

Nebraska Unicameral
One Hundred Third Legislature – First Session

Health and Human Services Committee

Summary of Legislation
2013

Senator Kathy Campbell, Chair (Lincoln)
Senator Bob Krist, Vice Chair (Omaha)
Senator Tanya Cook (Omaha)
Senator Sue Crawford (Bellevue)
Senator Mike Gloor (Grand Island)
Senator Sara Howard (Omaha)
Senator Dan Watermeier (Syracuse)

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**2013 INDEX OF LEGISLATION
HEALTH AND HUMAN SERVICES COMMITTEE
WITH END-OF-SESSION STATUS**

Hrg Date	LB-LR Gub Appt	Introducer	Priority	One-liner	Held in Com	IPP'd by HHS Com	Gen File	GF/Com Am	IPP'd on Floor	Signed by Gov	Summary Page #
1/23/13	007	Krist		Change and eliminate provisions relating to signatures and seals under the Engineers and Architects Regulation Act						3/7/13	6
2/20/13	008	Krist		Provide for coverage of children's day services under medicaid and social services.	X						6
1/23/13	013	Krist		Require radon resistant construction and radon mitigation statements for residential construction and create a building codes task force.				GFw/Am			6
1/24/13	023	Hadley	Hadley	Change allocations of the ICF/MR Reimbursement Protection Fund						6/4/13	7
1/25/13	042	Cook		Change credentialing requirements for administrators of facilities for persons with head injuries.						5/7/13	8
1/25/13	054	Wightman		Change display of credential and advertisement provisions under the Uniform Credentialing Act	X						9
2/22/13	076	Nordquist		Adopt the Health Care Transparency Act			GF				10
2/7/13	105	Lathrop		Require child care licensees to obtain liability insurance						4/3/13	11
1/25/13	132	Nordquist		Adopt the Skin Cancer Prevention Act	X						11
1/23/13	139	Krist		Change vital statistics information relating to annulment and dissolution of marriage	X						11
1/24/13	156	Watermeier		Eliminate a report made to the Department of Health and Human Services by counties utilizing a community service program						3/7/13	12
1/31/13	216	McGill	HHS Com	Adopt the Young Adult Voluntary Services and Support Act						6/4/13	12
2/20/13	220	Avery		Change children's eligibility provisions relating to the Medical Assistance Act	X						13
1/24/13	225	Smith		Adopt the Newborn Critical Congenital Heart Disease Screening Act						6/3/13	13

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3/6/13	231	Nelson	Nelson	Establish a uniform reimbursement rate for adult day services					IPP'D AM656 to LB 195		14
3/15/13	236	Howard		Appropriate funds to Department of Labor to establish an individual development accounts pilot project	X						14
3/14/13	240	Harms	Harms	Change work activity requirements for self-sufficiency contracts under the Welfare Reform Act						5/8/13	15
2/6/13	243	Howard		Redefine nurse practitioner practice						5/7/13	15
2/1/13	245	Nordquist		Change preferred drug list provisions under the Medical Assistance Act	X						15
2/14/13	260	Gloor		Change requirements for a data and information system under the Nebraska Behavioral Health Services Act			GF				15
3/6/13	261	Gloor		Adopt the Medicaid Insurance for Workers with Disabilities Act	X						16
1/31/13	265	Coash	Speaker	Change foster care licensure and kinship home and relative home provisions						5/25/13	17
1/31/13	269	Campbell	HHS Com	Change provisions relating to children and families						6/4/13	18
2/7/13	270	Campbell		Provide for a medicaid state plan amendment relating to services for children with serious emotional disturbance	X						21
3/14/13	276	Nordquist	Kolowski	Change reimbursement provisions under the Early Intervention Act and require a medicaid state plan amendment	X						21
3/14/13	309	Bolz		Adopt the Department of Health and Human Services Delivery Improvement and Efficiency Act	X						21
2/6/13	315	Christensen		Redefine massage therapy and change licensure requirements	X						22
2/1/13	326	Howard	Speaker	Change provisions of Pharmacy Practice Act and Automated Medication Systems Act						6/4/13	23
3/14/13	330	Howard		Change eligibility provisions relating to the Supplemental Nutrition Assistance Program	X						24

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3/6/13	338	Gloor		Prohibit certain practices by health care professionals and health care facilities		IPP'd					24
2/20/13	343	Coash		Change terminology related to mental retardation					IPP'd AM 761 to LB 23		25
2/27/13	344	Sullivan		Change moratorium exceptions for long-term care beds						5/7/13	25
2/27/13	347	Gloor		Provide for a moratorium on issuance of licenses under the Health care Facility Licensure Act	X						25
2/13/13	359	Cook		Change eligibility redeterminations relating to a child care subsidy			GF				26
3/1/13	361	Howard		Name the Child and Maternal Death Review Act and change review procedures						5/7/13	26
2/21/13	368	Crawford	Speaker	Create a subsidized employment pilot program within the Department of Health and Human Services						6/4/13	26
3/20/13	395	Conrad		Redefine the term "school-based health center" for purposes of the Medical Assistance Act	X						28
2/8/13	420	McGill		Provide authorization for disposition of human remains based on military documents						5/7/13	28
2/8/13	421	McGill		Provide powers and duties for professional boards regarding credentialing veterans	X						28
2/8/13	422	McGill		Provide duties for credentialing boards and temporary practice permits for military spouses	X						28
3/15/13	427	Howard		Adopt the Carbon Monoxide Safety Act	X						29
3/1/13	428	Haar		Change permitted practice provisions for certified nurse midwives	X						29
2/21/13	430	Crawford		Change asset limitation for the aid to dependent children program, child care subsidy, and the Welfare Reform Act	X						30
2/13/13	443	Cook		Adopt the Children's Residential Facilities and Placing Licensure Act					IPP'd AM 1349 to LB 265		30
3/20/13	452	Conrad		Require a medicaid waiver to provide coverage for family planning services	X						31

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2/22/13	458	Krist		Require general acute hospitals to offer tetanus-diphtheria-pertussis vaccinations as prescribed						5/7/13	31
2/22/13	459	Krist		Require certain health care facilities to offer on-site vaccination services						5/7/13	31
2/1/13	484	Karpisek		Change dental hygienist training and authorized functions						3/20/13	31
2/21/13	487	Wightman	Wightman	Change health care certificate of need provisions						5/8/13	32
2/20/13	507	Campbell	Bolz	Adopt the Step Up to Quality Child Care Act						6/4/13	32
2/21/13	508	Campbell		Change provisions relating to the aid to dependent children program	X						33
3/21/13	518	Janssen		Change certain eligibility provisions of the medical assistance program		IPP'd					33
2/6/13	524	Christensen		Adopt the Pharmacy Audit Integrity Act	X						33
3/21/13	526	Howard		Change optometry licensure and certification to perform minor surgery and use pharmaceutical agents	X						34
3/21/13	527	Howard		Change optometry licensure and certification to use pharmaceutical agents	X						35
3/1/13	528	Howard	Howard	Provide for partner treatment relating to sexually transmitted diseases						4/24/13	35
2/13/13	530	Dubas	Dubas	Add, change, and eliminate provisions relating to foster care reimbursements						6/4/13	36
3/15/13	535	Lathrop		Adopt Prescription Monitoring Program Act and repeal prescription monitoring provisions	X						36
2/7/13	555	Nordquist		Adopt the Preparing Students for Educational Success Act	X						37
2/14/13	556	McGill	McGill	Provide for telehealth services for children, change the medical assistance program, and provide duties for the Department of Health and Human Services						6/4/13	37
2/28/13	577	Campbell	Campbell	Change provisions relating to the medical assistance program			GF				38

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2/28/13	578	Nordquist		Create a fund to provide funding for medicaid services and change distribution of premium tax revenue				GFw /Am			40
	586	Mello		Provide content for rules and regulations relating to child care and preschools	Withdrawn						
2/14/13	605	Pirsch		Provide for Telehealth Behavioral Health Services Program	X						41
2/27/13	625	Conrad	Conrad	Change income eligibility provisions relating to federal child care assistance					IPP'd AM 1173 to LB 507		41
3/7/13	630	Kolowski		Redefine place of employment for Nebraska Clean Indoor Air Act	X						41
3/20/13	LR 22	Campbell		Provide the Health and Human Services Committee and the Banking, Commerce, and Insurance Committee be designated to convene a Partnership Towards Nebraska's Health Care System Transformation						5/31/13	42

**Nebraska Legislature
Health and Human Services Committee
2013 Summary and Status of Bills**

LB 7 (Krist) Change and eliminate provisions relating to signatures and seals under the Engineers and Architects Regulation Act.

(Passed with no amendments; effective date September 6, 2013.)

Legislative Bill 7 eliminates the requirement of a signature and a seal and instead only requires a seal by a licensed architect or professional engineer in each of their technical submissions that are to be filed or issued for public record.

The bill modifies the requirements of the seal so that the contents are consistent regardless of whether the seal is submitted electronically or in writing. It also requires that the seal contain the language "State of Nebraska" and "architect" or "professional engineer." Legislative Bill 7 prohibits the architect or professional from affixing their seal to required technical submissions unless the submissions were prepared by the architect or under his or her direct supervision or by an agent thereof. The requirement that the seal be affixed only if under direct supervision may be exempted if permitted by the Engineers and Architects Regulation Act.

LB 8 (Krist) Include children's day health services in assistance provided under the Medical Assistance Act and the social services program.

(In committee.)

Legislative Bill 8 requires that no later than January 1, 2014, the department must submit a state plan amendment or waiver to the federal Centers for Medicare and Medicaid Services to provide coverage under the medical assistance program for children's day health services for all eligible recipients. Also, prior to January 1, 2014, the department must adopt and promulgate rules and regulations providing for payment under the medical assistance program to licensed children's day health services for all necessary and reasonable costs of providing such services to eligible recipients.

LB 13 (Krist) Require radon-resistant construction as prescribed; to create a task force; to require radon mitigation statements for sales of residential real property as prescribed.

(General File; committee amendment and other amendments pending.)

Under LB 13, the Legislature finds radon is a radioactive element that is part of the radioactive decay chain of naturally occurring uranium in soil. Radon is the leading cause of lung cancer among nonsmokers and the number one risk in homes according to the Harvard School of Public Health, Center for Risk Analysis.

Legislative Bill 13 amends Neb. Rev. Statutes 71-3503 to add definitions for active radon mitigation systems, new residential construction, passive construction pipes, radon, radon contractor, radon-resistant construction, residential building codes, and residential building contractor. Moreover, the statute is amended to give DHHS primary responsibility over the coordination, oversight, and implementation of all state functions concerning radon. The Department of Environmental Quality and other state agencies will need to consult with DHHS as necessary to fulfill the new radon requirements. Legislative Bill 13 provides that DHHS may promulgate rules and regulations for the purposes of the Act.

Legislative Bill 13 further amends 71-3503 that beginning January 1, 2014, any new residential construction in Nebraska shall be radon-resistant. Moreover, a county, city, or village is free to provide for its own administration and enforcement of radon-resistant construction, although all enacted regulations must be at least as stringent as those implemented by DHHS.

Legislative Bill 13 creates a Radon-Resistant Building Codes Task Force responsible for

making recommendations to the Governor and DHHS concerning the adoption and promulgation of rules and regulations

Committee Amendment (Pending)

The committee amendment states that a county, city or village that has adopted any ordinance or resolutions regulating radon-resistant construction shall provide for its administration and enforcement. The committee amendment adds that any such ordinance or resolution, by no later than January 1, 2016, shall be at least as stringent as the rules and regulations for radon-resistant construction adopted by the Department of Health and Human Services.

Additionally, in response to input from the Department of Health and Human Services Division of Public Health, the amendment makes several technical changes to the bill. The amendment clarifies that the United States Environmental Protection Agency, rather than the Nebraska Department of Health and Human Services, has identified radon emission in Nebraska as the third highest in the United States because of the high concentration of uranium in the soil. Definitions regarding radon measurement specialist, radon mitigation specialist, and radon-resistant construction are added to the bill. The date by which new construction in Nebraska shall be required to include radon-resistant construction is extended from January 1, 2014, to January 1, 2015. Also, the amendment adds inspection and enforcement to the department's responsibilities for coordination, oversight, and implementation regarding radon.

Finally, the amendment includes a professional engineer in the professions with representatives on the Radon-Resistant Building Codes Task Force.

LB 23 (Hadley) Relating to the ICF/DD reimbursement Protection Act.

(Passed with committee amendments and other amendments, including the incorporation of LB 343; effective date September 6, 2013.)

Legislative Bill 23 modifies the definition of "net revenue" to mean the revenue "including, but not limited to, state appropriations."

The bill deletes sections of the law pertaining to fiscal year (FY) 2004-05 and adds that for fiscal years 2011-12 and 2012-13, proceeds from the tax imposed on intermediate care facilities for persons with developmental disabilities under Neb. Rev. Stat. 68-1803 should be remitted as credit to the ICF/DD Reimbursement Protection Fund.

Finally, LB 23 requires that for FY 2013-14 and each fiscal year thereafter, funds should be remitted as follows: (a) \$55,000 for the administration of the fund; (b) the amount needed to reimburse the cost of the tax to intermediate care facilities for persons with developmental disabilities; (c) \$1 million or a lesser amount to non-state-operated intermediate care facilities for persons with developmental disabilities (in addition to the \$1 million is any appropriations percentage increase provided to NGO facilities that receive Medicare or Medicaid services); (d) \$312,000 for community-based services for persons with developmental disabilities; and (e) the remainder of the proceeds to the General Fund.

Committee Amendment (Adopted)

The committee amendment replaces the bill.

The amendment removes sections of the law pertaining to fiscal year (FY) 2004-05 and adds that beginning July 1, 2014, the department shall use the ICF/DD Reimbursement Protection Fund, including the matching federal financial participation, for enhancing rates paid under Medicaid to ICF/DD and for annual contribution to community-based programs for persons with developmental disabilities.

The amendment requires that for FY 2014-15, and each fiscal year thereafter, funds should be remitted from the ICF/DD Reimbursement Protection Fund as follows: (a) \$55,000 for the administration of the fund (same as in current law); (b) the amount needed to reimburse the cost of the tax to intermediate care facilities for persons with developmental disabilities (remains as in

current law); (c) \$312,000 for community-based services for persons with developmental disabilities (same as currently provided); (d) the amendment changes from the specified \$600,000 to ICF/DD to the remaining proceeds of the tax amount available in the fund to enhance rates in non-state-operated ICF/DD by increasing the annual inflation factor to the extent allowed by such proceeds and any funds appropriated by the Legislature; and (e) the amendment removes the provision that any remaining proceeds be remitted to the General Fund.

Additionally, beginning July 1, 2014, the amendment allows for the end of the tax if: federal financial participation to match becomes unavailable (any funds remaining shall be returned to the facilities on the same basis as collected); or if money in the ICF/DD Reimbursement Protection Fund is appropriated, transferred, or otherwise expended for any use other than permitted by the Act.

Finally, the amendment reiterates that beginning July 1, 2014, no proceeds from the tax, including the federal match, shall be placed in the General Fund unless otherwise provided in the ICF/DD reimbursement Protection Act.

Hadley Amendment (*Adopted*)

Add to funds to be remitted from the ICF/DD Reimbursement Protection Fund (d) \$1 million dollars to the General Fund. Also includes that the Division of Medicaid and Long-Term Care of the Department of Health and Human Services shall report electronically, no later than December 1 of each year, to the Health and Human Services Committee of the Legislature and the Revenue Committee of the Legislature the amounts collected from each payer of the tax pursuant to section 68-1803, and the amount of each disbursement from the ICF/DD Reimbursement Protection Fund."

Coash Amendment (*Adopted*)

Incorporates LB 343 into LB 23.

LB 42 (Cook) Provide and eliminate requirements for a credential as an administrator of a facility for persons with head injuries and associated disorders.

(Passed with committee amendment; effective date September 6, 2013.)

Legislative Bill 42 requires each facility within the state that is operated primarily for head injuries and associated disorders from such injuries will be operated by an administrator subject to the provisions of this act.

The bill eliminates subsection (4) from 38-2419, which provides the qualifications applicants must have to be licensed to administer facilities caring primarily for persons with head injuries and associated disorders: two years working with head injury patients, one as an administrator; a psychologist with a masters degree who has specialized training or one year of experience with traumatic head injury; a physician with specialized training or one year of experience; an educator with a masters degree and specialized training or one year of experience; or a social worker or LMPH with three years experience, one of which is specific to this population. Also, a license is issued without examination and without requiring the completion of administrator training or mentoring program.

Legislative Bill 42 changes these current licensing responsibilities and adds new language providing qualifications for being licensed to administer facilities caring primarily for persons with head injuries and associated disorders to having four years of experience, at least two in an administrative capacity, and either: a psychologist with a master's degree; a physician; an educator with at least a masters degree; a certified social worker or LMPH; or a physical therapist, occupational therapist, or speech language pathologist; or eight years of experience working with persons with head injuries or severe physical disabilities, at least five in administrative capacity. The current requirements that a license shall be issued without examination and without the completion of administrator training or mentoring program remains the same.

Committee Amendment (Adopted)

The committee amendment adds a definition for:

- a “facility operated primarily for caring for persons with head injuries and associated disorders”
- as a nursing home in which all or a majority of the persons served have head injuries and associated disorders.

Additionally, the committee amendment clarifies that the license is specific for administration issued under this section:

- to the holder serving as a nursing home administrator
- only in a facility operated primarily for caring for persons with head injuries and associated disorders.

Finally, the committee amendment adds to the alternative qualifications required for an administrator to be licensed under the bill:

- to include an individual with at least four years of experience working with persons with head injuries or severe physical disabilities,
 - at least two of which is spent in an administrative capacity, and
- is currently serving as an administrator of a health care facility and
- a member in good standing with an organization that offers voluntary certification for the purpose of demonstrating managerial knowledge and experience for health care managers.

LB 54 (Wightman) Change provisions relating to display of credentials and advertisement; to provide for disciplinary action.

(Held in committee.)

Legislative Bill 54 adds the definition of “advertisement” to the Uniform Credentialing Act. The proposed definition reads, “advertisement means any communication or statement, whether printed, electronic, or oral, that names a credential holder in relation to his or her practice or profession or the institution in which the individual is employed, volunteers, or otherwise provides health services, health-related services, or environmental services, including signs, announcements, business cards, letterhead, patient brochures, email, Internet, audio, and video and any other communication or statement used in the course of business.”

Additionally, LB 54 amends Neb. Rev. Stat. 38-124 so that any credential holder who has direct patient care interactions for health care services shall identify the type of credential held in any advertisement for services. The advertisement may not include deceptive or misleading information and may not include any affirmative communication or representation that misstates, falsely describes, or falsely represents the skills, training, expertise, education, board certification, or credential of the credential holder. The advertisements of the credential holder must clearly identify the profession or business in which the credential is held.

Moreover, the credential holder in a health care facility must wear a visible and apparent name tag during all patient care interactions that clearly identifies the type of credential held unless wearing the tag would disturb sterilization or isolation protocols. The titles and abbreviations used by the credential holder must be authorized under the practice act applicable to his or her credential. Any credential holder who is a student (i.e. a medical resident) is only required to wear a name tag that clearly identifies the credential holder by name and as a student. Students who do not have direct patient access only need to make their credentials available upon request—unless otherwise required by the appropriate board.

Any credential holder who fails to comply with the amendment’s requirements is guilty of unprofessional conduct and is subject to disciplinary action under the Uniform Credentialing Act.

LB 76 (Nordquist, Campbell) To adopt the Health Care Transparency Act; to create an advisory committee, and to declare an emergency.

(General File)

For purposes of the Health Care Transparency Act, the director of insurance shall appoint the Health Care Data Base Advisory Committee to make recommendations regarding the creation and implementation of the Nebraska Health Care Data Base. The data base shall provide a tool for objective analysis of health care costs and quality, promote transparency for health care consumers, and facilitate the reporting of health care and health quality data.

The Nebraska Health Care Data Base shall be used to: (1) provide information to consumers and purchasers of health care; (2) determine the capacity and distribution of existing health care resources; (3) identify health care needs and inform health care policy; (4) evaluate the effectiveness of intervention programs on improving patient outcomes; (5) review costs among various treatment settings, providers, and approaches; and (6) improve the quality and affordability of patient health care and health care coverage.

The Health Care Data Base Advisory Committee shall be appointed within 45 business days after the effective date of this act. The committee members appointed by the Director of Insurance shall include, but not be limited to: (a) a member of academia with experience in health care and cost efficiency research; (b) at least one representative of hospitals; (c) at least one representative of physicians; (d) at least one other representative of health care; (e) a representative of small employers that purchase group health insurance for employees, which representative is not an insurer or insurance producer; (f) a representative of large employers that purchase health insurance for employees, which representative is not an insurer or insurance producer; (g) at least one health care consumer advocate knowledgeable about private market insurance, public health insurance programs, enrollment and access, or related areas and has background or experience in consumer health care advocacy; (h) at least one representative of health insurers; (i) a representative of organizations that facilitate health information exchange to improve health care for all Nebraskans; and (j) at least one representative of local public health departments.

Ex officio members of the advisory committee include the Director of Insurance, or his or her designee; the Director of Medicaid and Long-Term Care of the Division of Medicaid and Long-Term Care, or his or her designee; and the Director of Public Health, or his or her designee. The members of the advisory committee shall serve without compensation and shall not be reimbursed for expenses incurred in the performance of their duties on the committee.

The Health Care Data Base Advisory Committee shall make recommendations to the Director of Insurance regarding the Nebraska Health Care Data Base that: (a) include specific strategies to measure and collect data related to health care safety and quality, utilization, health outcomes, and cost; (b) focus on data elements that foster quality improvement and peer group comparisons; (c) facilitate value-based, cost-effective purchasing of health care services by public and private purchasers and consumers; (d) result in usable and comparable information that allows public and private health care purchasers, consumers, and data analysts to identify and compare health plans, health insurers, health care facilities, and health care providers regarding the provision of safe, cost-effective, high-quality health care services; (e) use and build upon existing data collection standards, reporting requirements, and methods to establish and maintain the data base in a cost-effective and efficient manner; (f) incorporate and utilize claims, eligibility, and other publicly available data to the extent it is the most cost-effective method of collecting data to minimize the cost and administrative burden on data sources; (g) include discussions regarding the standardization of the Nebraska Health Care Data Base with other states and regions and federal efforts concerning all-payer claims data bases; (h) include discussions regarding the integration of data collection requirements of the health insurance exchange as required by the federal Patient Protection and Affordable Care Act; (i) include discussions regarding a limit on the number of times the Nebraska Health Care Data Base may require submission of the required data elements; (j) include discussions

regarding a limit on the number of times the data base may change the required data elements for submission in a calendar year considering administrative costs, resources, and time required to fulfill the requests; (k) include discussions regarding compliance with HIPAA; (l) discuss issues surrounding the availability of the data for research and other purposes; and (m) include whether the advisory committee should continue to exist and provide recommendations to the Department of Insurance regarding the Nebraska Health Care Data Base.

On or before December 1, 2013, the Director of Insurance must report to the governor and the legislature the recommendations of the advisory committee.

LB 105 (Lathrop): Require liability insurance as prescribed.

(Passed with amendments; operative date July 1, 2014.)

Legislative Bill 105 amends Neb. Rev. Stat. 71-1908 to require any applicant for a license under the Child Care Licensing Act to provide the Department of Health and Human Services with written proof of liability insurance coverage of at least one hundred thousand dollars per occurrence.

Any already-licensed childcare provider subject to this act must obtain liability insurance and provide written proof of the insurance to the department within thirty days after this act becomes effective.

Failure by a licensee to maintain the required level of liability insurance coverage shall be deemed noncompliance with the Child Care Licensing Act.

Lathrop Amendment *(Adopted)*

Adds: "If the licensee is the State of Nebraska or a political subdivision, the licensee may utilize a risk retention group or a risk management pool for purposes of providing such liability insurance coverage or may self-insure all or part of such coverage."

Lathrop Amendment *(Adopted)*

This act becomes operative on July 1, 2014.

LB 132 (Nordquist) Adopt the Skin Cancer Prevention Act.

(Held in committee.)

The Skin Cancer Prevention Act makes it unlawful for an operator, owner, or lessee of a tanning facility to allow anyone less than 18 years old to tan at the tanning facility. The owner, operator, or lessee must require proof of age through a government issued identification before allowing a person to tan. Moreover, the owner, operator, or lessee may be charged with a Class 5 misdemeanor if they violate the provisions of this act. However, the Skin Cancer Prevention Act does not apply to anyone with a physician's request that they use the tanning for medicinal purposes or to anyone who owns their own tanning equipment and does not use it for commercial purposes.

Finally, the act mandates that the tanning facility display a conspicuous sign outlining the dangers associated with tanning and the legal requirements subject to this act.

The Skin Cancer Prevention Act defines tanning equipment to be any device that emits electromagnetic radiation within 100-400 nm in wavelength. This includes tanning equipment such as sunlamps, tanning booths, or tanning beds.

LB 139 (Krist) Change annulment and dissolution of marriage reporting requirements.

(Held in committee.)

Legislative Bill 139 eliminates the requirement that the complaint for a divorce decree be furnished to the Department of Health and Human Services. In lieu of the complaint, LB 139 requires that the plaintiff supply the department with information regarding the legal custody, physical custody, and parenting time determinations for each child, if any, who is affected by the divorce.

LB 156 (Watermeier) Eliminate a reporting requirement for counties utilizing a community service program.

(Passed; effective date September 6, 2013.)

Legislative Bill 156 eliminates a reporting requirement under Neb. Rev. Stat. 68-156 that “any county utilizing a community service program for employable recipients file an annual written report which includes the number of persons placed through the program, the number of hours of experience provided, the duration and location of each placement, and the specific skills learned in the placement.”

LB 216 (McGill) Adopt the Young Adult Voluntary Services and Support Act.

(Passed with committee amendment and other amendments; effective date June 5, 2013.)

An amendment introduced by Senator McGill on Select File replaced the bill. Legislative Bill 216 adopts the Young Adult Voluntary Services and Support Act, providing youth who are nearing adulthood and preparing to leave the state foster care system the option to enter into a voluntary agreement for services with the Department of Health and Human Services, identified as the extended services program.

Services available to youth in the program include Medicaid; housing, placement, and support services in the form of continued foster care maintenance payments at the rate set prior to the youth's discharge from foster care; and case management services. Youth in the extended support program can live in a foster family home, a supervised independent living setting, an institution, or a foster care facility. The agreement is entirely voluntary; youth are allowed to enter and leave the program at will. Further, participation does not abrogate any rights the former ward receives upon attaining adulthood in Nebraska.

The assistance is available to young adults who (1) are at least 19 years old; (2) are in foster care as state wards through no fault of their own and, upon reaching age 19, are in an out-of-home placement or are discharged to independent living; and (3) are either completing secondary education or a program leading to an equivalent credential, enrolled in a post secondary or vocational institution, employed for at least 80 hours per month, participating in a program or activity intended to promote or remove barriers to employment, or are incapable of doing any of these activities due to a verifiable medical condition.

Case management services shall be young-adult driven and shall be a continuation of the independent living transitional proposal. Case management shall include a case plan and documentation that assistance has been offered and provided to meet individual goals including employment; assistance in obtaining a government-issued identification card, bank account, health and education records; support services for which the youth qualifies; application and support obtaining secondary education; immigration assistance; and help with obtaining information for reestablishing and maintaining family relationships.

When a youth enrolls in the program, the court shall open an extended services and support file to determine whether the program is in the youth's best interests and to conduct yearly permanency hearings. The best-interests decision shall be made by the court within 180 days after the youth and department enter into the agreement. The court shall conduct a permanency review hearing at least once per year and as requested by a party to ensure that the young adult is getting the needed services and support to help the young adult move toward permanency and self-sufficiency, and shall determine whether the department is providing the appropriate services and support as provided in the voluntary services and support agreement to carry out the case plan. The court can appoint a hearing officer to conduct the permanency hearings and must consult with the young adult regarding the proposed transition or permanency plan. The court has the authority under the law to order the department to take action to ensure that the young adult receives the identified services and support. The youth is also entitled to a court-appointed, client-directed attorney if requested by the

youth, and the court also has the discretion to appoint a CASA.

The department shall provide extended guardianship assistance and extended adoption assistance for a young adult who is at least nineteen years of age but less than twenty-one years of age if the young adult began receiving kinship guardianship assistance in a licensed relative placement or began receiving adoption assistance at sixteen years of age or older and meets one of the following: completing secondary education or a program leading to an equivalent credential, enrolled in a post secondary or vocational institution, employed for at least 80 hours per month, participating in a program or activity intended to promote or remove barriers to employment, or are incapable of doing any of these activities due to a verifiable medical condition.

To assist in implementing the program statewide, LB 216 creates the Young Adult Voluntary Services and Support Advisory Committee to make recommendations to the department and the Nebraska Children's Commission. The Children's Commission appoints members to the committee to represent each of the three branches of government; young adults currently or previously in foster care; a child welfare advocacy organization; a child welfare service agency; and an agency providing independent living services. Members serve two-year terms.

The bill directs the department to submit a state plan amendment by October 15, 2013, seeking Title IV-E funding for the extended services program. Title IV-E of the federal Social Security Act is an adoption assistance and foster care program that awards grants to the states for programs meeting specific eligibility requirements. Grants are contingent upon an approved Title IV-E plan to administer or supervise administration of the program.

Legislative Bill 216 provides a contingency plan should federal funding be denied. In that case, the bill directs the department to operate the extended-services program as a state-run pilot project. Legislative Bill 216 contains legislative intent to appropriate \$2 million in each of fiscal years 2013-2014 and 2014-2015 to pay for the state-run pilot project. In such an eventuality, the bill directs the department to serve as many eligible youth as funding permits.

(Portions of the above LB 216 summary include the Legislative Research Session Summary and Through the Eyes of the Child Legislation Summary.)

LB 220 (Avery) Change provisions and provide duties for the Department of Health and Human Services relating to re-determinations of children's eligibility.

(Held in committee.)

It is the intent of the Legislature to simplify and streamline the administration of children's medical assistance by the department. The department shall apply for and utilize to the maximum extent possible, within limits established by the Legislature, any and all options as allowed under Title XIX and Title XXI of the federal Social Security Act, as amended, and as required to qualify for federal bonus payments under section 2105(a)(3) of the federal Social Security Act, 42 U.S.C. 1397ee(a)(3) to simplify enrollment and re-determination of eligibility for children's medical assistance and a process of administrative determinations or ex parte reviews for re-determination of eligibility for children's medical assistance.

Legislative Bill 220 amends Neb. Rev. Stat. 68-915 to initiate 12-month continuous eligibility for children's medical assistance. The department may conduct limited reviews after the initial twelve consecutive months of eligibility, and between annual reviews, based on significant changes in the family circumstances as reported by the family or as a result of information received from another source.

LB 225 (Smith) Adopt the Newborn Critical Congenital Heart Disease Screening Act.

(Passed with committee amendment and other amendments; effective date September 6, 2013.)

The committee amendment becomes the bill. The committee amendment states that the Legislature finds that critical congenital heart disease is among the most common birth defects and is the leading cause of death for infants born with a birth defect. A significant amount of newborns

affected by the disease are not diagnosed in the newborn nursery—making critical congenital heart disease a major cause of infant mortality. An effective mechanism for diagnosing the disease is to screen the newborns for the disease—thereby giving reason for this act.

The committee amendment defines critical congenital heart disease screening (CCHD) and a birthing facility. The amendment introduced by Senator Smith requires that for deliveries in a birthing facility, the birthing facility shall develop and implement policies to cause the screening of the newborn and the reporting of the results to the newborn's health care provider in accordance with standards adopted pursuant to subsection of this section. The committee amendment states that for deliveries planned outside of a birthing facility, the prenatal care provider shall inform the parent of the requirement for CCHD screening and the parent shall be responsible for causing the screening to be performed. For deliveries outside of a birthing facility, whether or not there is a prenatal care provider, and the newborn is not admitted to a birthing facility, the person registering the birth shall be responsible for causing the screening to be performed.

The committee amendment requires a panel of experts, in consultation with the Department of Health and Human Services (DHHS), to develop approved methods of screening protocols under the act. Additionally, DHHS will be responsible for developing educational materials explaining the importance and requirement of screening. Finally, DHHS must apply for federal funds for the program and is responsible for promulgating rules and regulations necessary for the act's implementation.

LB 231 (Nelson) Require a uniform reimbursement rate for adult services.

(Indefinitely postponed; portions amended into LB 195.)

Legislative Bill 231 amends Neb. Rev. Stat. 81-2270 to require the Division of Medicaid and Long-Term Care to establish and pay a uniform rate for adult day services regardless of the source of funds used to reimburse providers of adult day services. Such rate shall be the rate established for payment of such services under the Medicaid waiver.

LB 236 (Howard) Appropriate funds to the Department of Labor to establish an individual development accounts pilot project.

(Held in committee.)

Provides that the Legislature shall appropriate three thousand dollars for each fiscal year until FY 14-15 from funds available under the federal Temporary Assistance to Needy Families Program established in 42 U.S.C. 601 as such sections existed on January 1, 2013, to the Department of Labor to establish a pilot project creating individual development accounts.

The individual development account pilot project must: (a) provide individuals and families, especially the underemployed, an opportunity and an incentive to accumulate assets; (b) promote investments in education, home ownership, and microenterprise development; (c) demonstrate that household savings strategies, such as the development of individual development accounts, can be a powerful strategy for assisting working persons and families to achieve long-term self-sufficiency; and (d) utilize and build comprehensive community partnerships that support asset building in low-wealth communities.

The Department of Labor, in conjunction with the Department of Health and Human Services, shall establish a pilot project creating individual development accounts to assist working families. Funds provided pursuant to this section shall serve as matching funds for personal savings of qualified participants selected to participate in a multi-year pilot project, which project shall last not more than five years. Two dollars of matching funds shall be provided for each dollar of participant funds, up to seven hundred twenty dollars annually and three thousand dollars total.

Other expenses of the pilot project, including training, technical assistance, evaluation, and other program and administrative expenses, shall derive from other public and private sources. Matching funds provided to participants may be used for first-time home purchase, investment in a

business or self-employment venture owned by the participant, or costs of post secondary education or training for the participant. Participants shall not be restricted as to the amounts or sources of funds deposited in an individual development account, but only savings from earned income qualify for state matching funds. The pilot project shall include income and asset qualifications, including, but not limited to, eligibility for household incomes at or below two hundred percent of the federal poverty level and assets of twenty-five thousand dollars or less. The pilot project shall be geographically balanced, including both rural and urban participants. Tax return reports of earned income shall be used to verify compliance, and participants shall grant access to their tax returns for such purpose. Funds contained in the individual development accounts shall not be counted as assets for purposes of other state assistance programs. The Department of Labor may enter into contracts to carry out its duties under this section.

LB 240 (Harms) Change provisions relating to self-sufficiency contracts and work activity requirement.

(Passed; effective date September 6, 2013.)

Legislative Bill 240 eliminates the requirement that an applicant must be under 24 years of age to access educational opportunities in order to meet the self-sufficiency contract and work activity requirement in ADC.

LB 243 (Howard) Redefine nurse practitioner practice.

(Passed; effective date September 6, 2013.)

Legislative Bill 243 amends Neb. Rev. Stat. 38-2315 to redefine “nurse practitioner practice” to include “acute” in the definition; and to state “health promotion, health supervision, illness prevention and diagnosis, treatment and management of common health problems and acute and chronic conditions.”

LB 245 (Nordquist) Change provisions relating to the preferred drug list and to repeal the original sections.

(Held in committee.)

Legislative Bill 245 amends Neb. Rev. Stat. 68-955, which addresses the ability of a health care provider to prescribe a prescription drug for reimbursement under Medicaid when the drug is not on the preferred drug list. Under normal circumstances, the provider must have authorization from the department to prescribe a prescription drug not listed on the drug list. However, LB 245 eliminates the requirement of pre-authorization for an anticonvulsant medication containing benzodiazepines for treating epilepsy.

LB 260 (Gloor) Change requirements for a data and information system as prescribed.

(General File)

Legislative Bill 260 eliminates the requirement that the Division of Behavioral Health maintain information regarding (a) the number of persons receiving regional center services; (b) the number of persons ordered by a mental health board to receive inpatient or outpatient treatment and receiving regional center services; (c) the number of persons ordered by a mental health board to receive inpatient or outpatient treatment and receiving community-based services; (d) the number of persons voluntarily admitted to a regional center and receiving regional center services; (e) the number of persons waiting to receive regional center services; (f) the number of persons waiting to be transferred from a regional center to community-based services or other regional center services; (g) the number of persons discharged from a regional center who are receiving community-based services or other regional center services; and (h) the number of persons admitted to behavioral health crisis centers.

Finally, LB 260 eliminates the requirement that the division submit a report containing the information to the Governor and to the Legislature on a quarterly basis.

LB 261 (Gloor) Adopt the Medicaid Insurance for Workers with Disabilities Act and create an advisory committee.

(Held in committee.)

Legislative Bill 261 adopts the Medicaid Insurance for Workers with Disabilities Act. The Legislature finds and declares that:

- The federal Ticket to Work and Work Incentives Improvement Act of 1999 is designed to provide clear criteria for Social Security Disability Insurance and Supplemental Security Income beneficiaries to remove employment disincentives and to support their financial independence through work; and
- Updating Nebraska's current Medicaid Insurance for Workers with Disabilities program to utilize the federal Ticket to Work and Work Incentives Act of 1999 would encourage: (a) health care and employment services to individuals with disabilities that will enable those individuals to reduce their dependency on cash benefit programs; and (b) the option of allowing individuals with disabilities to purchase Medicaid coverage that is necessary to enable such individuals to maintain employment.

Legislative Bill 261 defines an employed individual with a medically improved condition as a person who (a) is at least 16 years old, but less than sixty five; (b) ceased to be eligible for medical assistance under the medical assistance program because the individual, by reason of medical improvement, is determined to no longer be eligible for benefits; (c) continues to have a severe medically determinable impairment; and (d)(i) is earning at least the applicable minimum wage and working at least forty hours per month or (ii) is engaged in a work effort that meets substantial and reasonable threshold criteria for hours of work, wages, or other measures.

Medical assistance from the medical assistance program shall continue to be paid on behalf of a person with a disability who is employed, including an employed individual with a medically improved condition, whose countable family income is less than two-hundred-fifty percent of the Office of Management and Budget income poverty guideline for the size of family involved. Countable family income must equal the sum of all unearned and earned income minus the allowable standard Supplemental Security Income Exclusion if the participant is in a designated trial work period or extended period of eligibility, minus his or her Social Security Disability Insurance unearned income.

Allowable assets limits shall be determined by counting the number of individuals in the family, with limits of (a) ten thousand dollars for a family of one; (b) fifteen thousand dollars for a family of two; and (c) fifteen thousand dollars for a family of three plus an additional twenty-five dollars per additional individual. All assets and resources specified in 42 U.S.C. 1382b, as it existed on January 1, 2013, and eligible retirement accounts shall not be considered as part of these allowable asset limits.

Such recipients of medical assistance whose countable family income is one hundred percent or more of the income poverty guideline may be required to pay a premium in an amount established by the department using a sliding-fee or tiered-fee approach, but the premium can not exceed seven percent of the recipient family's countable unearned income plus three percent of the recipient family's countable earned income.

Recipients of medical assistance who subsequently lose employment shall be able to continue to be eligible for medical assistance for up to six months if (a) they demonstrate that they are (i) currently looking for employment if the loss of employment was due to involuntary job loss or (ii) are unfit to work because of a medical necessity; and (b) they continue to pay any premiums as required under this act.

In order to increase the utilization and effectiveness of the program, the department shall: (1) provide education and training about the program to all appropriate staff of the department; (2) conduct outreach and education about the availability and benefits of the program focused on the populations that can benefit from the program; (3) submit a report to the Legislature and Governor, on a biennial basis, to show the effectiveness of the program; and finally (4) the department shall develop a plan to designate nonprofit employment networks that have benefit specialists to work as work-incentive specialists as existed on January 1, 2013. The benefit specialists shall work with program participants and potential program participants to meet the stated purpose of the Medicaid Insurance for Workers with Disabilities Act, increase participation in the program, and achieve greater self-sufficiency.

The report shall contain the following information: (a) the number of individuals enrolled in the program; (b) demographic information about the recipients, including age, gender, disability type, ethnicity, educational level, county of residence, Title II or Title XVI eligibility, earned income, and amount of premium payment; (c) internal and external educational activities about the availability and purpose of the program; (d) outreach activities to increase the utilization of the program; (e) the costs and benefits of the medical assistance provided pursuant to section 4 of this act; and (f) the number of people who are classified as medically needy, and specific goals as to how to increase participation in the program.

The department may adopt and promulgate rules and regulations to carry out the Medicaid Insurance for Workers with Disabilities Act.

LB 265 (Coash) Change provisions relating to foster care licensure and kinship homes and relative homes.

(Passed with committee amendment and other amendments, including LB 443; effective date May 26, 2013.)

Legislative Bill 265 amends the definition of an “extended family member” under the Nebraska Indian Child Welfare Act, or Neb. Rev. Stat. 43-1503. An “extended family member” is expanded to include the child’s parents, clan members, band members, or any type of cousin.

Legislative Bill 265 amends Nebr. Rev. Stat. 71-1901 to add definitions for a child-caring agency, a child-placing agency, a foster family home, a group home, a kinship home, and a relative home. Foster family home means a home which provides foster care to include licensed homes, and both licensed and unlicensed relative and kinship homes. Kinship home means a home where a child receives foster care and at least one of the primary caretakers has previously lived with or has had significant contact with the child or sibling. Relative home means home where a child receives foster care and at least one of the primary caretakers is related to the child or sibling by blood, marriage or adoption, or in the case of an Indian child is an “extended family member.”

The bill amends Nebr. Rev. Stat. 71-2902 regarding licensure, removing “not related to such person by blood, marriage or adoption” and the requirement that a provisional license applicant must complete the required hours of training in foster care. The bill adds that the terms and conditions for the licensure may allow foster family homes to meet licensing standards through variances equivalent to the established standards.

Kinship and relative homes are exempt from the licensure requirement—although such homes should make efforts to be licensed. The department may provide licensure assistance including information on licensure, kinship-specific and relative-specific foster care training, referrals to local service providers and support groups, and information on funding and resources available to address home safety or other barriers to licensure. Kinship and relative homes shall be approved by the Division of Children and Family Services of the Department of Health and Human Services. The division shall adopt and promulgate rules and regulations on requirements for approval, which shall include: a home visit to assure adequate housing and criminal background checks of all adult residents.

The definitions in Nebr. Rev. Stat. 71-2902 are deleted. Nebr. Rev. Stat. 71-1903 is amended so that the department may pay a fee for a fire safety inspection in any place where foster care is provided.

Nebraska Revised Statute 71-1904 is amended to add that the department may issue a waiver for a licensing standard not related to children's safety for a relative home that is pursuing licensure. Waivers may be granted depending on the best-interests of the child. Moreover, a relative home that receives a waiver shall be considered fully licensed for purposes of federal reimbursement under the federal Fostering Connections to Success and Increasing Adoptions Act of 2008.

Committee Amendment (Adopted)

Requires that an adult is "a trusted adult that has a pre-existing, significant relationship" with the child for kinship placement.

Additionally, the committee amendment adds specific language that requires the department to adopt and promulgate rules and regulations on requirements for licenses, waivers, variances and approval of foster family homes (including relative and kinship homes) that take into consideration the safety, well-being, and best interests of the child. Additionally, an initial assessment of a foster family home shall be completed and focus on the needs of the child and the willingness and ability of the foster home, relative home, or kinship home to provide a safe, stable, and nurturing environment for the child.

The committee amendment adds that foster family homes should make efforts to be licensed if such license will facilitate the permanency plan of the child. Additionally, the department shall, when requested or as part of the child's permanency plan, provide resources for and assistance with licensure, waivers, training, referral local service providers and support groups, and funding resources available to address home safety or other barriers to licensing.

Approval is required prior to placement in a non-licensed relative or kinship home. Initial approval shall include, but not be limited to, the best interest of the child and the willingness and ability of the foster family home to meet the child's needs as outlined above; a home visit to assure adequate and safe housing; and a criminal background check of all adult residents. Final approval shall include the requirements as currently outlined in statute. Additionally, the department shall provide assistance to an approved relative home or kinship home to support the care, protection, and nurturing of the child. Support may include, but is not limited to, information on licensure, waivers and variances; training; mental and physical health care; options for funding for the needs of the child; and support services to address the needs of relative and kinship parents, families and children.

Cook Amendment (Adopted)

Provisions of LB 443.

LB 269 (Campbell) Provide duties for the Office of Probation Administration, the Nebraska Children's Commission, and the Department of Health and Human Services; to change membership and staffing provisions of the Nebraska Children's Commission; to provide duties relating to reimbursement of certain costs as prescribed; to change provisions relating to a placement plan; to provide requirements for case plans and case manager training; to change provisions relating to rules and regulations for foster case licensees; to provide duties and prohibit certain actions by departmental contractors as prescribed; to provide for a grievance procedure; to harmonize provisions.

(Passed with committee amendment and other amendments; effective date June 5, 2013.)

The intent of LB 269 is to address child welfare issues revealed by reports and studies completed as a result of child welfare legislation enacted last session and the LR 37 study conducted by the Health and Human Services Committee.

Legislative Bill 269 makes changes to the membership of the Nebraska Children's

Commission, providing that the CEO of the Department of Health and Human Services and the Director of Children and Family Services become non-voting members; adds the Inspector General of Nebraska Child Welfare as an ex-officio member; adds a tribal representative; and adds the executive director of the Foster Care Review Office as voting members.

In addition, the bill add the Inspector General as a member to the Child Death Review Team and requires that the IG is provided information regarding the resolution of grievances filed by parents against the Division of Child and Family Services.

Legislative Bill 269 moves the office of the Commission from within that of the chief executive officer of the Department of Health and Human Services to the Foster Care Review Office. Additionally, the bill provides for the hiring of a policy analyst to assist the Commission with information, child welfare and juvenile justice public policy research and analysis, managing or leading projects for the Commission, and assisting as a liaison for the Commission with various stakeholders and the public.

In response to reports and the child welfare evaluations conducted as a result of legislation enacted last session, LB 269 takes actions to increase Nebraska's Title IV-E funding. It is important to note that, for most of the Title IV-E revenue maximization recommendation, CFS can claim retroactively eight quarters.

The bill increases reimbursement Title IV-E administrative costs for foster care “candidates,” children who are still in their homes but who are receiving services to prevent placement. This issue was suggested in both the Child Welfare Evaluation conducted under LB 1160 (2012) and the Medicaid Analysis under LB 821 (2012). If the State claims administrative costs for case management for candidate children, fifty percent of the administrative claims could be eligible for Title IV-E funding. Administration for Children and Families (ACF) allows for reimbursement of administrative costs the department incurs for a candidate for foster care if the State is providing reasonable efforts to keep the child in his or her home and re-determines, at least every six months, that the child remains at imminent risk of removal from the home. This may be done through including in case plans of voluntary, non-court involved children and children who are wards of the state but in their own home, when appropriate, that in-home services are being provided to prevent children from being in out-of-home foster placement. Accordingly, LB 269 amends Nebr. Rev. Stat. 43-285, a statute relating to juveniles who are wards of the department. A case plan for the care, placement, services, and permanency for the juvenile and his or her family is developed by the department and reviewed by the court at least every six months. The bill adds language to the statute that when the plan includes the provision of services in order that the juvenile can remain in his or her home and such services are to prevent out-of-home placement, the plan shall be prepared and shall clearly state that the services described in the plan are to prevent placement and that, absent preventative services, foster care is the planned arrangement. Additionally, the bill amends Nebr. Rev. Stat. 68-1207 that requires in non-court and voluntary cases, when any child welfare services are provided as a result of a child safety assessment, that the department shall develop a case plan. Legislative Bill 269 adds that the case plan shall clearly indicate, when appropriate, that children are receiving services to prevent out-of-home placement and that, absent preventive services, foster care is the planned arrangement for the child.

In order to receive Title IV-E reimbursement, children must be placed in a licensed placement in accordance with ACF regulations. The LB 820 Final Title IV-E Report (2012) stated that the majority, approximately 52% of children in Nebraska, are ineligible for Title IV-E reimbursement due to the child's placement in an unlicensed home. The cross-system Medicaid Analysis report that was completed as a result of LB 821 (2012) recommended that the department should work with child-specific and relative providers to understand barriers to licensure and assist with removing those barriers. Additionally, the report stated that new foster care licensing regulations would allow for more relatives to be licensed. Accordingly, LB 269 requires the department to adopt and promulgate rules and regulations for new foster home licensing requirements that ensure children's safety, health, and well-being, but minimize the use of licensing mandates for non-safety issues. The rules are to provide alternatives to address non-safety issues regarding housing and provide

assistance to families in overcoming licensing barriers, especially in child-specific, relative, and kinship placements. This change will also increase the option of claiming Title IV-E revenue through the Guardianship Assistance Program (GAP). In order to be eligible for GAP subsidy, a child must have been Title IV-E eligible for the six months leading up to guardianship. Because of current licensing guidelines, most relatives are not licensed foster care providers; thus most youth who would be candidates for this subsidy are ineligible. (As a result of a request of the Department the deadline for compliance with these rules and regs changes will be extended.)

The cross system Medicaid Analysis also found that the department was not capturing all possible maintenance costs on Title IV-E maintenance claims. The report recommends that Nebraska submit allowable maintenance costs for reimbursement that would include (1) personal incidental: personal hygiene; cosmetics; over-the-counter medications and special dietary foods; infant and toddler supplies, including high chairs and diapers; fees related to activities, such as Boy/Girl Scouts; special lessons, including horseback riding; graduation fees; and miscellaneous items such as stamps, envelopes, writing paper, film etc.; 2) school supplies; 3) clothing; 4) transportation, allowable for reasonable travel to child's home for visitation and for a child to remain in the school in which he or she was enrolled at the time of placement; and 5) respite care- short term care provided by a licensed foster care provider. The bill requires that on or before July 1, 2013, the department shall develop a policy for reimbursement of all allowable foster care maintenance costs.

Legislative Bill 269 adds that the department will work in conjunction with the Administrative Office of Probation to develop policy for Title IV-E administration reimbursement.

The Medicaid Analysis report recommended that Nebraska pursue Title IV-E claiming for services provided through the Nebraska Juvenile Service Delivery Project (NJS DP). Currently the pilot is only funded through general funds. While not a large number of youth participating in the pilot will be eligible for IV-E, it would be advantageous for the state to maximize federal reimbursement where possible. Legislative Bill 269 requires on or before July 1, 2013, the department to apply for reimbursement under Title IV-E for costs associated with the NJS DP and those funds to be provided to probation for reimbursement of expenses incurred by the NJS DP.

Legislative Bill 269 makes some basic requirements regarding child welfare contracting. The LR 37 Report completed by the Health and Human Service Committee in 2011 indicated repeatedly that the lack of financial readiness of the lead agencies to enable them to complete their contracts had a devastating impact on Nebraska's child welfare system, the results of which are continuing today, including the number of foster care homes and child welfare services. This finding of lack of financial stability and the cost to the system, especially children, families and foster parents, was specified by the Nebraska Auditor of Public Accounts Report, the Legislative Fiscal Office Report and the Legislative Performance Audit Report, each of which were reviewed and included in the LR 37 report. Additionally, both the Child Welfare Evaluation and the Medicaid Analysis indicated continuing issues with the department regarding child welfare provider contracts. The Child Welfare Evaluation found a lack of verification of services provided under contracts, limited-to-no quality-assurance requirement or outcome measures built into contracts, and no unannounced site visits. Additionally the evaluation stated that, in regards to the NFC Lead Agency Pilot, without a resolution to the financial stability question, the question of whether outcomes can improve may be moot. The Medicaid Analysis recommended that the department implement increased level of provider management including: (1) service outcomes in provider contracts; (2) monitoring procedures (not only providing services, but tracking if families improve after receiving services and if the service needs of children are fully addressed); (3) accountability measures, including requirement of evidence-based practice for each core service offering, and provider "scorecards" to help measure the effectiveness of service providers. Scorecards would rate providers based on efficiency, outcomes, costs, and client satisfaction. Legislative Bill 269 begins with the contract basics in response to LR 37, the Evaluation and Report, of requiring that child welfare providers show financial stability prior to contracting for services and do not inhibit service development by prohibiting "non-compete clauses" in contracts.

LB 270 (Campbell) Provide for a Medicaid state plan amendment or waiver for children with serious emotional disturbances.

(Held in committee.)

Legislative Bill 270 requires that no later than September 1, 2013, the Department of Health and Human Services submit a state plan amendment or waiver under the federal Social Security Act to the federal Centers for Medicare and Medicaid Services. The amendment or waiver is to provide coverage under the designated medical assistance programs for home- and community-based services specifically for children with serious emotional disturbances.

The amendment or waiver must serve youth who are four through twenty years old that have been deinstitutionalized or diverted from a psychiatric hospital level of care. Services under the waiver shall include, but not be limited to: attendant care, independent living and skills building, short-term respite care, parent support and training, professional resource family care, and facilitation of wrap-around services. Wrap-around services are strength-based individualized, community-based services for a family with a child with serious emotional disturbance.

LB 276 (Nordquist) Change provisions relating to reimbursement pursuant to the Early Intervention Act.

(Held in committee.)

Under Neb. Rev. Stat. 68-911, LB 276 adds that on or before October 1, 2013, the department shall submit a state plan amendment or waiver to the federal Centers for Medicare and Medicaid Services, as necessary, to provide that the following are direct reimbursable services when provided by school districts and educational service units: occupational therapy; physical therapy; speech services; audiology services; counseling, psychology, behavioral services; nursing; nutrition; personal assistance; social work; transportation; and vision services.

Legislative Bill 276 provides a methodology for distributing the funds for the Early Intervention Act. No more than three million dollars will be appropriated to aid in carrying out the provisions of the act; any excess shall be remitted by the Department of Health and Human Services to school districts and educational service units proportionally in relation to the amount of federal Medicaid funds reimbursed from the claims submitted for allowable services under the Medicaid state plan amendment or waiver.

LB 309 (Bolz) Adopt the Department of Health and Human Services Delivery Improvement and Efficiency Act.

(Held in committee.)

The purposes of the Department of Health and Human Services Delivery Improvement and Efficiency Act are to (1) simplify the management and delivery of public benefits by the department; (2) make the public benefits delivery system more efficient and effective; (3) coordinate and simplify programs and systems; and (4) collect and analyze data to improve the efficiency and effectiveness of the public benefits delivery system.

The policies and requirements in the Act must be implemented in accord with the Temporary Assistance for Needy Families program, the Child Care and Development Block Grant, the Supplemental Nutrition Assistance Program, the medical assistance program, the Children's Health Insurance Program, and any other state or federal programs in which the State of Nebraska participates. The Department must seek any and all Medicaid state plan amendments or waivers necessary to implement the act.

The Department shall simplify documentation requirements for public benefit programs administered by the department. The policies shall include: (1) selection and utilization of the least burdensome and least redundant verification procedures allowed under federal law for the medical assistance program, the aid to dependent children program, the child care subsidy program, and the

Supplemental Nutrition Assistance Program; (2) under the Supplemental Nutrition Assistance Program, allow the use of attestation to verify client information to the greatest extent permitted, including, but not limited to, dependent child care expenses... such attestation must be sufficient for verification to the extent that the client information provided is not questionable; (3) using eligibility for the Supplemental Nutrition Assistance Program to automatically enroll children in the medical assistance program.

The department shall share verification of client information across the programs it administers, including the medical assistance program, the aid to dependent children program, the childcare subsidy program, and the Supplemental Nutrition Assistance Program, in order to permit client information verified in one program to update client information in another program.

The department shall use federal, state, and commercial databases to verify client information for eligibility for programs or services to the greatest extent possible. The department shall access such databases to the extent that access does not require new or additional state funding or if new or additional state funding is required, to the extent that funding is appropriated by the Legislature for such purpose. If an appropriation is necessary, the department must request a sufficient appropriation as part of the appropriations request process pursuant to section 8 81-132.

The department shall coordinate and simplify benefit renewal in the medical assistance program, the aid to dependent children program, the childcare subsidy program, and the Supplemental Nutrition Assistance Program. The department shall provide for: (1) renewal of benefits under all programs simultaneously for a client to the greatest extent possible; (2) prevention of case closure at renewal for reasons other than program ineligibility, including failing to timely provide information, failing to perform a case review, or failing to appear for an appointment... in these circumstances, cases may be closed after the department has made reasonable efforts to prevent case closure; and (3) allow closed cases to be reopened and eligibility to be established for an applicant whose application for assistance was denied within the previous thirty days or a client whose case was closed within the previous thirty days, as allowed under the medical assistance program, the Children's Health Insurance Program, and the Supplemental Nutrition Assistance Program.

The department shall collect and analyze data on: (1) The percentage of case closures due to failure to renew benefits, including failing to timely provide information, failing to perform a case review, or failing to appear for an appointment, categorized by state, county, service area, and benefit type and by client language spoken, age, and the existence of disability or lack thereof; (2) the total number of new applications, categorized by state, county, and service area and by month; (3) the percentage of new applications that are re-applications, categorized by state, county, and service area and by month; (4) the percentage of clients whose cases are closed who reapply for benefits within thirty days and sixty days after case closure, categorized by state, county, and service area and by month; (5) the number of applications, renewals, and verifications that are awaiting processing, categorized by month; (6) the frequency of cases that remain undecided or unsettled or cases which have processing delayed and the specific basis or foundation for such action or inaction, categorized by month; (7) the average length of time clients wait for an interview and the average length of client interviews; (8) the frequency with which clients have their questions resolved during an initial contact and the frequency with which subsequent contacts are required for client question resolutions; and (9) the average wait times for call center calls and the frequency with which clients are unable to get a question answered during the call, categorized by month; and finally (10) the average wait times for call center calls and the frequency with which clients are unable to get a question answered during the call, categorized by month. The data and analysis collected under section 9 of this Act must be considered a public record under section 84-712.01.

LB 315 (Christensen) Redefine massage therapy.

(Held in committee.)

Legislative Bill 315 defines massage therapy as “the physical, mechanical, or electrical

manipulation of soft tissue for enhancing muscle relaxation, reducing stress, improving circulation, or instilling a greater sense of well-being, and may include the use of oil, salt glows, health lamps, and hydrotherapy. Massage therapy does not include diagnosis or treatment or use of procedures for which a license to practice medicine or surgery, chiropractic, or podiatry is required; nor the use of microwave diathermy, shortwave diathermy, ultrasound, transcutaneous electrical nerve stimulation, electrical stimulation of other thirty-five volts, neurological hyperstimulation, or spinal and joint adjustments.”

Pursuant to the bill, no one can engage in the practice of massage therapy, advertise massage therapy services, hold himself or herself out as a massage therapist, or engage in the operation of massage therapy school absent having a license.

Finally, any person engaging in the physical, mechanical, or electrical manipulation of soft tissue for compensation is practicing massage therapy, whether or not the service is described as massage, message therapy, non-therapeutic massage, or any other variant. Individuals are required to be licensed as a massage therapist pursuant to the Massage Therapy Practice Act, unless excluded under the definition of massage therapy or excluded by having a license.

LB 326 (Howard) Change provisions of the Pharmacy Practice Act and the Automated Medication Systems Act; to provide for registration of long-term care automated pharmacies.

(Passed with committee amendment and other amendments; effective date September 6, 2013.)

Legislative Bill 326 adds the definition of long-term care automated pharmacy to the Automated Medication Systems Act. Long-term care automated pharmacy is defined as “a designated area in a long-term care facility where an automated-medications system is located that stores medications for dispensing or administration pursuant to a medical order to residents in such long-term care facility that is installed and operated by a pharmacy licensed under the Health Care Facility Licensure Act.”

Under Neb. Rev. Stat. 71-2447, any hospital, long-term care facility, or pharmacy that uses an automated-medication system shall develop, maintain, and comply with the policies and procedures developed in consultation with the pharmacist responsible for that facility. Legislative Bill 326 requires that the policies and procedures include a description of the process used by the pharmacist or pharmacy technician for filling an automated-medication system. In order for an automated-medication system to be operated in a long-term care facility, a pharmacist in charge of a pharmacy licensed under the Health Care Facility Licensure Act and located in Nebraska must annually register the long-term care automated pharmacy.

Supervision is redefined as “personal guidance and direction by a licensed pharmacist of the performance by a pharmacy technician of authorized activities or functions subject to verification by such pharmacist”; removing the “immediate” personal guidance and the requirement the licensed pharmacist be “on duty in the facility.” The bill adds, “Supervision of a pharmacy technician may occur by means of a real-time auditory and video communication system.” The bill also removes from the definition of supervision “except that when a pharmacy technician performs authorized activities or functions to assist a pharmacist on duty in the facility when the prescribed drugs or devices will be administered by a licensed staff member or consultant or by a licensed physician assistant to persons who are patients or residents of a facility, the activities or functions of such pharmacy technician shall only be subject to verification by a pharmacist on duty in the facility.”

Pursuant to LB 326, verification may occur by “means of a computer system with a real-time online data base and a real-time auditory and video communication system of sufficient quality and resolution for the pharmacist to identify the markings and wording that appear on the medication and package labels being verified.”

Committee Amendment (Adopted)

The committee amendment changes “real-time auditory and video communication system” to “real-time audiovisual communication system.” The committee amendment clarifies that

verification of the pharmacy technician's work must occur on site by a pharmacist at that facility when the medications are being dispensed to a patient. Verification may occur via real-time audiovisual communication when the medications are administered by a credentialed individual to a patient or resident of a facility. Automated-medication system must be installed and operated by a pharmacy licensed and located in Nebraska; and expands the definition of "chart order" to authorize medications for residents in a long-term care facility that receive medications from the automated-medication system located in the long-term care automated pharmacy. Provides further clarification that the pharmacist in charge of the licensed pharmacy is responsible for all of the licensure, policies and procedures, and operation of the automated-medications system in the long-term care automated pharmacy.

Howard Amendments (*Adopted*)

A prescription is required for any controlled substance dispensed from a long-term care automated pharmacy. Clarifies that the policies and procedures should include the process for review or verification of drugs and medical orders by a pharmacist prior to the medications being released from the automated-medication system and given to the resident.

Schumacher Amendment (*Adopted*)

Unless otherwise allowed by state or federal law or regulation, the management of a long-term care facility at which an automated-medication system is located shall not require a resident of the facility to obtain medication through the automated-medication system and shall not restrict or impair the ability of a resident of the facility to obtain medications from the pharmacy of the resident's choice.

LB 330 (Howard) Change provisions relating to the Supplemental Nutrition Assistance Program.

(Held in committee.)

Legislative Bill 330 provides that on or before October 1, 2013, the department shall create a TANF-funded program or policy that, in compliance with federal law, establishes categorical eligibility for federal food assistance benefits pursuant to the Supplemental Nutrition Assistance Program to maximize the number of Nebraska residents being served under such program. Eliminated is the requirement that the department do this in a manner that does not increase the current gross income eligibility limit.

Also the bill adds that the TANF-funded program or policy shall increase the gross income eligibility limit to one hundred fifty percent of the federal Office of Management and Budget income poverty guideline as allowed under federal law and under 7 C.F.R. 273.2(j)(2), but shall not increase the net income eligibility limit.

LB 338 (Gloor) Prohibit certain practices by health care professionals and facilities to provide for disciplinary action.

(Indefinitely Postponed)

Legislative Bill 338 states it is the intent of the Legislature that any person enrolled in the medical assistance program should have access to quality health care goods and services, when medically necessary and appropriate, under the guidelines and limitations of the medical assistance program for such goods and services.

The bill provides it is the intent of the Legislature that health care facilities and health care professionals licensed under the Health Care Facility Licensure Act and the Uniform Credentialing Act should not discriminate with respect to any person eligible for the medical assistance program by denying access to health care goods and services provided pursuant to the medical assistance program.

Health care facilities and health care professionals licensed under the Health Care Facility Licensure Act and the Uniform Credentialing Act and eligible to enroll as a provider under the medical assistance program shall not discriminate with respect to any person eligible for the medical assistance program by denying access to health care goods and services provided pursuant to the medical assistance program based on the person's enrollment in the medical assistance program. A health care facility or health care professional may be subject to disciplinary action under the Health Care Facility Licensure Act and the Uniform Credentialing Act for discrimination. A health care professional providing care through a patient-centered medical home shall be deemed to meet the requirements of this section.

LB 343 (Coash) Changes the term “mental retardation” in Nebrasaka statutes to a person with an “intellectual disability.”

(Amended into LB 23.)

The Committee Amendment 343 provides additional sections from the Nebraska Revised Statute to change from “mental retardation” to the preferred term for the identified persons with the specified disability as persons with “an intellectual disability”. Additionally, the Committee Amendment adds an e-clause to make the policy regarding the change in the use of the language immediate.

LB 344 (Sullivan) Change provisions relating to the moratorium on long-term care beds.

(Passed; effective date May 8, 2013.)

Legislative Bill 344 provides that the department shall waive the certificate of need limitations for development and licensure of a long-term care facility, as specified in the bill, for a political subdivision or a nonprofit organization in the city of the second class or village. The waiver of certificate of need may occur if all the long-term care beds in a licensed facility located in the city of the second class or village have been sold or transferred outside a twenty-five mile radius of the city resulting in no licensed long-term care beds within the city. The political subdivision or nonprofit organization must agree not to sell long-term care beds licensed under such waiver or increase the number of long-term care beds until five years have passed. The number of licensed long-term care beds in the facility must be limited to the number of long-term care beds sold or transferred.

LB 347 (Gloor) Provide for a moratorium on issuance of certain licenses as prescribed.

(Held in committee.)

The bill states that if the Legislature expands Medicaid to newly eligible persons under the Patient Protection and Affordable Care Act, the department cannot accept an application or issue a license for new facilities, as listed, beginning on September 1, 2014, and continuing through August 31, 2017. These facilities include (a) ambulatory surgical centers; (b) critical care hospitals; (c) general acute hospitals; (d) hospitals; (e) mental health centers; (f) psychiatric or mental hospitals; (g) rehabilitation hospitals; and (i) health care practitioner facilities or health clinics if the primary service provided at the facility or clinic is diagnostic imaging. Legislative Bill 347 provides that a health care facility which has applied for a license and which has a signed construction contract prior to February 1, 2013, is exempt from this section.

LB 359 (Cook) Change provisions relating to eligibility re-determination for child care subsidy.

(General File)

In determining ongoing eligibility for the Child Care Subsidy program, after 12 months in the program and at re-determination, 7% of a household's gross earned income must be disregarded. After 24 months in the program, 15% of the household's gross earned income must be disregarded. After 36 months in the program, a household's gross income must be treated the same as at initial eligibility for the program.

LB 361 (Howard) Name the Child and Maternal Death Review Act and change review procedures.

(Passed; effective date September 6, 2013.)

Legislative Bill 361 shall be known and cited as the Child and Maternal Death Review Act. The bill provides that it is in the best interest of the State and its residents that the number and causes of maternal death in Nebraska be examined. There is a need for a comprehensive integrated review of all maternal deaths in Nebraska and a system for statewide retrospective review of existing records relating to each maternal death. Legislative Bill 361 amends the team created pursuant to the State Child Death Review Team to include up to fifteen members renamed the State Child and Maternal Death Review Team. The department shall be responsible for the general administration and shall employ or contract with a team coordinator to provide administrative support for the team. Team responsibilities will now relate to child and maternal deaths. The team shall review all maternal deaths occurring on or after January 1, 2014. Investigation of maternal death means a review of existing records and other information regarding the woman from relevant agencies, professionals, and providers of medical, dental, prenatal and mental health care. The records to be reviewed may include, but not be limited to, medical records, coroner's reports, autopsy reports, social services records, education records, emergency and paramedic records and law enforcement reports.

The members must classify the nature of the death, whether accidental, homicide, suicide, undetermined, or natural causes; determine the completeness of the death certificate; and identify discrepancies and inconsistencies. The members shall identify the preventability of death, the possibility of domestic abuse, the medical care issues of access and adequacy, and the nature and extent of inter-agency communications. The team may enter into agreements with a local public health department to act as the agent of the team in conducting all information gathering and investigation necessary for the purposes of the Child and Maternal Death Review Act. Moreover, the team may enter into consultation agreements with relevant experts to evaluate the information and records collected by the team. All of the confidentiality provisions shall apply to the activities of a consulting expert. Finally, the bill allows de-identified information and records obtained by the team may be released to a researcher under the terms specified in the Act.

LB 368 (Crawford) Create and provide for a subsidized employment pilot program.

(Passed with committee and other amendments; operative date July 1, 2013.)

The bill provides that the Legislature finds that: (1) work experience is necessary to obtain employment in a competitive job market; (2) businesses find creating capacity to add employees during a time of economic recovery challenging; (3) subsidized employment can benefit employers and workers in need of experience; (4) increasing opportunities for public assistance recipients to engage in meaningful workplace experience can significantly contribute to their long-term employability; (5) providing subsidized employment can also help businesses to grow; and (6) states nationwide provide subsidized employment to public assistance recipients in order to aid employers in developing work placements for public assistance recipients.

The Subsidized Employment Pilot Program is created within the department to provide

opportunities for employers and participants in the aid to dependent children program to achieve subsidized employment. The department shall establish a partnership between an entity which contracts with the department pursuant to section 68-1722 to provide case management services in the aid to dependent children program and a nonprofit organization or the Department of Labor. The Department of Labor shall establish an application process for employers to participate in the pilot program. The application process shall include, but not be limited to, a requirement that employer applicants submit a plan including, but not limited to, the following criteria: (a) initial client assessment, job development, job placement, and employment retention services; and (b) a strategy to place participants in in-demand jobs. The Department of Labor may develop guidelines for participants in the pilot program. Subsidies under the Subsidized Employment Pilot Program shall be capped at the prevailing wage and shall be provided for no more than forty hours per week for not more than six months on the following scale: one hundred percent in months one and two; seventy-five percent in month three; fifty percent in months four and five; and twenty-five percent in month six. The subsidized pilot program shall terminate on July 1, 2018, at which time the department shall submit a final report to the Health and Human Services Committee of the Legislature, reporting the number of participants and their employment status and the number of employers participating in the program. The aid to dependent children program means the program described in Neb. Rev. Stat. 43-512, and participant means an individual who qualifies for the aid to dependent children program services with a family income equal to or less than two hundred percent of the Office of Management and Budget income poverty guideline.

The department may adopt and promulgate rules and regulations to carry out this act.

Finally, it is the intent of the Legislature to appropriate one million dollars per fiscal year for FY2014-15 to FY2017-18 from funds available to the Temporary Assistance for Needy Families program to carry out the provisions of sections 1 to 6 of this act. Any of such funds which are unexpended on June 30, 2018, shall lapse to the Temporary Assistance for Needy Families program on such date.

Committee Amendment (Adopted)

The committee amendment expands the role of the nonprofit organization in the Subsidized Employment Pilot Program and reduces the responsibilities of the Department of Labor. Under the committee amendment, the nonprofit organization will establish an application process for employers. The application will include a process for initial client assessment, job development, job placement and employment retention services, and strategies for placement. Additionally, the nonprofit organization shall recruit participants, recruit employers, determine participant eligibility, assist with employer and employee match, ensure the pilot program operates in both rural and urban areas, and gather data and performance measures. The data and reporting shall include the number of employers and employees participating in the Subsidized Employment Pilot Program, length of time the employer and each employee participated in the program, wages paid to employees, and employment status of each employee at different time intervals. The nonprofit shall electronically report the data gathered on the program each September 15th to the Health and Human Services Committee. The pilot program shall terminate on July 1, 2018.

The Department of Labor and the Department of Health and Human Services may partner and assist the nonprofit organization with referral of participants and employers for the program, but are not responsible for any direct services under the pilot program.

Employees participating will receive a prevailing wage for forty hours per week not to exceed six months. The subsidies will remain the same as in the bill: one hundred percent in month one and two, reducing in a step-down fashion to twenty-five percent in month six.

McCoy Amendment (Adopted)

No more than ten percent of the funds appropriated to carry out sections 3 to 6 of this act shall be used for administrative costs.

Nordquist Amendment (*Adopted*)

Administrative cost shall not be defined to include cost for service delivery.

LB 395 (Conrad) Change provisions for school based health center.

(*Held in committee.*)

Legislative Bill 395 deletes that the school based health center does not dispense, prescribe or counsel for contraceptive drugs or devices.

LB 420 (McGill) Provide an additional method of designation of authorization for disposition of remains.

(*Passed with committee amendment; effective date May 8, 2013.*)

The committee amendment becomes the bill and lists the order for priority over the disposition of the remains of a deceased person under Neb. Rev. Stat 38-1425. The amendment gives priority, if the decedent dies during active military service, to the person authorized by the decedent to direct disposition under the U.S. Department of Defense record of emergency data form.

LB 421 (McGill) Provide powers and duties for professional boards relating to credentialing of veterans.

(*Held in committee.*)

Current statute states that the appropriate board within the Department of Health and Human Services is to adopt rules and regulations as required to ensure, to the greatest extent possible, the efficient, adequate, and safe practice of health services, health-related services, and environmental services; and to protect the health, safety, and welfare of the public as prescribed in the Uniform Credentialing Act.

Legislative Bill 421 adds that the board may provide that a person who is leaving the U.S. Armed forces may use a current and valid credential from another jurisdiction to obtain a credential under the Uniform Credentialing Act. Additionally, the board may provide that a person who is leaving services in a reserve component of the U.S. Armed Forces may use an expired credential issued under the Uniform Credentialing Act to practice temporarily in order to obtain a current credential.

Finally, LB 421 adds the requirement that each board within the department consider the ability of veterans to meet the requirements for its credentialed profession using military training, education, and experience.

LB 422 (McGill) Provide duties for professional boards; to provide for a temporary practice permit based on a credential to another jurisdiction as prescribed.

(*Held in committee.*)

Current statute requires that to protect the health, safety, and welfare of the public and to ensure to the greatest extent possible the efficient, adequate and safe practice of health services, health-related services, and environmental services, the appropriate board within the Department of Health and Human Services may adopt rules and regulations to carry out the Uniform Credentialing Act. Legislative Bill 422 adds that the board shall evaluate the ability of the spouses of veterans and active military personnel to meet the requirements for its credentialed profession using training and experience obtained in other jurisdictions. Additionally, LB 422 allows the department, with recommendation from the board, to issue a temporary practice permit to a spouse of either a veteran or active military personnel licensed, certified, or registered in another jurisdiction while the spouse is satisfying the requirements for credentialing under the Uniform Credentialing Act. The outside jurisdiction must have licensure, certification or registration standards that are substantially

equivalent to the standards of Nebraska.

Finally, the bill provides that the spouse may practice under the temporary practice permit until a license, certification, or registration is granted or until a notice to deny a license, certification, or registration is issued in accordance with the Uniform Credentialing Act.

LB 427 (Howard) Adopt the Carbon Monoxide Safety Act.

(Held in committee.)

For purposes of the Carbon Monoxide Safety Act: Carbon monoxide alarm means a device that detects carbon monoxide and that: (a) produces a distinct, audible alarm; (b) is listed by a nationally recognized, independent product-safety testing and certification laboratory to conform to the standards for carbon monoxide alarms issued by such laboratory or any successor standards as determined by the State Fire Marshal; (c) is battery powered, plugs into a dwelling's electrical outlet and has a battery backup, is wired into a dwelling's electrical system and has a battery backup, or is connected to an electrical system via an electrical panel; and (d) may be combined with a smoke detecting device if the combined device complies with applicable law regarding both smoke detecting devices and carbon monoxide alarms and that the combined unit produces an alarm, or an alarm and voice signal, in a manner that clearly differentiates between the two hazards. Legislative Bill 427 seeks to ensure that adequate measures are taken to prevent carbon monoxide poisoning in Nebraska homes. To that end, LB 427 would require the installation and maintenance of carbon monoxide detectors with alarms in any dwelling sold, rented, or for which a building permit is issued after September 1, 2014, that has a fuel-fired heater or appliance, a fireplace, or an attached garage.

No person may remove batteries from, or in any way render inoperable, a carbon monoxide alarm except as part of a process to inspect, maintain, repair, or replace the alarm or replace the batteries in the alarm. Nothing in the Carbon Monoxide Safety Act must be construed to limit a city, village, or county from adopting or enforcing any requirements for the installation and maintenance of carbon monoxide alarms that are more stringent than the requirements set forth in the act. No person may have a claim for relief against a property owner, an authorized agent of a property owner, a person in possession of real property, or an installer for any damages resulting from the operation, maintenance, or effectiveness of a carbon monoxide alarm if the property owner, authorized agent, person in possession of real property, or installer installs a carbon monoxide alarm in accordance with the manufacturer's published instructions and the Carbon Monoxide Safety Act. A purchaser must have no claim for relief against any person licensed by the State Real Estate Commission for any damages resulting from the operation, maintenance, or effectiveness of a carbon monoxide alarm if such licensed person complies with rules and regulations adopted and promulgated pursuant to the Carbon Monoxide Safety Act. Nothing in this subsection must affect any remedy that a purchaser may otherwise have against a seller.

LB 428 (Harr) Relating to the Certified Nurse Midwifery Practice Act; to change provisions relating to permitted practice.

(Held in committee.)

Legislative Bill 428 deletes the limitation that a certified nurse midwife cannot attend a home delivery. All other provisions in the statute regarding certified nurse midwives remain unchanged, including a practice agreement; the supervision of a licensed practitioner; performing authorized medical function only: in a health care facility, in the primary office of a licensed practitioner, any setting authorized by the collaborating licensed practitioner, or within a public health agency.

LB 430 (Crawford) Relating to public assistance to change provisions relating to asset limitations.

(Held in committee.)

Legislative Bill 430 provides that in determining eligibility for aid to dependent children pursuant to section 43-512 and for the child care subsidy program established pursuant to section 68-1202, the only asset limitation shall be the total of liquid assets of the applicant, which include cash on hand and funds in personal checking and savings accounts, money market accounts, and share accounts that shall not exceed twenty-five thousand dollars.

Additionally, in regards to the Welfare Reform Act under 68-1726, LB 430 removes from the assets assessment requirement that financial resources, excluding the primary home and furnishings and the primary automobile, must not exceed four thousand dollars in value for a single individual and six thousand dollars in value for two or more individuals; and eliminates the requirement that available resources, including, but not limited to, savings accounts and real estate, must not be used in determining financial resources. The bill substitutes that the asset limitation shall be the total of liquid assets of the applicant, which include cash on hand and funds in personal checking and savings accounts, money market accounts, and share accounts must not exceed twenty-five thousand dollars. Other income and financial assistance provisions under 68-1726 shall remain unchanged.

LB 443 (Cook) Adopts the Children's Residential Facilities and Placing Licensure Act.

(General File with committee amendment, then Indefinitely Postponed after being amended into LB 265 on the Floor.)

Legislative Bill 443 states that a residential child-caring agency or child-placing agency must not be established, operated, or maintained in the state without first obtaining a license issued by the department under the Act. No person may hold itself out as a residential child-caring agency or child-placing agency or as providing such services unless licensed under the Act. The department must issue a license to residential child-caring agencies or child-placing agencies that satisfy the requirements of the Act.

The bill outlines the requirements for application, fees and licenses. An applicant for licensure must obtain a separate license for each type of residential child-caring agency or child-placing agency that the applicant seeks to operate. A single license may be issued for a child-caring agency operating in separate buildings or structures on the same premises under one management. An applicant for licensure must obtain a separate license for each type of placement service the applicant seeks to provide. When a child-placing agency has more than one office location, the agency must inform the department of each office location and the services provided at each location. A single license may be issued for multiple offices or the applicant may apply for individual licenses for each office location.

The department may inspect or provide for the inspection of agencies licensed under the Act. The bill provides for the process regarding a finding of noncompliance and for submitting a complaint for violations of the Act. The department may impose various types of punishment such as fines, probation, restrictions on new admissions, suspension of license, and a revocation of a license; the bill specifies the procedural requirements and guidelines for discipline under the Act. Legislative Bill 443 provides that any person who violates this Act will be guilty of a Class I misdemeanor. Additionally, each day the person operates after a first conviction must be considered a subsequent offense.

All licenses issued prior to December 1, 2012, in accordance with sections 71-1901 to 71-1906.01 shall remain valid as issued for purposes of the Act unless revoked or terminated by law. The Committee Amendment clarifies that to be licensed as a child-placing agency, an applicant must be a corporation, nonprofit corporation, or limited liability company.

LB 452 (Conrad) Require a waiver relating to coverage for family planning services.

(Held in committee.)

Legislative Bill 452 provides that no later than September 1, 2013, the department shall submit a state plan amendment to the federal Centers for Medicare and Medicaid Services for the purpose of providing medical assistance for family planning services for persons whose family's earned income is at or below one hundred eighty-five percent of the federal poverty level as permitted under section 1902(a)(10)(A)(ii)(XXI) of the federal Social Security Act, as amended, 42 U.S.C. 1396a(a)(10)(A)(ii)(XXI), as such act and section existed on January 1, 2013.

LB 458 (Krist) Require general acute hospitals to offer tetanus-diphtheria-pertussis vaccinations as prescribed.

(Passed; effective date September 6, 2013.)

Legislative Bill 458 provides that all Nebraska hospitals, under the Centers for Disease Control and Prevention, the U.S. Public Health Service, and the U.S. Department of Health and Human Services guidelines that existed on January 1, 2013, shall offer to all hospital employees a single dose of tetanus-diphtheria-pertussis vaccine. The vaccine shall be offered if the employees have not previously received such vaccine, regardless of the time since their most recent vaccination with such vaccine.

Moreover, LB 458 adds tetanus, diphtheria, and pertussis to the list of required vaccinations that all hospital employees must have, although an employee may elect not to be vaccinated. A hospital must keep a record of which hospital employees have and have not received the vaccinations.

LB 459 (Krist) Relating to the Health Care Facility Licensure Act; provide for certain health care facilities to offer on-site vaccination services.

(Passed; effective date September 6, 2013.)

Legislative Bill 459 amends the Health Care Facility Licensure Act by adding the requirement that in order to prevent, detect, and control diphtheria, tetanus, and pertussis in Nebraska, each general acute hospital, intermediate care facility, nursing facility, and skilled nursing facility shall offer on-site vaccinations to all residents and to all patients prior to discharge. The vaccinations will be given pursuant to procedures of the facility and in accordance with the recommendations of the advisory committee on immunization practices of the Centers for Disease Control and Prevention of the United States Public Health Service of the United States Department of Health and Human Services as the recommendations existed on January 1, 2013.

Nothing in this section shall be construed to require any facility listed in this section to bear the cost of a vaccination provided pursuant to this section.

LB 484 (Karpisek) Change functions authorized and authorization requirements for licensed dental hygienists.

(Passed; effective date September 6, 2013.)

Current law requires three thousand hours of clinical experience in at least four of the preceding five calendar years for a dental hygienist to provide oral prophylaxis in public health settings. Legislative Bill 484 changes the requirement to allow a dental hygienist to treat children in a public health setting with the clinical experience gained in their original education. The treatment is limited to include oral prophylaxis; pulp vitality testing; and preventive measures, including the application of fluoride, sealants, and other recognized topical agents for the prevention of oral disease. The bill also changes the authorization of treatment of adults by dental hygienist from the current requirement that the three thousand hours of clinical experience be in four of the preceding five calendar years to three thousand hours of clinical experience. The authorization for the dental

hygienist to treat adults is limited to treatment in a public health setting or health care or related facility and limited to treatment to include oral prophylaxis, pulp vitality testing, and preventive measures as specified.

Authorization will be granted by the department to treat adults according to these guidelines with an application, evidence of licensure, liability insurance, and the three thousand hours of clinical experience. The licensed dental hygienist performing the activities under this bill will be reported to the department on a form provided by the department. The dental hygienist will advise the recipient that the services are preventative and do not constitute a comprehensive dental diagnosis and care.

Finally, LB 484 requires that the department compile data from the reports and provide an annual report to the Board of Dentistry and the State Board of Health. In five years the Health and Human Services Committee of the Legislature shall evaluate the services provided by dental hygienists regarding the effectiveness of the delivery of oral health care and report the results of the evaluation to the Legislature

LB 487 (Wightman) Change certificate of need provisions.

(Passed; effective date September 6, 2013.)

Legislative Bill 487 amends the requirement of a certificate of need for rehabilitation beds providing an exception so that a certificate is not required for relocation of rehabilitation beds owned and operated by the transferring health care facility before and after the transfer.

Committee Amendment *(Adopted)*

The committee amendment clarifies that the exception to the certificate of need requires that the transferred or relocated rehabilitation beds must be utilized by the same entity. The amendment states “no certificate of need is required for relocation or transfer of rehabilitation beds from a health care facility to another health care facility owned and operated by the same entity.”

LB 507 (Campbell) Adopt the Step Up to Quality Child Care Act.

(Passed; effective date June 4, 2013.)

Legislative Bill 507 adopts the Step Up to Quality Child Care Act to help ensure high-quality child care and early childhood education programs in Nebraska. Legislative Bill 625 (Conrad), as amended, was amended into LB 507 on General File and is found in Section 15 of the enacted bill; this section of LB 507 expands eligibility for child care assistance to families with incomes up to 125% of the federal poverty level for FY2013-14 and 130% of the FPL for FY2-014-15 and each fiscal year thereafter.

The rest of LB 507 deals with the Step Up to Quality Child Care Act. This five-step quality rating and improvement system for child care and early childhood programs is to be collaboratively developed, implemented, and overseen by the Department of Health and Human Services and the Department of Education. Participation in the system is open to all child care and early childhood program providers in Nebraska, but is required only for “applicable” child care and early childhood education programs, which the bill defines as programs receiving more than \$250,000 annually in public funds. Programs required to participate are phased in over three years starting in 2014. The departments are to establish quality rating criteria and use the criteria to assign quality scale ratings to participating programs and provide professional development and educational opportunities to participants. Beginning in 2017, the quality rating achieved by participating child-care providers is to be published on a publicly-accessible website.

The bill provides that all licensed programs are automatically at Step 1 on a five-step scale. Head Start, Early Head Start, public school-sponsored programs and nationally-accredited programs are automatically rated at Step 3 in recognition of their having met federal, state, or national performance standards.

Legislative Bill 507 also provides for program review and reevaluation when programs apply for higher step ratings, sets out incentives and supports available to participating programs, requires the Department of Education to create and operate the Nebraska Early Childhood Professional Record System, allows higher reimbursement rates for participating programs based upon their quality scale rating, and allows the two departments to adopt and promulgate rules and regulations to carry out the Step Up to Quality Child Care Act.

LB 508 (Campbell) Change provisions relating to aid to dependent children.

(Held in committee.)

Current payment for dependent children and an eligible care-taker is three hundred dollars per month for one dependent child and one eligible caretaker in any home, plus seventy-five dollars per month on behalf of each additional eligible person. Legislative Bill 508 provides for new payment amounts as designated: (a) for FY 2013-14 and 2014-15, the maximum payment level for monthly assistance must be sixty percent of the standard of need described in section 43-513; (b) for FY 2015-16 and 2016-17, the maximum payment level for monthly assistance shall be sixty-five percent of the standard of need described in such section; and (c) for FY 2017-18 and each fiscal year thereafter, the maximum payment level for monthly assistance must not be less than seventy percent of the standard of need described in the selection. Additionally, the bill adds that the aid to dependent children payment must not be lower than the percentage of the standard of need outlined in Neb. Rev. Stat. 43-512(3).

LB 518 (Janssen) Change provisions relating to verification of lawful presence; to eliminate prenatal care for certain children.

(Indefinitely Postponed)

Legislative Bill 518 eliminates the findings listed in Neb. Rev. Stat 4-110 which state: "The Legislature finds that unborn children do not have immigration status and therefore are not within the scope of section 4-108. Prenatal care services available pursuant to sections 68-915 and 68-972 to unborn children, whose eligibility is independent of the mother's eligibility status, shall not be deemed to be tied to the immigration status of the mother and therefor are not included in the restrictions imposed by section 4-108."

Additionally, LB 518 eliminates subsection (3) of section 68-972 for services where eligibility is focused on the unborn child and prenatal services that benefit the child: (3) the benefits provided pursuant to this subsection, unless the recipient qualifies for coverage under Title XIX of the federal Social Security Act, as amended, shall be prenatal care and pregnancy-related services connected to the health of the unborn child, including: (a) professional fees for labor and delivery, including live birth, fetal death, miscarriage, and ectopic pregnancy; (b) pharmaceuticals and prescription vitamins; (c) outpatient hospital care; (d) radiology, ultrasound, and other necessary imaging; (e) necessary laboratory testing; (f) hospital costs related to labor and delivery; (g) services related to conditions that could complicate the pregnancy, including those for diagnosis or treatment of illness or medical conditions that threaten the carrying of the unborn child to full term or the safe delivery of the unborn child; and (h) other pregnancy-related services approved by the department. Services not covered under this subsection include medical issues separate to the mother and unrelated to pregnancy.

LB 524 (Christensen) Adopt the Pharmacy Audit Integrity Act.

(Held in committee.)

The purpose of the Pharmacy Audit Integrity Act is to create a program to provide standards for an audit of pharmacy records carried out by a pharmacy benefits manager or any entity that represents pharmacy benefits managers.

Legislative Bill 524 requires that any amendment to the pharmacy audit terms in a contract between a pharmacy benefits manager and a pharmacy be disclosed to the pharmacy at least sixty days before the effective date of the proposed change. Any entity conducting a pharmacy audit must give the pharmacy notice fourteen days before an initial audit is conducted. An audit that involves clinical or professional judgment must be conducted by or in consultation with a licensed pharmacist. Finally, each pharmacy must be audited under the same standards and parameters as other similarly situated pharmacies.

Additionally, LB 524 defines the audit terms for a pharmacy. The period covered by the audit may not be longer than two years from the date that the claim was submitted to or adjudicated by the entity. If random sampling is a method used for selecting claims for examination, the sample size must be statistically reliable. Moreover, the auditing agency must provide the pharmacy with a masked list providing a prescription number or date range that the auditing entity is seeking to audit. On-site audits may not be done during the first five business days of the month unless the pharmacy consents. When auditors are in an area of patient-specific information, they must be escorted and should be out of sight and hearing range of pharmacy customers whenever possible. Finally, any recoupment must be deducted against future remittances until the appeals process is complete and both parties have received the results of the final audit.

The bill provides the auditing company or agent may not receive payment based on a percentage of the amount recovered. However, the entity conducting the audit may charge or assess the responsible party, directly or indirectly, based on amounts recouped if: the plan sponsor and the entity conducting the audit have a contract that explicitly states the percentage charge or assessment to the plan sponsor; and a commission to an agent or employee of the entity conducting the audit is not based on the amounts recouped.

The bill specifies the conditions of recoupment or charge-back, information that can be used to validate pharmacy records, and process for appeals.

LB 526 (Howard) Change provisions relating to licensure and certification to perform minor surgery and use certain pharmaceutical agents.

(Held in committee.)

Legislative Bill 526 adds to Neb. Rev. Stat. 38-2604 that “pharmaceutical agents, for therapeutic purposes, also means pharmaceutical agents injected for treatment of anaphylaxis or pharmaceutical agents injected into the eyelid for treatment of cysts or infected or inflamed glands of the eyelids.” Also, LB 526 adds to the definition of the practice of optometry in 38-2605 the performance of minor surgical procedures required for the removal of superficial eyelid, conjunctival, and corneal foreign bodies and the treatment of cyst or infected or inflamed glands of the eyelids. An optometrist licensed in this state may administer injections authorized under 38-2605 if the optometrist provides either (a) evidence of certification in another state in the use of injections and the evidence is deemed by the board as satisfactory evidence of the qualifications; or (b)(i) for a licensee graduating from a school of optometry after December 31, 2012, evidence of passing the injection skills examination of the national licensing board for optometrists, or (ii) for a licensee graduating from a school of optometry on or before December 31, 2012, evidence of passing the injection skills examination of the national licensing board for optometrists or evidence of completion of a minimum of eight hours of transcript-quality education from an accredited school of optometry pursuant to section 38-2616.

The bill specifies that the education referred for administering injections shall include didactic and clinical education and provides what must be included in didactic and clinical education. The practice of optometry does not include the use of surgery other than allowed in 38-2605 as amended by LB 526.

LB 527 (Howard) Relating to the Optometry Practice Act; to change provisions relating to licensure and certification to use certain pharmaceutical agents.

(Held in committee.)

Legislative Bill 527 removes the exclusion of steroids and immunosuppressive agents under the definition of pharmaceutical agents for therapeutic purposes. It also adds that under pharmaceutical agents for therapeutic purposes are pharmaceutical agents injected for treatment of anaphylaxis, or pharmaceutical agents injected into the eyelid for treatment of cysts or infected or inflamed lands of the eyelids. It expands the practice of optometry to mean the injection of pharmaceutical agents and removes the exclusion of practice o optometry of oral therapeutic agents used in the treatment of glaucoma, oral steroids or oral immunosuppressive agents. The bill specifies the requirements of certification of education related to the prescription of oral steroids, oral antiglaucoma medication and oral immunosuppressive agents. Finally, the bill specifies the requirements for licensing regarding who may administer injections including didactic and clinical education.

LB 528 (Howard) Provide for treatment relating to certain sexually transmitted diseases as prescribed.

(Passed; effective date September 6, 2013.)

Legislative Bill 528 provides if a physician, a physician assistant, or an advance practice registered nurse licensed under the Uniform Credentialing Act diagnoses a patient with chlamydia or gonorrhea, the physician may prescribe, provide, or dispense and the physician assistant or advanced practice registered nurse (all cited hereafter “practitioner”) may prescribe prescription oral antibiotic drugs to the patient's sexual partner or partners without examination of that patient's partner or partners.

General instructions for use or medication guides, where applicable, must be provided along with additional prescription oral antibiotic drugs for any additional partner. The prescription oral antibiotic drugs must be labeled in accordance with section 38-2826. If the infected patient is unwilling or unable to deliver the prescription oral antibiotic drugs to his or her sexual partner or partners, the practitioner may prescribe, provide, or dispense the prescription oral antibiotic drugs for delivery to the partner if the practitioner has sufficient locating information by the disease prevention and control staff of the Department of Health and Human Services or of a county or city board of health, local public health department.

Whenever the practitioner has to prescribe or act under this Act, they must report the communicable disease to the department and the local public health department. All reports are to be kept confidential. The appropriate board, health department, agency, or official may publish reports, information, and the notifications of the disease. The Department of Health and Human Services may adopt and promulgate rules and regulations to carry out this Act.

Committee Amendment *(Adopted)*

The committee amendment becomes the bill. The committee amendment changes “advance practice registered nurse” throughout the bill to “nurse practitioner and certified nurse midwife.” Nurse practitioners and certified nurse midwives are the only advance practice registered nurses who have prescribing authority within their scope of practice. Accordingly, this change aligns the bill with the appropriate practitioners' scope of practice.

The committee amendment adds provisions regarding providing drug samples to clarify practitioners are allowed to provide drug samples in the manner that is within their scope of practice.

The amendment clarifies that “dispensing” will be conducted in accordance with Neb. Rev. Statute 38-2850, that requires dispensing to include interpretation and judgment based on expertise. Accordingly, under the bill, dispensing is limited to practitioners who can do so with in their scope of practice.

Additionally, the committee amendment specifies that the patient's name must be on on the

prescription for oral antibiotics under EPT. An “unnamed partner” or initials do not suffice. The amendment makes clear that all prescriptions must have the patient's name. This will allow pharmacists to screen for interactions and follow normal protocols for dispensing oral antibiotics.

The amendment changes requirements of “general instructions *or* medication guides” to “adequate directions *and* medication guides.” “Adequate directions” is a term commonly used in the medical community to describe instructions given to a patient.

Finally, the amendment clarifies all laws regarding labeling, storage, and dispensing of drugs must be followed.

McCoy Amendment (*Adopted*)

The practitioner will provide written information about chlamydia and gonorrhea to the patient for the patient to provide to the partner or partners.

LB 530 (Dubas) Provide duties for the Division of Children and Family Services of the Department of Health and Human Services and the Nebraska Children’s Commission regarding foster care.

(Passed; effective date June 5, 2013.)

Legislative Bill 530 enacts the recommendations of the Foster Care Reimbursement Rate Committee (committee) to increase payments to foster parents and implement standardized level of care assessment tools. The committee, which was created in 2012 as part of the Health and Human Services Committee child welfare reform package, recommended three foster care reimbursement rates based on the ages of the children in care. For ages birth to 5, \$20 per day; for ages 6 to 11, \$23 per day; and for ages 12-18, \$25 per day. Legislative Bill 530 requires the Division of Children and Family Services (CFS) of the Department of Health and Human Services to implement the new rates by July 1, 2014. Until that date, LB 530 provides that a temporary foster care reimbursement rate increase enacted in 2012 continue to be paid to foster parents.

The bill also directs CFS to create a pilot project by July 1, 2013, to implement the standardized level of care assessment tools recommended by the committee. Such assessment tools are intended to determine a foster child's placement needs by assessing the level of care needs of the child and level of responsibility required by the foster parent. The pilot project is to comprise two groups, one urban and one rural, and be of a size to ensure an accurate estimate of the effectiveness and cost of implementing the assessment tools statewide. The Nebraska Children's Commission (commission) must review and provide a progress report and two reports with recommendations to DHHS and the Health and Human Services Committee.

Legislative Bill 530 directs the commission to appoint another Foster Care Reimbursement Rate Committee by January 1, 2016, and every four years thereafter. The committee is to be composed of no more than nine members. The voting members are stakeholders in the foster care system; nonvoting ex officio members are the CEO of DHHS and representatives of CFS. Members serve four years until their successors are appointed and qualified. The committee is to review and make recommendations on (1) foster care reimbursement rates; (2) the statewide standardized level of care assessment; and (3) adoption assistance payments. The first report is due to the Health and Human Services Committee on July 1, 2016, and every four years thereafter.

Finally, LB 530 extends the life of the Children's Commission to June 30, 2016. The commission was set to terminate on June 30, 2014.

LB 535 (Lathrop) Adopt the Prescription Monitoring Program Act; to provide grounds for disciplinary action; to eliminate provisions relating to prescription drug monitoring.

(Held in committee.)

The bill requires the department to establish and maintain a program to monitor the prescribing and dispensing of controlled substances and, if selected by this state, additional drugs

identified by the department as demonstrating a potential for abuse by all prescribers or dispensers in this state. The department may collaborate with the Nebraska Health Information Initiative or any successor public-private statewide health information exchange to establish and maintain the program. Each dispenser shall submit to the department information regarding each prescription dispensed for a controlled substance or a drug identified in this Act. Any dispenser located outside the boundaries of Nebraska who is licensed and registered by the department shall submit information regarding each prescription dispensed to a patient who resides within Nebraska. The department shall establish and maintain a process for verifying the credentials and authorizing the use of prescription information by individuals and agencies listed in in this act.

The department shall review the prescription information submitted under the Prescription Monitoring Program Act. The review shall include, but not be limited to: (a) a review to identify information that appears to indicate if a person may be obtaining prescriptions in a manner that may represent misuse or abuse of controlled substances... if such information is identified, the department must notify the practitioners and dispensers who prescribed or dispensed the prescriptions; and (b) a review to identify information that appears to indicate if a violation of law or breach of professional standards may have occurred. If such information is identified, the department must notify the appropriate law enforcement agency, professional credentialing board, or both; and provide prescription information necessary for an investigation.

LB 555 (Nordquist) Adopt the Preparing Students for Educational Success Act.

(Held in committee.)

Legislative Bill 555 creates the Preparing Students for Educational Success Act. Under the Act, a Preparing Students for Education Success Fund is created. The fund will be under the control of the Division of Children and Family Services of the Department of Health and Human Services. The Director of the Division must award grants to nonprofit organizations that are organized under section 501(c)(4) of the Internal Revenue Code. Additionally, the nonprofits must provide after-school programs for students ages five through eighteen in families eligible for the federal Temporary Assistance for Needy Families program; and the nonprofit must provide evidence that student achievement is enhanced by the after-school program. Grants are awarded for the purposes of: assisting with the establishment of new after-school programs in geographic areas that serve a high concentration of low-income children or children in the free or reduced lunch and free milk programs. Funds may also be used to provide additional academic programming for the above programs if they already exist or if they extend the academic day by an additional two hours per day or more.

LB 556 (McGill) Provide for telehealth services for children, and provide for behavioral health screenings as prescribed.

(Passed; effective date September 6, 2013.)

Under the original bill, the department, in collaboration with the State Department of Education, provides for telehealth services for children through public schools. Legislative Bill 556 increases early detection of potential mental illness in children and provides parents with information regarding this potential mental illness. Behavioral health screenings are to be part of childhood physicals. Legislative Bill 566 adds required physicals at 9th grade, or the entrance of the beginner grade, 7th grade, and for any transfer student. The bill expands community based behavioral healthcare programs and telehealth services so more children and families may have access to these services.

Committee Amendment *(Adopted)*

The committee amendment becomes the bill. The committee amendment requires the department to adopt rules and regs providing for telehealth services for children's behavioral health to be included in the Nebraska Telehealth Act. Included is a provision for an appropriately trained

staff member or employee to be available in person to the child receiving telehealth services to provide for an urgent situation or emergency. The requirement can be waived by the parent. Senator McGill introduced an amendment to include that in cases in which there is a threat that the child may harm himself or herself or others, before an initial telehealth service the health care practitioner shall work with the child and his or her parent or guardian to develop a safety plan. Such plan shall document actions the child, the health care practitioner, and the parent or guardian will take in the event of an emergency or urgent situation occurring during or after the telehealth session. Such plan may include having a staff member or employee familiar with the child's treatment plan immediately available in person to the child, if such measures are deemed necessary by the team developing the safety plan. The committee amendment also includes a provision that telehealth services for behavioral health services for children may be covered even if comparable services are within thirty miles of the child's place of residence.

The committee amendment provides for a pilot project for telehealth behavioral health services. Three pilot clinics shall be chosen, with at least one urban and one rural clinic. Parents of children in pediatric practices within the pilot clinics will be offered routine mental and behavioral health screening for their child during required physical exams or at the request of a parent. Children identified through such screening as being at risk may be referred for further evaluation and treatment.

Consultation via telephone or telehealth shall be available to the pilot primary care practice and the child with the faculty and staff of the department of Child and Adolescent Psychiatry, Psychiatric Nursing, Developmental Pediatrics and the Munroe-Meyer Institute of Psychology Department of the University of Nebraska Medical Center as needed to manage the care of children with mental or behavioral health issues for the pilot.

Data on the pilot program shall be collected and evaluated by the Interdisciplinary Center for Program Evaluation at the Munroe-Meyer Institute of the University of Nebraska Medical Center. Evaluation of the pilot program shall include data as outlined in the amendment including referrals, treatment modality, program costs, and financial impact on primary care practices. The pilot shall terminate two years after the effective date of the act.

Medicaid reimbursement shall include mental health and substance abuse services; early and periodic screening and diagnosis and service for Medicaid eligible children for physical and behavioral health screening, diagnosis and treatment services; and reimbursement for telehealth services as outlined.

LB 577 (Campbell) Change provisions relating to the medical assistance program for newly eligible population.

(General File)

The intent of LB 577 is to require Nebraska Medicaid to add the newly eligible adult population under the Patient Protection and Affordable Care Act to the Nebraska Medicaid state plan amendment and outlines the health coverage provided under the program. The bill provides for expanded eligibility to low-income adults who are age 19 to 65. The inclusion of this population will provide health coverage for uninsured childless adults from 0-138% of the Federal Poverty Level (FPL) when the 5% income disregard is included; for 2013 an individual income limit would be \$15,856. Additionally, some low income uninsured parents will also obtain coverage under this option. Currently, Nebraska parents are generally not covered by Medicaid above 54% FPL (in 2013-\$8,375 for a family of two, \$10,546 for a family of three).

In addition, by choosing this Medicaid option as outlined in LB 577, an inequity regarding subsidies within the ACA will be addressed. Under the ACA, adults with incomes from 100%-400% FPL are eligible for subsidies to purchase insurance in the health insurance exchanges. However, adults under 100% do not qualify for subsidies. Without the Medicaid benefits provided by this bill, adults with incomes under 100% FPL (\$11,490 a year in 2013) will not qualify for any assistance, leaving them uninsured and without any subsidies for purchasing coverage within the

exchanges.

The ACA provides four options from which states may choose a benchmark benefit plan for the newly eligible adult population. The options are one of three commercial insurance products or a fourth “Secretary-approved coverage.” The “Secretary-approved coverage” can include the Medicaid state plan benefit package offered in the state. Legislative Bill 577 identifies the “Secretary-approved coverage” as the option chosen for Nebraska under the bill, and specifies that the Medicaid benefit coverage for the new adult group shall include the mandatory and optional coverage under traditional Nebraska Medicaid. Choosing the state's current Medicaid benefit package as the benchmark allows for continuity of coverage for individuals currently enrolled, it provides equity of coverage between current Medicaid enrollments and new eligibles, and it assures the health care needs of this population is met in a way that provides appropriate preventive care for health cost savings. Additionally, it has the advantage of administrative simplicity in determining eligibility and administrating benefits and making the program easier for enrollers to explain and for consumers to understand.

Legislative Bill 577 specifies that the Medicaid new adult population benefit plan shall also include benefits required by the ACA as listed. Additionally the bill requires the benefit plan must comply with the requirements of the Mental Health Parity and Addiction Equity Act as required under the ACA.

The bill provides that the Essential Health Benefits described in section 1302(b) of the ACA, including habilitative services, are covered in the benefit plan as required for the newly eligible adult population. Legislative Bill 577 defines habilitative services “as services designed to assist a person in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary for daily living.” This definition is modeled after the habilitative services definition currently found in Medicaid's 1915 Home and Community Based waiver. Under this program, Nebraska Medicaid habilitative services means “services designed to assist individuals in acquiring, retaining, and improving the self help socialization and adaptive skills necessary to reside successfully in home and community based settings.”

As a contingency, LB 577 provides, in the event of an unforeseen complication regarding the “Secretary-approved coverage” full Medicaid option, that the department is required to choose an alternative benchmark plan for the newly eligible adults under the ACA Medicaid expansion population as outlined. This requires the coverage of the newly eligible population to occur under a different option rather than not be implemented.

Finally, the bill reiterates that the newly eligible low income adult population will qualify for the enhanced federal medical assistance percentage (FMAP) as outlined in the ACA. From 2014 through 2016, the FMAP is 100% federal funds; in 2017 it is 95% federal funds; in 2018 it's 94%; and in 2019, it is 93% FMAP. From 2020 and beyond the FMAP is 90% federal funds and 10% state funds for the coverage of the newly eligible adult population under Medicaid.

Campbell General File Amendment (*Adopted*)

If the federal medical assistance percentage under such section falls below ninety percent for the new medicaid adult group, the Legislature in the first regular legislative session following such reduction in the federal medical assistance percentage shall determine whether to affirm, amend, or repeal the eligibility of such group or take other action allowed under the medical assistance program to reduce state expenditures for the medical assistance program.

Campbell Amendment (*Pending*)

The Campbell amendment would terminate the expansion June 30, 2020.

Hadley Amendment (*Pending*)

The Hadley would terminate the expansion in December 31, 2016.

LB 578 (Nordquist) Amend Neb. Rev. Stat. 68-901 and 77-912; to create the Health Care Access and Support Fund; to change distribution of certain premium tax revenue; to harmonize provisions; to provide an operative date; to repeal the original sections; and to declare an emergency.

(General File with committee amendment.)

Legislative Bill 578 creates the Health Care Access and Support Fund. The fund shall be used to support the medical assistance program under the Medical Assistance Act, including the Medicaid adult group pursuant to the Medicaid expansion portion of the Patient Protection and Accountable Care Act as it existed on January 1, 2013. The state investment office pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act shall invest any money in the fund available for investment. Any unexpended balance remaining in the fund at the close of the biennium shall be re-appropriated for the succeeding biennium.

Legislative Bill 578 provides that, of the premium and related retaliatory taxes imposed by Neb. Rev. Stat. 44-150 or 77-908 and paid by insurers writing health insurance in Nebraska, they be distributed:

- For fiscal year 2013-14, the director shall remit the first ten million dollars to the State Treasurer for credit to the Health Care Access and Support Fund.
- For fiscal year 2014-15, the director shall remit the first eighteen million dollars to the State Treasurer for credit to the Health Care Access and Support Fund.
- For fiscal year 2015-16 and each fiscal year thereafter, the director shall remit the first twenty-three million dollars to the State Treasurer for credit to the Health Care Access and Support Fund.
- Finally, the director shall remit any remaining amount in any fiscal year to the State Treasurer for credit to the Comprehensive Health Insurance Pool Distributive Fund.

Committee Amendment *(Pending)*

The committee amendment changes the distribution formula outlined in LB 578. Legislative Bill 578 creates the Health Care Access and Support Fund to capture a portion of health insurance premium tax dollars under NECHIP. Under current statutes the Nebraska Comprehensive Health Insurance Pool (NECHIP) provides health insurance to Nebraska residents who are unable to obtain it at an affordable price or without restrictions because of medical conditions. With the enactment of the Affordable Care Act, the issues addressed through NECHIP will be addressed through the ACA and, if opted, Medicaid expansion which provides health coverage for a large percent of the NECHIP target population. The Health Care Access and Support Fund would capture a portion of the NECHIP funds to pay for coverage offered under the Medicaid program, specifically the new option to cover low-income working Nebraskans to 138% FPL.

Beginning in SFY 2015-2016, the committee amendment creates a new distribution formula for unspent funds in the Comprehensive Health Insurance Pool Distributive fund, redirecting a percentage of the new savings from the elimination of NECHIP that would have been allocated to the General Fund.

In FY15-16 and beyond the Legislative Fiscal Office has identified \$9.2 million in savings from the NECHIP program that will flow to the General Fund. The committee amendment to LB 578 will utilize those for the Health Care Access and Support Fund. Other recipients of the insurance premium tax distribution formula will not be impacted by this amendment.

In the committee amendment, any unspent health insurance premium tax dollars in the Comprehensive Health Insurance Pool Distributive Fund in SFY 2015-16 and beyond will be transmitted as follows:

50% to the State Treasurer to be received in the Insurance Tax Funds;
16.5% to the General Fund;

23.5 to the Health Care Access and Support Fund; and
10% to the Mutual Finance Assistance Fund.

The committee amendment does not redirect any health insurance premium tax dollars in this biennium (SFY 13-14 through SFY 14-15)

In summary, the committee amendment only captures the \$9.2 million from NECHIP identified for the General Fund. It allows all other recipients of insurance premium taxes to receive additional dollars from NECHIP savings, as under they current statute. The funds garnered for NECHIP for health insurance for Nebraska residents who are unable to obtain health insurance at an affordable price will be well utilized to provide health care coverage for low income Nebraska age 19-64 under the Medicaid option for new eligibles.

LB 605 (Pirsch) Provide for creation of the Telehealth Behavioral Health Services Program; to define terms; to provide duties; to require reporting; and to state intent related to funding.
(Held in committee.)

Legislative Bill 605 provides that on or before November 30, 2013, the Division of Behavioral Health must create the Telehealth Behavioral Health Services Program to ensure timely access to clinically appropriate behavioral health services for youth in Nebraska juvenile justice facilities and programs, juvenile detention centers, out-of-home residential placements, and for youth receiving in-home services through the Department of Health and Human Services. Board-certified psychiatrists, advanced practice registered nurses practicing psychiatric nursing, clinical psychologists, and mental health practitioners licensed pursuant to the Uniform Credentialing Act must provide behavioral health services provided through the program.

The division must contract with a sufficient number of telehealth behavioral health service providers to ensure seamless and timely service delivery of telehealth behavioral health services under the program to youth. All contracts entered into by the division must ensure that payments to behavioral health service providers providing services under the program are based on the reasonable cost of services, including direct and indirect costs. Moreover, the division must provide telehealth behavioral health service providers access to the medical records of any youth receiving services under the program prior to delivery of the services.

Before January 1, 2015, the program must be fully implemented to provide telehealth behavioral health services to all eligible youth. Moreover, for years 2013 through 2016, the division, by November 30, must report to the Judiciary Committee of the Legislature. Finally, it is the intent of the Legislature that any funding required for the Telehealth Behavioral Health Services Program come from the Commission on Public Advocacy Operations Cash Fund.

LB 625 (Conrad) Change provisions relating to child care subsidies.
(Indefinitely Postponed after provisions amended into LB 507.)

Legislative Bill 625 provides that as part of the provision of social services authorized by Neb. Rev. Stat. 68-1202, the department shall participate in the federal child care assistance program under section 42 U.S.C. 618, as such section existed on January 1, 2013, and provide child care assistance to families with incomes up to one hundred eighty-five percent of the federal poverty level.

LB 630 (Kolowski) Redefine place of employment.
(Held in committee.)

Legislative Bill 630 makes changes to the Nebraska Clean Indoor Act. The purpose of the Nebraska Clean Indoor Air Act is to protect the public health and welfare by prohibiting smoking in public places and places of employment. Legislative Bill 630 redefines when a private residence

used as a licensed child care is a place of employment. Current law defines a private residence as a place of employment when such residence is being used as a licensed child care program and one or more children, who are not occupants of such residence, are present. Legislative Bill 630 changes the definition of a place of employment for a private residence if such residence is licensed to provide child care. Accordingly, a home daycare is a place of employment if it is licensed for childcare; under the Nebraska Clean Indoor Act, smoking is prohibited. The bill also adds that a motor vehicle is a place of employment at all times if it is used to transport children for a licensed child care provider and, therefore, under the Nebraska Clean Indoor Act smoking is prohibited.

LR 22 (Campbell) Provide the Health and Human Services Committee and the Banking, Commerce and Insurance Committee be designated to convene a Partnership Towards Nebraska Health Care System Transformation.

(Adopted)

Spending on health care in the United States has grown faster than the gross domestic product (GDP), the rate of inflation, and the rate of population growth for most of the last four decades. The share of GDP devoted to health care in the United States has risen from 5.2% in 1960 to 17.6% in 2009.

In terms of Nebraska's health care, the total public and private health care expenditure in 2009 was \$12,649,000,000. However, since 2000, real hourly wage growth, net of health benefits, has stagnated while inflation-adjusted family health insurance premiums have increased 58 percent. The average employer-based health insurance annual premium cost in Nebraska in 2011 was \$13,776. Moreover, eleven of Nebraska's ninety-three counties have no primary care physicians, and observers believe the lack of primary care physicians will become more acute as more people enter the health care system as a result of the federal Affordable Care Act. Officials estimate that, under current demand, Nebraska will be short approximately three hundred primary care physicians by 2014 because the number of physicians older than sixty-five years of age has jumped by 78% in the past five years. It is anticipated by the University of Nebraska Medical Center that by 2014 the state will need at least 1,685 primary care physicians, 314 primary care nurse practitioners, and 350 primary care physician assistants to meet the increased demand from the newly insured resulting from health care reform.

Nebraska's uninsured rate for persons younger than sixty-five years of age is 14.9% (more than 232,000 persons), which is an increase of 67.4% since 2000. Nebraska counties with uninsured rates of 21% or greater exist only in rural areas.

Nebraska's future economic and fiscal success requires a healthy population, high quality health care at lower cost, and greater efficiency. Nebraska's families and small businesses are faced with increasing and unsustainable health care costs. Successful transformation of Nebraska's health care system is essential to the state's economic well-being and the quality of care provided to Nebraskans. Health care reform is not only a matter of coverage or increasing access. True reform is total system transformation into a patient-centric, high-value enterprise. Understanding the challenge of health reform and solving Nebraska's health system crisis requires a new level of cooperation between all health care partner stakeholders and policymakers in Nebraska. Therefore, the State government must provide clear leadership and accountability to health care system transformation efforts and must do so in a way that demands transparency, trust, and full participation from all partner stakeholders.

The Health and Human Services Committee, in cooperation with the Banking, Commerce and Insurance Committee of the Legislature, should be designated to convene a Partnership Towards Nebraska's Health Care System Transformation (Partnership). The committees shall form the Partnership by bringing together policymakers and stakeholders at all levels, including state and local governments, public and private insurers, health care delivery organizations, employers, specialty societies, consumer groups, patients, consumers, and all other interested parties, to work together with the shared objectives of controlling health care costs and improving health care quality.

The goals of the Partnership are to (a) provide a comprehensive review of Nebraska's health care delivery, cost, and coverage demands; (b) engage partners in dialogue, roundtable discussions, and public policy discourse; (c) develop a framework for health care system transformation to meet public health, workforce, delivery, and budgetary responsibilities; and (d) develop cooperative strategies and initiatives for the design, implementation, and accountability of services to improve care, quality, and value while advancing the overall health of Nebraskans.

The Health and Human Services Committee may conduct public hearings and, with the Banking, Commerce and Insurance Committee of the Legislature, shall oversee the Partnership as it undertakes communication, outreach, and educational activities to convey lessons learned and to make recommendations relating to health care for Nebraskans. The committees shall hold a joint hearing by November 1, 2013, to be briefed on the information obtained by the Partnership as outlined in this resolution.

The committees and the Partnership shall rely on information, data, and subject matter expertise and consultation from a wide range of entities, including the Division of Medicaid and Long-Term Care and the Division of Public Health of the Department of Health and Human Services, the Department of Insurance, and any other agencies the committees identify, to provide collaboration with the Partnership to attain the goals for health care system transformation. The funding of the activities of the Health and Human Services Committee of the Legislature under this resolution will be provided first by any allowable funds not fully expended under the State Planning and Establishment Grants for the Affordable Care Act exchanges and then from existing appropriations for the Health and Human Services Committee from the Nebraska Health Care Cash Fund.

Committee Amendment (*Adopted*)

The committee amendment clarifies that the partnership identified in the resolution involves a broad array of stakeholders in work groups directed by the Health and Human Services in conjunction with the Banking, Commerce and Insurance Committee. The Legislature will maintain the leadership and jurisdiction required to complete the directives of the resolution. Additionally, the committee amendment removes references to funding from the State Planning and Establishment Grants for the Affordable Care Act; the funding shall come from existing appropriations in the Health Care Cash Fund.

Nebraska Legislature
Health and Human Services Committee
2013 Bills by Subject Matter

Adult Day Services

LB 231 (Nelson) (*Provisions of LB 231 were amended into LB 195 with floor AM656; LB 231 Indefinitely Postponed*) Establish a uniform reimbursement rate for adult day services.

Architects and Engineers

LB 7 (Krist) (*Passed; signed by the Governor March 7, 2013*) Change and eliminate provisions relating to signatures and seals under the Engineers and Architects Regulation Act.

Behavioral Health

LB 260 (Gloor) (*General File*) Change requirements for a data and information system under the Nebraska Behavioral Health Services Act.

LB 605 (Pirsch) (*Held in committee.*) Provide for Telehealth Behavioral Health Services Program.

Building Codes

LB 13 (Krist) (*General File with committee amendment.*) Require radon-resistant construction and radon mitigation statements for residential construction and create a building codes task force.

Carbon Monoxide

LB 427 (Howard) (*Held in committee.*) Adopt the Carbon Monoxide Safety Act.

Certificate of Need

LB 344 (Sullivan) (*Passed; signed by the Governor May 7, 2013*) Change moratorium exceptions for long-term care beds.

LB 487 (Wightman) (*Passed; signed by the Governor May 8, 2013*) Change health care certificate of need provisions.

Child Care

LB 105 (Lathrop) (*Passed; signed by the Governor April 3, 2013*) Require child care licensees to obtain liability insurance.

LB 359 (Cook) (*General File*) Change eligibility redeterminations relating to a child care subsidy.

LB 430 (Crawford) (*Held in committee.*) Change asset limitation for the aid to dependent children program, child care subsidy, and the Welfare Reform Act.

LB 507 (Campbell) (*Passed; signed by the Governor June 4, 2013*) Adopt the Step Up to Quality Child Care Act.

LB 555 (Nordquist) (*Held in committee.*) Adopt the Preparing Students for Educational Success Act

LB 625 (Conrad) (*Provisions of LB 625 were amended into LB 507 with floor AM1173; LB 625 Indefinitely Postponed.*) Change income eligibility provisions relating to federal child care assistance.

LB 630 (Kolowski) (*Held in committee.*) Redefine place of employment for Nebraska Clean Indoor Air Act.

Child and Maternal Death Review Act

LB 361 (Howard) *(Passed; signed by the Governor May 7, 2013)* Name the Child and Maternal Death Review Act and change review procedures.

Children's Commission, Nebraska

LB 269 (Campbell) *(Passed; signed by the Governor June 4, 2013)* Change provisions relating to children and families.

Children's Day Services

LB 8 (Krist) *(Held in committee.)* Provide for coverage of children's day services under Medicaid and social services.

Clean Indoor Air Act

LB 630 (Kolowski) *(Held in committee.)* Redefine place of employment for Nebraska Clean Indoor Air Act.

Credentials

LB 42 (Cook) *(Passed; signed by the Governor May 7, 2013)* Change credentialing requirements for administrators of facilities for persons with head injuries.

LB 54 (Wightman) *(Held in committee.)* Change display of credentials and advertisement provisions under the Uniform Credentialing Act.

LB 421 (McGill) *(Held in committee.)* Provide powers and duties for professional boards regarding credentialing veterans.

LB 422 (McGill) *(Held in committee.)* Provide duties for credentialing boards and temporary practice permits for military spouses.

Dental Hygienists

LB 484 (Karpisek) *(Passed; signed by the Governor March 20, 2013)* Change dental hygienist training and authorized functions.

Engineers and Architects

LB 7 (Krist) *(Passed; signed by the Governor March 7, 2013)* Change and eliminate provisions relating to signatures and seals under the Engineers and Architects Regulation Act.

Environmental Health Threats

LB 13 (Krist) *(General File with committee amendment.)* Require radon-resistant construction and radon mitigation statements for residential construction and create a building codes task force.

LB 427 (Howard) *(Held in committee.)* Adopt the Carbon Monoxide Safety Act.

LB 630 (Kolowski) *(Held in committee.)* Redefine place of employment for Nebraska Clean Indoor Air Act.

Family Planning Services

LB 452 (Conrad) *(Held in committee.)* Require a Medicaid waiver to provide coverage for family planning services.

Foster Care

LB 216 (McGill) *(Passed; signed by the Governor June 4, 2013)* Adopt the Young Adult Voluntary Services and Support Act.

LB 265 (Coash) *(Passed; signed by the Governor May 25, 2013)* Change foster care licensure and kinship home and relative home provisions.

Foster Care continued...

LB 269 (Campbell) *(Passed; signed by the Governor June 4, 2013)* Change provisions relating to children and families.

LB 530 (Dubas) *(Passed; signed by the Governor June 4, 2013)* Add, change, and eliminate provisions relating to foster care reimbursements.

Health Care / Insurance

LB 76 (Nordquist) *(General File)* Adopt the Health Care Transparency Act.

LR 22 (Campbell) *(Adopted; signed by the presiding officer May 31, 2013)* Provide the Health and Human Services Committee and the Banking, Commerce, and Insurance Committee be designated to convene a Partnership Towards Nebraska's Health Care System Transformation.

Health and Human Services, Department of

LB 309 (Bolz) *(Held in committee.)* Adopt the Department of Health and Human Services Delivery Improvement and Efficiency Act.

Hospitals

LB 458 (Krist) *(Passed; signed by the Governor May 7, 2013)* Require general acute hospitals to offer tetanus-diphtheria-pertussis vaccinations as prescribed.

Human Remains, Disposition of

LB 420 (McGill) *(Passed; signed by the Governor May 7, 2013)* Provide authorization for disposition of human remains based on military documents.

ICF/DD (Intermediate Care Facilities for Persons with Developmental Disabilities)

Reimbursement Protection Fund

LB 23 (Hadley) *(Passed; signed by the Governor June 4, 2013)* Change allocations of the ICF/MR Reimbursement Protection Fund.

Licensure / Regulation

LB 105 (Lathrop) *(Passed; signed by the Governor April 3, 2013)* Require child care licensees to obtain liability insurance.

LB 315 (Christensen) *(Held in committee.)* Redefine massage therapy and change licensure requirements.

LB 338 (Gloor) *(Indefinitely Postponed)* Prohibit certain practices by health care professionals and health care facilities.

LB 347 (Gloor) *(Held in committee.)* Provide for a moratorium on issuance of licenses under the Healthcare Facility Licensure Act.

LB 443 (Cook) *(Provisions of LB 443 amended into LB 265 with floor AM1349; LB 443 Indefinitely Postponed)* Adopt the Children's Residential Facilities and Placing Licensure Act

LB 526 (Howard) *(Held in committee.)* Change optometry licensure and certification to perform minor surgery and use pharmaceutical agents.

LB 527 (Howard) *(Held in committee.)* Change optometry licensure and certification to use pharmaceutical agents.

Massage Therapy

LB 315 (Christensen) *(Held in committee.)* Redefine massage therapy and change licensure requirements.

Medicaid / Medical Assistance

LB 8 (Krist) *(Held in committee.)* Provide for coverage of children's day services under Medicaid and social services.

Medicaid / Medical Assistance continued...

- LB 220** (Avery) *(Held in committee.)* Change children's eligibility provisions relating to the Medical Assistance Act.
- LB 245** (Nordquist) *(Held in committee.)* Change preferred drug list provisions under the Medical Assistance Act.
- LB 261** (Gloor) *(Held in committee.)* Adopt the Medicaid Insurance for Workers with Disabilities Act.
- LB 270** (Campbell) *(Held in committee.)* Provide for a Medicaid state plan amendment relating to services for children with serious emotional disturbance.
- LB 276** (Nordquist) *(Held in committee.)* Change reimbursement provisions under the Early Intervention Act and require a Medicaid state plan amendment.
- LB 338** (Gloor) *(Indefinitely Postponed)* Prohibit certain practices by health care professionals and health care facilities.
- LB 395** (Conrad) *(Held in committee.)* Redefine the term "school-based health center" for purposes of the Medical Assistance Act.
- LB 452** (Conrad) *(Held in committee.)* Require a Medicaid waiver to provide coverage for family planning services.
- LB 518** (Janssen) *(Indefinitely Postponed)* Change certain eligibility provisions of the medical assistance program.
- LB 556** (McGill) *(Passed; signed by the Governor June 4, 2013)* Provide for telehealth services for children, change the medical assistance program, and provide duties for the Department of Health and Human Services.
- LB 577** (Campbell) *(General File)* Change provisions relating to the medical assistance program.
- LB 578** (Nordquist) *(General File with committee amendment.)* Create a fund to provide funding for Medicaid services and change distribution of premium tax revenue.

Medicare

- LB 231** (Nelson) *(Provisions of LB 231 were amended into LB 195 with floor AM656; LB 231 Indefinitely Postponed)* Establish a uniform reimbursement rate for adult day services.

Midwifery

- LB 428** (Harr) *(Held in committee.)* Change permitted practice provisions for certified nurse midwives.

Military

- LB 420** (McGill) *(Passed; signed by the Governor May 7, 2013)* Provide authorization for disposition of human remains based on military documents.
- LB 421** (McGill) *(Held in committee.)* Provide powers and duties for professional boards regarding credentialing veterans.
- LB 422** (McGill) *(Held in committee.)* Provide duties for credentialing boards and temporary practice permits for military spouses.

Newborn Screening

- LB 225** (Smith) *(Passed; signed by the Governor June 3, 2013)* Adopt the Newborn Critical Congenital Heart Disease Screening Act.

Nurse Practitioners

- LB 243** (Howard) *(Passed; signed by the Governor May 7, 2013)* Redefine nurse practitioner practice.

Nursing Homes

LB 459 (Krist) *(Passed; signed by the Governor May 7, 2013)* Require certain health care facilities to offer on-site vaccination services.

LB 344 (Sullivan) *(Passed; signed by the Governor May 7, 2013)* Change moratorium exceptions for long-term care beds.

Optometrists

LB 526 (Howard) *(Held in committee.)* Change optometry licensure and certification to perform minor surgery and use pharmaceutical agents.

LB 527 (Howard) *(Held in committee.)* Change optometry licensure and certification to use pharmaceutical agents.

Pharmacies / Prescriptions

LB 326 (Howard) *(Passed; signed by the Governor June 4, 2013)* Change provisions of Pharmacy Practice Act and Automated Medication Systems Act.

LB 524 (Christensen) *(Held in committee.)* Adopt the Pharmacy Audit Integrity Act.

LB 528 (Howard) *(Passed; signed by the Governor April 24, 2013)* Provide for partner treatment relating to sexually transmitted diseases.

LB 535 (Lathrop) *(Held in committee.)* Adopt Prescription Monitoring Program Act and repeal prescription monitoring provisions.

Prenatal Care

LB 518 (Janssen) *(Indefinitely Postponed)* Change certain eligibility provisions of the medical assistance program.

Public Assistance

LB 236 (Howard) *(Held in committee.)* Appropriate funds to Department of Labor to establish an individual development accounts pilot project.

LB 240 (Harms) *(Passed; signed by the Governor May 8, 2013)* Change work activity requirements for self-sufficiency contracts under the Welfare Reform Act.

LB 368 (Crawford) *(Passed; signed by the Governor June 4, 2013)* Create a subsidized employment pilot program within the Department of Health and Human Services.

LB 430 (Crawford) *(Held in committee.)* Change asset limitation for the aid to dependent children program, child care subsidy, and the Welfare Reform Act.

LB 508 (Campbell) *(Held in committee.)* Change provisions relating to the aid to dependent children program.

Radon

LB 13 (Krist) *(General File with committee amendment.)* Require radon-resistant construction and radon mitigation statements for residential construction and create a building codes task force.

Reporting

LB 156 (Watermeier) *(Passed; signed by the Governor March 7, 2013)* Eliminate a report made to the Department of Health and Human Services by counties utilizing a community service program.

SNAP (Supplemental Nutrition Assistance Program)

LB 330 (Howard) *(Held in committee.)* Change eligibility provisions relating to the Supplemental Nutrition Assistance Program.

Sexually Transmitted Disease

LB 528 (Howard) (*Passed; signed by the Governor April 24, 2013*) Provide for partner treatment relating to sexually transmitted diseases.

Tanning

LB 132 (Nordquist) (*Held in committee.*) Adopt the Skin Cancer Prevention Act.

Telehealth

LB 556 (McGill) (*Passed; signed by the Governor June 4, 2013*) Provide for telehealth services for children, change the medical assistance program, and provide duties for the Department of Health and Human Services.

LB 605 (Pirsch) (*Held in committee.*) Provide for Telehealth Behavioral Health Services Program.

Terminology

LB 343 (Coash) (*Provisions of LB 343 were amended into LB 23 with floor AM 761; LB 343 Indefinitely Postponed*) Change terminology related to mental retardation.

Vaccinations

LB 458 (Krist) (*Passed; signed by the Governor May 7, 2013*) Require general acute hospitals to offer tetanus-diphtheria-pertussis vaccinations as prescribed.

LB 459 (Krist) (*Passed; signed by the Governor May 7, 2013*) Require certain health care facilities to offer on-site vaccination services.

Vital Statistics

LB 139 (Krist) (*Held in committee.*) Change vital statistics information relating to annulment and dissolution of marriage.

Nebraska Legislature
Health and Human Services Committee
June 5, 2013
Disposition Summary

Held in Committee (29):

8, 54, 132, 139, 220, 236, 245, 261, 270, 276, 309, 315, 330, 347, 395, 421, 422, 427, 428, 430, 452, 508, 524, 526, 527, 535, 555, 605, 630

Indefinitely Postponed (6):

231, 338, 343, 443, 518, 625

General File (6):

13, 76, 260, 359, 577, 578

Select File (0)

Final Reading (0)

Enacted (25):

7, 23, 42, 105, 156, 216, 225, 240, 243, 265, 269, 326, 344, 361, 368, 420, 458, 459, 484, 487, 507, 528, 530, 556, LR 22

Provisions amended into other bills (4):

231 into 195

343 into 23

443 into 265

625 into 507

Withdrawn (1):

586

**2013 Interim Studies
Health and Human Services Committee
(Numerical Order)**

LR	Introducer	One Liner	Order of Priority
LR 22	Campbell	Provide the Health and Human Services Committee and the Banking, Commerce and Insurance Committee be designated to convene a Partnership Towards Nebraska's Health Care System Transformation	1
LR 143	Krist	Interim study to examine children's day health services	23
LR 170	Crawford	Interim study to examine the liability insurance mandate contained in the Child Care Licensing Act	24
LR 209	Dubas	Interim study to examine the contracts between the Dept. of HHS and provider agencies for foster care services	9
LR 218	Campbell	Interim study to examine fetal alcohol spectrum disorders	10
LR 222	Howard	Interim study to gather information and make recommendations necessary for the Legislature to craft a comprehensive early learning strategy for the State of Nebraska	21
LR 227	Haar	Interim study to examine issues surrounding midwifery credentialing and safety measures	7
LR 228	Crawford	Interim study to examine the process by which military spouses and veterans obtain occupational licenses	11
LR 232	Gloor	Interim study to examine the process of applying for and attaining health care professional licensing when the applicant has a license, education, or credentialing from states and schools outside of Nebraska	28
LR 237	Campbell	Interim study to assess the extent to which Nebraska has implemented key provisions of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008	12
LR 238	Dubas	Interim study to examine the Access Nebraska system, as well as the separation of the economic assistance programs from the medicaid program	4
LR 239	Howard	Interim study to examine the Supplemental Nutrition Assistance Program (SNAP)	13

**2013 Interim Studies
Health and Human Services Committee
(Numerical Order)**

LR 241	Campbell	Interim study to examine the financial impact of, and financing options for, medicaid expansion under the Patient Protection and Affordable Care Act for medical assistance for newly eligible individuals	2
LR 243	Gloor	Interim study to examine the future of emergency medical services in Nebraska	14
LR 256	Christensen	Interim study to reexamine the consolidation of the Dept. of Health and Human Services that occurred in 1996 with the enactment of LB 1044	19
LR 257	Nordquist	Interim study to examine the early childhood learning and development system across the state to determine how to make the current system more effective	22
LR 259	Nordquist	Interim study to examine providing for the utilization of Temporary Assistance for Needy Families (TANF) reserve funds to provide for after school programming for children in families that qualify for assistance	25
LR 260	Nordquist	Interim study to examine existing barriers to the delivery of health care services through telehealth technologies in Nebraska	15
LR 261	Coash	Interim study to examine barriers to permanent placements for Nebraska children who have been placed out of the home and are wards of the state	6
LR 262	Coash	Interim study to examine the high rate of placement of Nebraska's Native American children involved in the foster care system	5
LR 270	Davis	Interim study to examine identification or creation of methods of keeping elderly Nebraskans safe in their homes where they can receive high quality care and support	16
LR 275	Bolz	Interim study to examine issues relating to the behavioral and mental health needs of children in educational settings	20
LR 297	McGill	Interim study to examine the effectiveness of telehealth technology used for behavioral health services in Nebraska	26

**2013 Interim Studies
Health and Human Services Committee
(Numerical Order)**

LR 300	Campbell	Interim study to examine the treatment and services for people dually diagnosed with intellectual or developmental disabilities, mental illness, or behavioral health problems	8
LR 303	Coash	Interim study to examine issues relating to brain injuries	17
LR 312	Coash	Interim study to examine issues relating to the child protective services system within the Dept. of Health and Human Services	18
LR 327	Haar	Interim study to examine issues relating to providing storm shelters or safe rooms for residents of mobile home parks	27
LR 387	HHS Com	Interim study to examine how Nebraska is utilizing Temporary Assistance for Needy Families (TANF) funds	3