the bill an advisory committee to the department shall be established to provide input on the universal prior authorization format standard. Members shall be appointed by the chief executive officer of the department and include two physicians, one retail pharmacist, one hospital pharmacist, two patient advocates and one representative of the insurance industry.

**54. LB 591 (Gloor)** Provide for a syndromic surveillance program and change immunization information exchange provisions. *Enacted*

LB 591 requires the department to develop a syndromic surveillance program.

Syndromic surveillance is the analysis of medical data to detect or anticipate disease outbreaks. The bill provides that the syndromic surveillance program shall include the monitoring, detection and investigation of public health threats from:

- Intentional or accidental use or misuse of chemical, biological, radiological, or nuclear agents;
- Clusters or outbreaks of infectious or communicable diseases; and
- Noninfectious causes of illness.

The bill provides that the department will set standards for syndromic surveillance reporting required by hospitals, specifying the data elements required. Other health care facilities, or any person issued a credential by the department, may be required to report under the program as determined by the department. The department shall establish a schedule for implementation of full electronic reporting of all syndromic surveillance data elements. The schedule will take into account the data elements reported, capacity of the facility, funding available, improved efficiencies and benefits, and other relevant factors.

LB 591, also, requires the department to establish an immunization information system for the purpose of providing a central data base of immunization information. Immunization information may be exchanged between health care professionals, health care facilities, health care services, schools, postsecondary education institutions, licensed child care facilities, electronic health-record systems, public health departments, health department of other states, Indian health services and tribes for the purpose of protecting the public health by facilitating immunizations to minimize the risk of vaccine preventable diseases. The department will promulgate rules and regs regarding procedures and methods for, and limitations on, access to, and security and confidentiality of, the immunization information. Access to immunization

information, according to rules and regs developed by the department, shall be for the purposes of directing patent care, public health activities or enrollment in school or child care services.

55. **LB 599** (Campbell) Provide coverage for certain children as prescribed pursuant to the Medical Assistance Act *Held in Committee*

LB 599 clarifies that unborn children do not have immigration status and therefore are not within the scope of Nebraska statute section 4-108. Additionally, the bill states that the prenatal care services available pursuant to SCHIP for unborn children, whose eligibility is independent of the mothers' eligibility and immigration status, are not included in the restrictions imposed by Nebraska statute, section 4-108.

LB 599 states that the Legislature finds that SCHIP:

- Is meant to assist state efforts to initiate and expand child health assistance to uninsured, low-income children;
- Defines "child" as an individual under the age of nineteen years, including any period of time from conception to birth;
- Low-income children are eligible independent of the mother's eligibility and immigration status;
- Covers prenatal care and pregnancy related services that connect to the health of the unborn child.

The bill, also states that the Legislature finds that prenatal care for children:

- Reduces the likelihood of premature delivery or low birth weight which are associated with a wide range of congenital disabilities and infant mortality;
- Can detect a great number of serious and even life-threatening disabilities, many of which can now be successfully treated in utero;
- Improves health outcomes during infancy and the child's life resulting in healthier infants and better long-term child growth and development; and
- Results in ultimate cost savings to the state through reduced expenditures for high cost neonatal and potential long-term medical rehabilitation.

LB 599 directs the creation of a separate program allowed through SCHIP for prenatal care and pregnancy related services connected to the health of the unborn child including:

- Professional fees for labor and delivery;
- Pharmaceuticals and prescription vitamins;
- Outpatient hospital care;
- Radiology, ultrasound and other necessary imaging;
- Necessary lab testing;
- Hospital costs related to labor and delivery;
- Services related to conditions that could complicate the pregnancy including treatment of conditions that threaten the carrying of the unborn child to full term or the safe delivery of the unborn child; and
- Other pregnancy related service approved by the department.
- Service not covered includes dentistry, optometry and other medical issues separate to the mother and unrelated to pregnancy.

The department will submit a state plan amendment or waiver for approval by the federal Centers for Medicare and Medicaid Services pursuant to this bill. Eligibility for this program will be at no greater than 185% income poverty guidelines.

56. **LB 600** (Campbell) Adopt the Nursing Facility Quality Assurance Assessment Act *Enacted*

LB 600 adopts the Nursing Facility Quality Assurance Assessment Act. The bill provides for a Quality Assurance Assessment, also referred to as a “provider tax”. It is a mechanism used by 46 states, including Nebraska, to increase payments to “classes” of Medicaid providers by increasing federal funding. (In Nebraska, ICF/MRs are the only “class” of providers currently utilizing this system.) Under a Quality Assessment providers pay an assessment to the State which is reimbursed to facilities with the federal match. Under federal regulations (42 CFR 433.68) the assessment is made against days of service to Medicaid and private-pay residents (Medicare days are excluded). In general terms for every dollar assessed to a qualifying nursing facility the nursing facility receives approximately two dollars and fifty cents. The reimbursements as enhanced rates and/or supplements are to Medicaid days only therefore advantaging facilities with higher percentages of Medicaid residents over those with low or none. By selecting waivers and exemptions permitted under federal regulations, Nebraska’s quality assessment under LB 600 would require a \$3.50 per day assessment. Only approximately ten facilities, or less, of the 224 facilities in the state would pay more into the system than are reimbursed. Under LB 600 the Nursing Facility Quality Assurance Assessment Act would benefit approximately 215 facilities. The plan would need to be approved by CMS as a quality assessment waiver plan; the approval process timeframe has varied from roughly three to nine months in other states.

Section Summary:

Section 1. Sections 1 to 30 shall be known as the Nursing Facility Quality Assurance Assessment Act.

Sec. 2-16 Definitions:

Sec. 3. Bed-hold day means a day during which a bed is kept open pursuant to the bed-hold policy of the nursing facility or skilled nursing facility which permits a resident to return to the facility and resume residence in the facility after a transfer to a hospital or therapeutic leave.

Sec. 4. Continuing care retirement community (CCRC) means an operational entity or related organization which, under a life care contract, provides a continuum of services, including, but not limited to, independent living, assisted-living, nursing facility, and skilled nursing facility services within the same or a contiguous municipality as defined in section 18-2410.

Sec. 5. Department means the Department of Health and Human Services.

Sec. 6. Gross inpatient revenue means the revenue paid to a nursing facility or skilled nursing facility for inpatient resident care, room, board, and services less contractual adjustments, bad debt, and revenue from sources other than operations, including, but not limited to, interest, guest meals, gifts, and grants.

Sec. 7. Hospital has the meaning found in section 71-419.

Sec. 8. Life care contract means a contract between a CCRC and a resident of such community or his or her legal representative which:

(1) Includes each of the following express promises:

a. The community agrees to provide services at any level along the continuum of care levels offered by the community;

b. The base room fee will not increase as a resident transitions among levels of care, excluding any services or items upon which both parties initially agreed; and

c. If the resident outlives and exhausts resources to pay for services, the community will continue to provide services at a reduced price or free of charge to the resident, excluding any payments from Medicare, the medical assistance program, or a private insurance policy for which the resident is eligible and the community is certified or otherwise qualified to receive; and

(2) Requires the resident to agree to pay an entry fee to the community and to remain in the community for a minimum length of time subject to penalties against the entry fee.

Sec. 9. Medical assistance program means the medical assistance program (Medicaid) established pursuant to the Medical Assistance Act.

Sec. 10. Medicare day means any day of resident stay funded by Medicare as the payment source and includes a day funded under Medicare Part A, under a Medicare Advantage or special needs plan, or under Medicare hospice.

Sec. 11. Medicare upper payment limit means the limitation established by 42 C.F.R. 447.272 establishing a maximum amount of payment for services under the medical assistance program to nursing facilities, skilled nursing facilities, and hospitals.

Sec. 12. Nursing facility has the meaning found in section 71-424.

Sec. 13. Quality assurance assessment means the assessment imposed under section 17 of this act.

Sec. 14. Resident day means the calendar day in which care is provided to an individual resident of a nursing facility or skilled nursing facility that is not reimbursed under Medicare, including the day of admission but not including the day of discharge, unless the dates of admission and discharge occur on the same day, in which case the resulting number of resident days is one resident day.

Sec. 15. Skilled nursing facility has the meaning found in section 71-429. (A facility where medical care, skilled nursing care, rehabilitation, or related services and associated treatment are provided for a period of more than 24 consecutive hours to persons residing at such facility who are ill, injured, or disabled.)

Sec. 16. Total resident days means the total number of residents residing in the nursing facility or skilled nursing facility between July 1 and June 30, multiplied by the number of days each such resident resided in that nursing facility or skilled nursing facility. If a resident is admitted and discharged on the same day, the resident shall be considered to be a resident for that day.

Sec. 17. Except for facilities which are exempt, each licensed nursing facility shall pay an assessment of \$3.50 based on Medicaid and private-pay days of care. Medicare days are exempt.

Sec. 18. The department shall exempt the following providers from the assessment: (1) State-operated veteran's homes; (2) Facilities with 26 or fewer beds; and (3) Continuing care retirement communities (CCRC).



Sec. 19. The department shall reduce the assessment for high-volume Medicaid facilities serving 70,000 or more Medicaid days. This includes Lancaster Manor and Douglas County Health Center. This is done to meet federal “redistribution tests” in 42 CFR 433.68(e) (2).

Sec. 20. The aggregate quality assurance assessment shall not exceed the lower of the amount necessary to accomplish the uses specified under the act or the maximum amount that may be assessed pursuant to the “indirect guarantee threshold” as established pursuant to 42 C.F.R. 433.68(f)(3)(i). This is currently set at 5.5% of total revenue. In October, 2011 this increases to 6%. Nebraska’s proposal is assessed far below this maximum at 1.9%.

Sec. 21. Each facility shall pay the assessment to the department on a quarterly basis after the Medicaid rates of the facility are adjusted pursuant to section 26 of this act. The department shall prepare and distribute a form on which facilities shall calculate and report the assessment. Facilities shall submit the completed form with the assessment no later than 30 days following the end of each calendar quarter.

Sec. 22. The department shall collect the assessment and remit the assessment to the State Treasurer for credit to the Nursing Facility Quality Assurance Fund. No proceeds from the quality assurance assessment, including the federal match, shall be placed in the General Fund unless otherwise provided in the Nursing Facility Quality Assurance Assessment Act (payment of administrative costs).

Sec. 23. Facilities shall report the assessment on a separate line of the Medicaid cost report. The assessment shall be treated as a separate component in developing rates paid to facilities and shall not be included with existing rate components. In developing a rate component for the assessment, it shall be treated as a direct pass-through to each facility, retroactive to the operative date of this act. The assessment shall not be subject to any cost limitation or revenue offset.

Sec. 24. If the department determines that a facility has underpaid or overpaid the assessment, the department shall notify the facility of the unpaid assessment or refund due. Such payment or refund shall be due or refunded within thirty days after the issuance of the notice.

Sec. 25. (1) A facility that fails to pay the assessment within the timeframe specified in section 21 or 24 of this act, shall pay, in addition to the outstanding quality assurance assessment, a penalty of one and one-half percent of the quality assurance assessment amount owed for each month or portion of a month that the assessment is overdue. If the department determines that good cause is shown for failure to pay, the department shall waive the penalty or a portion of the penalty.

(2) If an assessment has not been received by the department within thirty days following the quarter for which it is due, the department shall withhold an amount equal to the assessment and penalty owed from any payment due such facility under the Medicaid.

(3) The assessment shall constitute a debt due the state and may be collected by civil action, including, but not limited to, the filing of tax liens, and any other method provided for by law.

(4) The department shall remit any penalty collected pursuant to this section to the State Treasurer for distribution in accordance with Article VII, section 5, of the Constitution of Nebraska.

Sec. 26. (1) The Nursing Facility Quality Assurance Fund is created. Interest and income earned by the fund shall be credited to the fund. Any money in the fund available for investment shall be invested by the state investment officer pursuant.

(2) The department shall use the Fund, including the matching federal funds for the purpose of enhancing Medicaid rates, exclusive of the (regular) Medicaid reimbursement, except for the purpose of reimbursement for retroactive compensation as provided for in the Act or reimbursement for rate enhancements in anticipation of receipt of quality assurance assessment or related matching federal financial participation pursuant to this act and shall not use the fund to replace or offset existing state funds paid to nursing facilities.

(3) The Nursing Facility Quality Assurance Fund shall also be used as follows:

(a) To pay the department a reasonable administrative fee for enforcing and collecting the quality assurance assessment in addition to any federal medical assistance matching funds;

(b) To pay the share under the Medicaid program of an assessment as an add-on to the Medicaid rate for costs incurred by facilities. This rate add-on shall account for the cost incurred by a nursing facility in paying the assessment but only with respect to the pro rata portion of the assessment that correlates with the resident days in facility attributable to Medicaid residents;

(c) To rebase rates in accordance with the Medicaid state plan. In calculating rates, the proceeds of the assessments and federal match shall be used to enhance rates by increasing the annual inflation factor to the extent allowed by such proceeds and any funds appropriated by the Legislature; and

(d) To increase payments to fund covered services to recipients of benefits from the medical assistance program within Medicare upper payment limits as determined by the department following consultation with nursing facilities and skilled nursing facilities.

Sec. 27. (1) On or before September 2011, or after that date if allowable by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services, the department shall submit an application to CMS amending the Medicaid state plan by requesting a waiver of the "uniformity requirement" pursuant to federal regulations to exempt certain facilities from the quality assurance assessment and to permit other facilities to pay the quality assurance assessment at lower rates.

(2) The assessment is not due and payable until an amendment to the Medicaid state plan which increases the rates paid to nursing facilities and skilled nursing facilities is approved by CMS and the facilities have been compensated retroactively for the increased rate for services pursuant to section 26 of this act.

(3) If the waiver requested under this section is not approved by CMS, the Nebraska Department of Health and Human Services may resubmit the waiver application to address any changes required by CMS in the rejection of such application, including the classes of facilities exempt and the rates or amounts for assessments, if such changes do not exceed the authority and purposes of the Nursing Facility Quality Assurance Assessment Act.

Sec. 28. (1) The department shall discontinue collection of the quality assurance assessments if:

(a) The waiver requested pursuant to section 27 of this act or the Medicaid state plan amendment reflecting the enhanced payment rates is given final disapproval by the CMS;

(b) In any fiscal year, the state appropriates funds rates at an amount that reimburses facilities at a lesser percentage than the median percentage appropriated to other classes of providers of covered services under the medical assistance program;

(c) If money in the Nursing Facility Quality Assurance Fund is appropriated, transferred, or otherwise expended for any use other than uses permitted pursuant to this act; or

(d) If federal match under the act becomes unavailable under federal law. In such case, the department shall terminate the collection of the quality assurance assessments beginning on the date the federal statutory, regulatory, or interpretive change takes effect.

(2) If collection of the assessment is discontinued as provided in this section, the money in Fund shall be returned to facilities on the same basis as the assessments were assessed.

Sec. 29. A facility aggrieved by an action of the department under the Act may file a petition for hearing with the director of the Division of Medicaid and Long-Term Care of the department. The hearing shall be conducted pursuant to the Administrative Procedure Act and rules and regulations of the department.

Sec. 30. The department may adopt and promulgate rules and regulations to carry out the Nursing Facility Quality Assurance Assessment Act.

Sec. 31. This act becomes operative on July 1, 2011.

Sec. 32. Since an emergency exists, this act takes effect when passed and approved according to law.

57. **LB 601** (Campbell) Change provisions relating to child care reimbursement *Held in Committee*

LB 601 states the Legislature finds and declares that:

- Nebraska subsidizes the early environment of children with publicly funded day care;
- High quality child care can close the gap for a child at risk for failure in school;
- There is currently no standard for quality; and
- The state is subsidizing with remediation in kindergarten through twelve years when students are not performing at grade level.

It is the intent of the Legislature, and the public policy of the state, to infuse a child development standard of accountability into publicly funded child care; and to purchase the level of care found to reduce the achievement gap for children at risk of failing in school by utilizing qualified licensed child care providers.

The bill changes the provisions relating to child care reimbursement every odd numbered year under the market rate survey by:

- Adjusting the reimbursement rate for child care from not less than the sixtieth percentile to the fiftieth percentile;
- Setting a rate for qualified licensed child care providers to be not less than the sixtieth percentile and not to exceed the seventy fifth percentile.

LB 601 adds to the requirements for qualified licensed child care providers under the Child Care Licensing Act of obtaining a minimum of twenty four clock hours of in-service training, of which twelve hours are in person training, in the preceding twelve months on or before December 31, 2012, or within twelve months after becoming licensed, whichever is later.

58. **LB 602** (Campbell) Require the Department of Health and Human Services to apply for Medicaid amendments, options and waivers. *Held in Committee*

LB 602 provides that the department shall apply for, and use to the maximum extent possible, any and all amendments, options, and waivers available to Nebraska under the medical assistance program to ensure that Nebraska reduces and maximizes expenditures from the GF.

The bill requires, if the department is required to choose between, or among amendments, options or waivers, the department apply for the one that is projected to result in the greatest number of persons becoming eligible for benefits under the program, the greatest amount of federal funds coming to the state, or both.

59. **LB 607** (Avery) Provide duties for the Department of Health and Human Services and the Tax Commissioner regarding Kids Connection *Held in Committee*

LB 607 requires the Department of Revenue and the Department of Health and Human Services to enter into a joint effort to identify uninsured children who qualify for Medicaid and the state children's medical assistance program and enroll the uninsured children in Kids Connection.

The bill provides that the Department of Health and Human Services enter into an interagency agree with the Department of Revenue; maintain confidentiality of all information regarding eligibility; prepare and submit a report of recommendation to the Committees on Health and Human Services and Revenue not later than December 31, 2011.

The bill, also, requires the chief executive officer of the Department of Health and Human Services, or his or her designee, and the Tax Commissioner, or his or her designee, to prepare and develop model language proposals under the interagency agreement. The proposal will utilize income tax return information, including earned income tax credit information, for the purpose of eligibility determination of children for Medicaid and the state children's medical assistance program. Proposed model language shall include revisions of the Nebraska income tax form to include:

- Questions asking taxpayers to indicate whether any dependent children have health insurance;
- Questions asking taxpayers to indicate whether dependent children have health insurance at the time of filing
- Questions asking taxpayers to indicate whether dependent children are under nineteen years of age at the time of filing;
- Consent and disclosure provisions, or procedures to provide prior disclosure, and reasonable opportunity for the taxpayer to decline;
- Notice that taxpayers shall not be penalized for failure to provide information, or failure to provide accurate information; and
- Any further written instructions to taxpayers necessary to carry out this section.

60. **LB 630** (McGill) Adopts the Applied Behavior Analysis Practice Act *Held in Committee*

LB 630 adopts the Applied Behavior Analysis Practice Act to license behavior analysis practitioners and behavior analysts. Under the bill the scope of practice of applied behavior analysis includes:

- Conducting systematic behavioral assessments to develop behavior intervention plans to establish and shape new responses, increase appropriate responses and reduce inappropriate responses;

- The design, implementation, evaluation, and modification of treatment programs to change the behavior of individuals or groups; and

- Consult with individuals and organization regarding behavioral issues and problems.

The bill includes definitions, specifies what is not the practice of applied behavior analysis, and outlines to whom this section does not apply.

A behavior analyst shall possess a doctoral degree from a program in applied behavior analysis that meets accreditation standards, educational components, supervised professional experiences and examination as outlined in the bill.

A behavior analysis practitioner shall possess a master's degree from a program in applied behavior analysis that meets accreditation standards, educational components, internship, and examination as outlined in the bill.

The department, with the recommendation of the Board of Psychology, may issue a license based on licensure in another jurisdiction to practice as a behavior analyst or behavior analysis practitioner. A provisional license to practice applied behavior analysis may be provided to a person who needs to obtain the required supervised postdoctoral experience in applied behavior analysis as specified in the bill.

LB 630 provides for the process for rules, regulations, discipline, enforcement of license, code of conduct, and consequences for violation of the act. The bill requires a state agency or third party payor regulated by the state shall not exclude licensed psychologists from payments for authorized or mandated applied behavior analysis services provided within their scope of practice.

**61. LB 646** (Christensen) Redefine emergency medical service *Held in Committee*

LB 646 changes the definition of emergency medical service from "immediate medical care" to "medical care".

**62. LB 650** (Christensen) Provide for a statement of rights and responsibilities for foster parents *Held in Committee*

LB 650 provides the department shall develop a statement outlining the rights and responsibilities of foster parents in a foster family home, group home, child-caring agency, or an agency foster family home and of the department or a child-placing agency, as applicable. A written copy of such statement shall be provided to all foster parents by the department or child-placing agency.

**63. LB 651** (Christensen) Authorize a program audit and survey of the foster care system *Held in Committee*

LB 651 requires the State Foster Care Review Board to bid out a program audit and survey regarding foster care placements to a third party firm under the Foster Care Review Act. The firm conducting the audit will not have other contracts for child welfare services with the Department of Health and Human Service. The audit will be completed by the same firm annually for five years beginning with the fiscal years 2011-12. The first performance audit report will be due July 1, 2012 and every July 1 thereafter until 2016.

The State Foster Care Review Board will oversee the program audit in this section. The program audit will be paid by the Department of Health and Human Services. Each year the program audit shall include a random sampling of eight hundred foster care placements and all foster care placements that have been in foster care for over three years. The program audit shall

provide information on compliance with statutes, rules and regulations regarding foster care and foster care placement.

Additionally, the same firm shall conduct a survey of foster parents (current and those who have left foster parenting the previous three years), state caseworkers, contracted case workers, guardian ad litem, and CASA volunteers regarding experiences with the foster care system to confirm and identify issues and problems within the foster care system and other information useful to analyze and improve foster care.

**64. LB 662** (Cook) Provide for a demonstration project regarding bundling payments under the Medicaid Assistance Act *Held in Committee*

LB 662 requires the department to develop a voluntary demonstration program for a bundle payment model utilizing primary care physicians providing a medical home beginning January 1, 2010 through January 1, 2017. The bill establishes that the department shall consult with public health clinics that use a medical home model for consideration of innovative methods of implementing bundled payment methods in public health clinics. Additionally, in counties where managed care is utilized the department, no later than January 1, 2012, shall apply for a waiver and an amendment to the state plan to accommodate a demonstration program proposed by a provider in that service area.

The payment bundling under the demonstration program shall:

- Be comprehensive regarding services;
- Be paid to the entity participating in the demonstration program and
- Require the entity direct the payment for the services.

The entity selected for the demonstration project will provide data to the department for each year of participation. The department will report to the Legislature by January 1, 2017 with a recommendation regarding expansion of the project, and the reduction in expenditures and delivery of quality health care services. The department will determine whether the program has been a success based on comparing average per patient savings and if ER utilization reductions occurred. The department may expand the program for payment bundling if the program reduces the cost to Medicaid and improves the quality of health care services.

**65. LB 663** (Nordquist) Provide for a categorical eligibility policy relating to the Supplemental Nutrition Assistance Program *General File; provisions included in LB 543 as enacted; LB 663 Indefinitely Postponed*

LB 663 requires the department to create a TANF funded program to eliminate the asset test for eligibility for benefits for SNAP on or before October 1, 2011. The TANF program will establish categorical eligibility pursuant to SNAP to maximize the number of Nebraska residents being served under the program, in a manner that does not increase the current gross income eligibility limit.

The bill states this subsection will become effective only if the department receives federal funds to participate in the implementation of the program.

**66. LB 686** (Schilz) Provide an exception from the Veterinary Medicine and Surgery Practice Act for transplantation of bovine embryos *Held in Committee*

LB 686 provides an exception from the Veterinary Medicine and Surgery Practice Act for transplantation of embryos on bovine, including recovering, freezing and transferring

embryos on bovine, if the procedure is being performed by a person who holds a master's degree with an emphasis in reproductive physiology from an accredited college or university.

67. **LB 687** (Schilz) Provide for issuance of a veterinarian locum tenens *Enacted*

LB 687 provides for the issuance of a veterinarian locum tenens in Nebraska. Locum tenens is a person who temporarily fulfills the duties of another. The bill allows the department, with recommendation of the board, to issue a veterinarian locum tenens to an individual who holds an active license to practice veterinary medicine and surgery in another state, with equal requirements regarding education and examination as Nebraska. A veterinarian locum tenens shall be issued for a period not to exceed ninety days in any twelve month period.

68. **LB 696** (Nordquist) Change provisions relating to children's medical assistance *Held in Committee*

LB 696 requires the Department of Health and Human Services to apply for and utilize any and all options allowed under Title XIX and Title XXI to simplify enrollment and redetermination of eligibility for children's medical assistance. The bill directs the department to implement a process of administrative determinations, or ex parte reviews, for redetermination of eligibility for children's medical assistance as required to qualify for federal bonus payments under federal law.

LB 696 changes from 6 months to 12 months the timeframe children shall remain eligible from the date of initial eligibility prior to redetermination. Also, the bill changes from monthly to annually when the department may review eligibility after the date of redetermination. Finally, the bill allows the department to conduct limited reviews based on significant changes in the family circumstances as reported by the family or as a result of information received from another source after the initial twelve consecutive months of eligibility and between annual reviews.

69. **LR 21** (Janssen) Provide the Legislature reject the Affordable Care Act and call for repeal of the act by Congress *Held in Committee*

Legislative Resolution 21 provides that:

- The Legislature reject the Affordable Care Act and call for the repeal of the Affordable Care Act by Congress.
- It is the opinion of the Legislature that all individuals have the right to make decisions about their health care and no law should restrict a person's freedom of choice of private health care systems or private plans.
- It is an individual and entity's right to pay directly for medical services without a fine or penalty for choosing to obtain or decline health care coverage or for participation in any particular health care system or plan.

70. **LR 23** (Smith) Recognize pregnancy care centers for their unique and positive contributions. *Held in Committee*

The Legislative Resolution recognizes the services of pregnancy care centers for the care given to women, men, children and the communities including resources to meet the challenges of pregnancy, pregnancy tests, peer counseling, hotlines, child birth and parenting classes, information on adoption, support for childbirth, prenatal information and abstinence education to prevent unplanned pregnancies. LR 23 resolves to recognize pregnancy care centers for their

contributions and commends the compassionate work of the volunteers and paid staff in Nebraska and across the U.S.

71. **LR 37** (Health and Human Services Committee) Provide the Health and Human Services Committee be designated to review, investigate, and assess the effect of the child welfare reform initiative implemented by the Department of Health and Human Services. *Enacted*

To summarize:

- In July 2009 the department selected six private agencies as lead agencies to implement child welfare reform, recently entitled Families Matter.

- The child welfare reform increased the responsibilities of these private agencies to provide services to children and families.

- The private agencies were subject to a risk-based rather than fee for service reimbursement.

- On October 15, 2010 the department announced the remaining agencies would receive greater case management responsibilities.

- The result of the case management transfer is the reduction of department staff that provides critical case management services and a last safety net if private agencies stop providing services in the future.

- By November 1, 2010 three agencies had ended the contracts with the state citing loss of significant funds and only two lead agencies remain.

- The HHS Committee interim study hearings on LR 568 revealed additional serious concerns about the long term planning and sustainability of the child welfare reform. These included lack of documentation in records; failure to pay foster care parents and service providers; confusion regarding work responsibilities; a lack of training and quality of care to ensure the safety and protection of Nebraska's children.

- The Legislative Resolution resolves that the Health and Human Services Committee:

- Review, investigate and assess the effect of the child welfare reform initiative.

- Consult with a broad array of public and private stakeholders.

- Utilize existing and past studies, reports and information relating to the effort to improve the child welfare system.

- Hold public hearing on the implementation of child welfare reform utilizing the authority provided by section 50-406 and the rules of the Nebraska Unicameral Legislature.

- Consider issues surrounding the implementation of the child welfare reform including, but not limited to the goals, outcome measures, coordination, and long-term planning; effectiveness of public-private partnership to provide services; number of children attaining permanency through adoption; accountability, funding, and financial sustainability; fulfillment of the federal Child and Family Service Review outcomes and indicators; and the option of requesting the Legislative Performance Audit Committee and the Auditor of Public Accounts to conduct a joint performance and fiscal audit or separate audits of child welfare reforms.



**Nebraska Legislature  
Health and Human Services Committee  
2011 Bills by Subject Matter**

**Behavioral Health**

1. **630** (McGill) Adopts the Applied Behavior Analysis Practice Act

**Child Welfare**

1. **92** (Howard) Change caseload provisions for public child service caseworkers
2. **95** (Howard) Require accreditation for lead agencies contracting with the Department of Health and Human Services
3. **177** (Campbell) Change foster care provisions relating to “Fostering Connections”
4. **199** (Dubas) Require adequate financial support for foster parents to support foster children
5. **433** (Campbell) Provide requirements for contacts for child welfare services between private agencies and the Department of Health and Human Services.
6. **601** (Campbell) Change provisions relating to child care reimbursement
7. **650** (Christensen) Provide for a statement of rights and responsibilities for foster parents
8. **651** (Christensen) Authorize a program audit and survey of the foster care system
9. **LR 37** (Health and Human Services Committee) Provide the Health and Human Services Committee be designated to review, investigate, and assess the effect of the child welfare reform initiative implemented by the Department of Health and Human Services.

**Children**

1. **125** (Avery) Create the Children’s Health Advisory Committee
2. **260** (Lathrop) Adopt the Concussion Awareness Act
3. **599** (Campbell) Provide coverage for certain children as prescribed pursuant to the Medical Assistance Act
4. **601** (Campbell) Change provisions relating to child care reimbursement

**CHIP**

1. **599** (Campbell) Provide coverage for certain children as prescribed pursuant to the Medical Assistance Act
2. **607** (Avery) Provide duties for the Department of Health and Human Services and the Tax Commissioner regarding Kids Connection

**Developmental Disabilities**

1. **166** (Coash) Change the Developmental Disabilities Services Act to authorize private pre-employment screening services to conduct criminal background checks

**Disabilities (Other)**

1. **39** (Haar) Change licensure provisions for interpreters for deaf and hard of hearing persons

## **Fees, Revenue, Taxes**

1. **265** (Coash) Change Department of Health and Humans Services petty cash fund provisions
2. **413** (Conrad) Authorize use of the Affordable Housing Trust Fund for programs benefiting homeless youth
3. **600** (Campbell) Adopt the Nursing Facility Quality Assurance Assessment Act
4. **607** (Avery) Provide duties for the Department of Health and Human Services and the Tax Commissioner regarding Kids Connection

## **Health Care Workforce**

1. **68** (Fulton) Permit certified nurse midwives to have clinical privileges
2. **316** (Heidemann) Change provisions relating to the practice of optometry
3. **330** (Cook) Change requirements for dental hygienists in public health-related settings
4. **406** (Cook) Provide for reentry license under the Medicine and Surgery Practice Act
5. **630** (McGill) Adopts the Applied Behavior Analysis Practice Act

## **Health Insurance**

1. **219** (McCoy) Adopts the Health Care Freedom Act.
2. **LR 21** (Janssen) Provide the Legislature reject the Affordable Care Act and call for repeal of the act by Congress

## **Hospitals**

1. **431** (Hadley) Adopt the Health Care Quality Improvement Act
2. **542** (Howard) Require hospitals to offer and mandate employee influenza vaccinations.

## **Medical Assistance/Medicaid**

1. **267** (Howard) Require application for a waiver to limit the types of beverages which may be purchased with Supplemental Nutrition Assistance Program benefits
2. **456** (Health and Human Services Committee) Change provisions relating to health and human services.
3. **466** (Gloor) Change provisions relating to a preferred drug list under the Medicaid Assistance Act
4. **467** (Campbell) Change eligibility provisions relating to the medical assistance program
5. **468** (Campbell) change reporting provisions relating to the medical assistance program.
6. **494** (Nordquist) Requires timely review of Medicaid eligibility
7. **525** (Lathrop) Provide for a Medicaid plan amendment or waiver and transfer of funds relating to the Nebraska Regional Poison Center
8. **539** (HHS Committee) Require a Medicaid state plan amendment or waiver relating to adult emergency room visits.
9. **540** (Health and Human Services Committee) Require a Medicaid waiver relating to family planning services
10. **541** (Health and Human Services Committee) Provide for third-party contracts to promote Medicaid integrity and cost containment
11. **599** (Campbell) Provide coverage for certain children as prescribed pursuant to the Medical Assistance Act

12. **602** (Campbell) Require the Department of Health and Human Services to apply for Medicaid amendments, options and waivers.
13. **607** (Avery) Provide duties for the Department of Health and Human Services and the Tax Commissioner regarding Kids Connection
14. **662** (Cook) Provide for a demonstration project regarding bundling payments under the Medicaid Assistance
15. **696** (Nordquist) Change provisions relating to children's medicinal assistance

### **Miscellaneous**

1. **180** (Fischer) Provide for gubernatorial appointment of the Board of Veterinary
2. **260** (Lathrop) Adopt the Concussion Awareness Act
3. **290** (Pankonin) Change health care information required to be given to a patient upon request.
4. **413** (Conrad) Authorize use of the Affordable Housing Trust Fund for programs benefiting homeless youth
5. **431** (Hadley) Adopt the Health Care Quality Improvement Act
6. **456** (Health and Human Services Committee) Change provisions relating to health and human services.
7. **651** (Christensen) Authorize a program audit and survey of the foster care system
8. **LR 23** (Smith) Recognize pregnancy care centers for their unique and positive contributions

### **Pharmacy**

1. **79** (Krist) Change pharmacy provisions
2. **274** (Gloor) Change provisions relating to the return of dispensed drugs and devices

### **Prescription Drugs**

1. **237** (Howard) Provide for creation of a prescription drug monitoring program
2. **274** (Gloor) Change provisions relating to the return of dispensed drugs and devices
3. **466** (Gloor) Change provisions relating to a preferred drug list under the Medicaid Assistance Act
4. **574** (Price) Adopt the Electronic Prescription Transmission Act

### **Public Assistance**

1. **221** (Janssen) Provide for drug screening of public assistance applicants and recipients.
2. **465** (Campbell) Eliminate provisions relating to eligibility of non-United States citizens for public assistance.
3. **507** (Harms) Change Welfare Reform Act Requirements relating to education for recipients of assistance
4. **543** (Cook) Provide for a state outreach plan relating to the Supplemental Nutrition Assistance Program
5. **663** (Nordquist) Provide for a categorical eligibility policy relating to the Supplemental Nutrition Assistance Program

## **Public Health**

1. **36** (Harms) Provide for a vote regarding adding fluoride to the drinking water supply.
2. **125** (Avery) Create the Children’s Health Advisory Committee
3. **180** (Fischer) Provide for gubernatorial appointment of the Board of Veterinary
4. **267** (Howard) Require application for a waiver to limit the types of beverages which may be purchased with Supplemental Nutrition Assistance Program benefits
5. **304** (McGill) Provide for treatment of sexually transmitted disease as prescribed
6. **330** (Cook) Change requirements for dental hygienists in public health-related settings.
7. **456** (Health and Human Services Committee) Change provisions relating to health and human services.
8. **591** (Gloor) Provide for a syndromic surveillance program and change immunization information exchange provisions

## **Regulation and Licensure**

1. **34** (Louden) Exempt convents from the Health Care Facility Licensure Act
2. **36** (Harms) Provide for a vote regarding adding fluoride to the drinking water supply.
3. **39** (Haar) Change licensure provisions for interpreters for deaf and hard of hearing persons
4. **45** (Fulton) Change the Engineers and Architects Regulation Act.
5. **46** (Fulton) Define the term “Barber pole” for purposes of the Barber Act.
6. **51** (Krist) Require health clinics to have patient transfer agreements.
7. **68** (Fulton) Permit certified nurse midwives to have clinical privileges
8. **111** (Gloor) Change membership on mental health boards.
9. **140** (Lautenbaugh) Change provisions relating to criminal background checks required for health and human services transportation services.
10. **144** (Haar) Require mobile home parks to have shelter and evacuation plans
11. **166** (Coash) Change the Developmental Disabilities Services Act to authorize private pre-employment screening services to conduct criminal background checks
12. **179** (Krist) Change pharmacy provisions
13. **222** (Gloor) Change scope of practice considerations under the Nebraska Regulation of Health Professions
14. **225** (Campbell) Change provisions relating to issuance of credentials under the Uniform Credentialing Act
15. **260** (Lathrop) Adopt the Concussion Awareness Act
16. **316** (Heidemann) Change provisions relating to the practice of optometry
17. **330** (Cook) Change requirements for dental hygienists in public health-related settings.
18. **401** (Howard) Require assisted-living facilities to provide written information to applicants for admission
19. **406** (Cook) Provide for reentry license under the Medicine and Surgery Practice Act
20. **433** (Campbell) Provide requirements for contacts for child welfare services between private agencies and the Department of Health and Human Services.
21. **481** (Krist) Provide exemption from medical radiography licensure for auxiliary personnel and cardiovascular technologists
22. **534** (Smith) Adopt the Phototherapy Practice Act

23. **557** (Dubas) Provide requirements regarding health care facilities employing surgical technologists
24. **630** (McGill) Adopts the Applied Behavior Analysis Practice Act
25. **646** (Christensen) Redefine emergency medical service
26. **650** (Christensen) Provide for a statement of rights and responsibilities for foster parents
27. **686** (Schilz) Provide an exception from the Veterinary Medicine and Surgery Practice Act for transplantation of bovine embryos
28. **687** (Schilz) Provide for issuance of a veterinarian locum tenens

### **Schools**

1. **125** (Avery) Create the Children's Health Advisory Committee
2. **260** (Lathrop) Adopt the Concussion Awareness Act

**Nebraska Legislature**  
**Health and Human Services Committee**  
**2011 Bills**  
**Disposition Summary**

**Held in Committee (36)**

1. **39** (Haar) Change licensure provisions for interpreters for deaf and hard of hearing persons
2. **92** (Howard) Change caseload provisions for public child service caseworkers
3. **125** (Avery) Create the Children's Health Advisory Committee.
4. **140** (Lautenbaugh) Change provisions relating to criminal background checks required for health and human services transportation services.
5. **144** (Haar) Require mobile home parks to have shelter and evacuation plans
6. **166** (Coash) Change the Developmental Disabilities Services Act to authorize private pre-employment screening services to conduct criminal background checks
7. **180** (Fischer) Provide for gubernatorial appointment of the Board of Veterinary Medicine and Surgery.
8. **199** (Dubas) Require adequate financial support for foster parents to support foster children
9. **219** (McCoy) Adopts the Health Care Freedom Act
10. **221 (Janssen)** Provide for drug screening of public assistance applicants and recipients
11. **222** (Gloor) Change scope of practice considerations under the Nebraska Regulation of Health Professions. Act
12. **267** (Howard) Require application for a waiver to limit the types of beverages which may be purchased with Supplemental Nutrition Assistance Program benefits.
13. **290** (Pankonin) Change health care information required to be given to a patient upon request
14. **316** (Heidemann) Change provisions relating to the practice of optometry
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17. **466** (Gloor) Change provisions relating to a preferred drug list under the Medicaid Assistance Act.
18. **467** (Campbell) Change eligibility provisions relating to the medical assistance program
19. **481** (Krist) Provide exemption from medical radiography licensure for auxiliary personnel and cardiovascular technologists
20. **539** (HHS Committee) Require a Medicaid state plan amendment or waiver relating to adult emergency room visits.
21. **540** (Health and Human Services Committee) Require a Medicaid waiver relating to family planning services.
22. **557** (Dubas) Provide requirements regarding health care facilities employing surgical technologists
23. **574** (Price) Adopt the Electronic Prescription Transmission Act
24. **599** (Campbell) Provide coverage for certain children as prescribed pursuant to the Medical Assistance Act
25. **601** (Campbell) Change provisions relating to child care reimbursement

26. **602** (Campbell) Require the Department of Health and Human Services to apply for Medicaid amendments, options and waivers.
27. **607** (Avery) Provide duties for the Department of Health and Human Services and the Tax Commissioner regarding Kids Connection
28. **630** (McGill) Adopts the Applied Behavior Analysis Practice Act
29. **646** (Christensen) Redefine emergency medical service
30. **650** (Christensen) Provide for a statement of rights and responsibilities for foster parents
31. **651** (Christensen) Authorize a program audit and survey of the foster care system
32. **662** (Cook) Provide for a demonstration project regarding bundling payments under the Medicaid Assistance Act
33. **686** (Schilz) Provide an exception from the Veterinary Medicine and Surgery Practice Act for transplantation of bovine embryos
34. **696** (Nordquist) Change provisions relating to children's medical
35. **LR 21** (Janssen) Provide the Legislature reject the Affordable Care Act and call for repeal of the act by Congress
36. **LR 23** (Smith) Recognize pregnancy care centers for their unique and positive contributions.

#### **General File (4)**

1. **51** (Krist) Require health clinics to have patient transfer agreements.
2. **304** (McGill) Provide for treatment of sexually transmitted disease as prescribed.
3. **456** (Health and Human Services Committee) Change provisions relating to health and human services.
4. **507** (Harms) Change Welfare Reform Act Requirements relating to education for recipients of assistance.

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

1. **663** (Nordquist) Provide for a categorical eligibility policy relating to the Supplemental Nutrition Assistance Program *Portions amended into LB 543, IPP*

#### **Select File (1)**

1. **95** (Howard) Require accreditation for lead agencies contracting with the Department of Health and Human Services

#### **Final Reading (1)**

1. **541** (Health and Human Services Committee) Provide for third-party contracts to promote Medicaid integrity and cost containment

#### **Enacted (27)**

1. **34** (Louden) Exempt convents from the Health Care Facility Licensure Act
2. **36** (Harms) Provide for a vote regarding adding fluoride to the drinking water supply.
3. **45** (Fulton) Change the Engineers and Architects Regulation Act.
4. **46** (Fulton) Define the term "Barber pole" for purposes of the Barber Act.
5. **68** (Fulton) Permit certified nurse midwives to have clinical privileges
6. **111** (Gloor) Change membership on mental health boards.
7. **177** (Campbell) Change foster care provisions relating to "Fostering Connections"
8. **179** (Krist) Change pharmacy provisions.

9. **225** (Campbell) Change provisions relating to issuance of credentials under the Uniform Credentialing Act
10. **237** (Howard) Provide for creation of a prescription drug monitoring program
11. **260** (Lathrop) Adopt the Concussion Awareness Act
12. **265** (Coash) Change Department of Health and Humans Services petty cash fund provisions
13. **274** (Gloor) Change provisions relating to the return of dispensed drugs and devices
14. **401** (Howard) Require assisted-living facilities to provide written information to applicants for admission
15. **406** (Cook) Provide for reentry license under the Medicine and Surgery Practice Act
16. **413** (Conrad) Authorize use of the Affordable Housing Trust Fund for programs benefiting homeless youth.
17. **431** (Hadley) Adopt the Health Care Quality Improvement Act
18. **465** (Campbell) Eliminate provisions relating to eligibility of non-United States citizens for public assistance.
19. **468** (Campbell) change reporting provisions relating to the medical assistance program
20. **494** (Nordquist) Requires timely review of Medicaid eligibility
21. **525** (Lathrop) Provide for a Medicaid plan amendment or waiver and transfer of funds relating to the Nebraska Regional Poison Center
22. **542** (Howard) Require hospitals to offer and mandate employee influenza vaccinations
23. **543** (Cook) Provide for a state outreach plan relating to the Supplemental Nutrition Assistance Program.
24. **591** (Gloor) Provide for a syndromic surveillance program and change immunization information exchange provisions.
25. **600** (Campbell) Adopt the Nursing Facility Quality Assurance Assessment
26. **687** (Schilz) Provide for issuance of a veterinarian locum tenens
27. **LR 37** (Health and Human Services Committee) Provide the Health and Human Services Committee be designated to review, investigate, and assess the effect of the child welfare reform initiative implemented by the Department of Health and Human Services

**Indefinitely Postponed (1)**

1. **34** (Smith) Adopt the Phototherapy Practice Act.
2. **663** (Nordquist) Provide for a categorical eligibility policy relating to the Supplemental Nutrition Assistance Program *Portions amended into LB 543, IPP*

**Withdrawn (1)**

1. **581** (Haar) Change provisions regarding certified nurse midwives



**Nebraska Legislature  
Health and Human Services Committee  
Interim Study Resolutions  
Priority Order**

Priority	LR	Introducer	One-liner
1	LR 037	HHS Com	Provide the Health and Human Services Committee be designated to review, investigate, and assess the effect of the child welfare reform initiative implemented by the Dept. of Health and Human Services
2	LR 293	Campbell	Interim study to continue the work of the select committee appointed pursuant to LR 467, 2010, to conduct research regarding the federal Patient Protection and Affordable Care Act
3	LR 282	Campbell	Interim study to provide for review, assessment, and recommendations relating to the implementation of the Nebraska Health Care Funding Act
4	LR 212	Gloor	Interim study to review the operations and usefulness of the Nebraska Regulation of Health Professions Act
5	LR 236	Dubas	Interim study to examine maintenance payments for foster children by the Dept. of Health and Human Services and their subcontracting agencies
6	LR 288	Ashford	Interim study to examine issues relating to standing for foster parents in removal proceedings
7	LR 298	McGill	Interim study to examine the usage of models of collaborative management of multi-agency services provided to children and families in Nebraska and other states
8	LR 305	Mello	Interim study to examine the public benefits and supportive services available to older foster youth transitioning or "aging" out of the foster care system
9	LR 290	Howard	Interim study to examine the procedures of the Dept. of Health and Human Services relating to the evaluation of state wards for fetal alcohol spectrum disorders prior to adoption
10	LR 270	Nordquist	Interim study to examine the current state of health insurance coverage in the State of Nebraska to meet health insurance needs of Nebraskans
11	LR 197	Nordquist	Interim study to examine issues relating to the implementation of an all-payer claims database in Nebraska
12	LR 248	Nordquist	Interim study to examine the accessibility of health care providers for persons on Medicaid
13	LR 281	Cook	Interim study to conduct research and provide recommendations on how Nebraska is currently providing home and community-based health care services to Nebraska seniors
14	LR 202	Nordquist	Interim study to examine public assistance programs with income-based eligibility criteria and the program rules that contribute or detract from asset building and economic stability for participating families

15	LR 306	Conrad	Interim study to assess the effectiveness of the ACCESS Nebraska system in building partnerships with community-based organizations and serving clients via the new system
16	LR 291	Howard	Interim study to evaluate methods of reporting and preventing hospital-acquired infections (HAIs)
17	LR 285	Conrad	Interim study to examine the nursing shortage in Nebraska
18	LR 275	Flood	Interim study to examine Nebraska's behavioral health model concerning transport service of persons who have been placed in emergency protective custody
19	LR 228	Hadley	Interim study to examine the safety of staff members at the Youth Rehabilitation and Treatment Centers at Geneva and Kearney
20	LR 208	McGill	Interim study to determine the best manner in which to license certified applied behavioral analysts
21	LR 246	Avery	Interim study to review an interagency agreement between the Dept. of Health and Human Services and the Dept. of Revenue for the purpose of examining possible tax form revisions for identification of children eligible for the medical assistance program and Medicaid
22	LR 253	Janssen	Interim study to investigate the merits and costs of drug testing recipients and applicants of cash assistance benefits offered under the Welfare Reform Act
23	LR 258	Price	Interim study to examine the availability of technology to provide the electronic request and approval of prior authorization requests for medical and pharmacy interventions