

TWENTY-EIGHTH DAY - FEBRUARY 19, 2014

LEGISLATIVE JOURNAL

**ONE HUNDRED THIRD LEGISLATURE
SECOND SESSION**

TWENTY-EIGHTH DAY

Legislative Chamber, Lincoln, Nebraska
Wednesday, February 19, 2014

PRAYER

The prayer was offered by Pastor Jim Runnels, Verdon Christian Church, Verdon.

ROLL CALL

Pursuant to adjournment, the Legislature met at 9:00 a.m., Speaker Adams presiding.

The roll was called and all members were present except Senators Christensen, Conrad, Lautenbaugh, and Murante who were excused.

CORRECTIONS FOR THE JOURNAL

The Journal for the twenty-seventh day was approved.

RESOLUTION

LEGISLATIVE RESOLUTION 445. Introduced by Adams, 24.

WHEREAS, the NEBRASKAland Foundation on Saturday, March 1, 2014, at the annual Statehood Day Dinner held in the Nebraska State Capitol, will present the Distinguished NEBRASKAlander Award to three honorees; and

WHEREAS, a Distinguished NEBRASKAlander Award will be presented to Eric Brown, a Lexington native, who is well-known in Nebraska and especially in the agricultural community. Eric is the retired general manager of several radio stations including KRVN, known by many as the "Rural Voice of Nebraska." Broadcasting has been Eric's calling in life, starting with part-time announcing, pursuing advanced degrees, and finally becoming an honored leader in broadcast journalism. Eric is known for his leadership in many business, civic, and professional organizations including those associated with the University of Nebraska. Eric recognizes the tremendous importance of agriculture in Nebraska, and Nebraska agriculture

has recognized Eric for his service to farm families and agribusiness throughout his career; and

WHEREAS, a Distinguished NEBRASKAlander Award will be presented to Bruce Lauritzen, of Omaha, a leader in banking and business in Nebraska, and the fifth generation in his family to be involved in the management of First National Bank of Omaha where Bruce is chairman of its parent companies. First National was founded in 1857, prior to Nebraska statehood, and is now the largest private banking organization in the United States. Bruce led First National's impressive development in downtown Omaha with the construction of First National Tower, now Nebraska's tallest building, and the creation of two sculpture parks depicting the courage of pioneers and the spirit of the Nebraska wilderness. Bruce has served on numerous civic boards and contributed to community and statewide philanthropy, including the beautiful Lauritzen Gardens, a botanical garden located in South Omaha; and

WHEREAS, a Distinguished NEBRASKAlander Award will be presented to Joel Sartore, of Lincoln, who brings great recognition to Nebraska through his work in photography. Since 1992, Joel has contributed more than thirty-five stories as a photographer for National Geographic magazine. Joel has also contributed to other magazines including Audubon, Geo, Life, Newsweek, Sports Illustrated, and Time. Joel is best known for his photographs of wildlife and, according to National Geographic, has battled to conserve natural spaces and the habitats they support. Joel is also a speaker, author, and teacher with a degree in journalism from the University of Nebraska. Joel has been on the other side of the lens as the subject of a PBS documentary entitled "At Close Range," and as a participant on national broadcasts including as a regular contributor on the CBS Sunday Morning Show with Charles Osgood.

NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE ONE HUNDRED THIRD LEGISLATURE OF NEBRASKA, SECOND SESSION:

1. That the Legislature congratulates the recipients of the Distinguished NEBRASKAlander Award and extends its appreciation for their service to the State of Nebraska.

2. That a copy of this resolution be given to all honorees.

Laid over.

NOTICE OF COMMITTEE HEARINGS

Judiciary

Room 1113

Wednesday, February 26, 2014 1:30 p.m.

LB1049
LB811
LB1027
LB1035
LB1110

Thursday, February 27, 2014 1:30 p.m.

LB1108
LB1109
LB1032
LB1000
LB1062

(Signed) Brad Ashford, Chairperson

Government, Military and Veterans Affairs

Room 1507

Wednesday, February 26, 2014 8:45 a.m.

Larry Johnson - State Emergency Response Commission

(Signed) Bill Avery, Chairperson

COMMITTEE REPORT
Enrollment and Review

LEGISLATIVE BILL 838. Placed on Final Reading.

(Signed) John Murante, Chairperson

CORRECTED COMMITTEE REPORT
Health and Human Services

LEGISLATIVE BILL 660. Corrected amendment:

AM1985

1 1. Strike the original sections and insert the following
2 new sections:
3 Section 1. Section 68-1212, Revised Statutes Cumulative
4 Supplement, 2012, is amended to read:
5 68-1212 (1) Except as provided in subsection (2) of
6 this section, by April 1, 2012, for all cases in which a
7 court has awarded a juvenile to the care of the Department of
8 Health and Human Services according to subsection (1) of section
9 43-285 and for any noncourt and voluntary cases, the case manager
10 shall be an employee of the department. Such case manager shall
11 be responsible for and shall directly oversee: Case planning;
12 service authorization; investigation of compliance; monitoring
13 and evaluation of the care and services provided to children
14 and families; and decisionmaking regarding the determination of
15 visitation and the care, placement, medical services, psychiatric
16 services, training, and expenditures on behalf of each juvenile
17 under subsection (1) of section 43-285. Such case manager shall be

18 responsible for decisionmaking and direct preparation regarding the
19 proposed plan for the care, placement, services, and permanency of
20 the juvenile filed with the court required under subsection (2)
21 of section 43-285. The health and safety of the juvenile shall be
22 the paramount concern in the proposed plan in accordance with such
23 subsection.

1 (2) The department may contract with a lead agency
2 for a case management lead agency model pilot project in the
3 department's eastern service area as designated pursuant to section
4 81-3116. The department shall include in the pilot project the
5 appropriate conditions, performance outcomes, and oversight for the
6 lead agency, including, but not be limited to:

7 (a) The reporting and survey requirements of lead
8 agencies described in sections 43-4406 and 43-4407;

9 (b) Departmental monitoring and functional capacities of
10 lead agencies described in section 43-4408;

11 (c) The key areas of evaluation specified in subsection
12 (3) of section 43-4409;

13 (d) Compliance and coordination with the development of
14 the statewide strategic plan for child welfare program and service
15 reform pursuant to Laws 2012, LB821; and

16 (e) Assurance of financial accountability and reporting
17 by the lead agency.

18 (3) ~~Prior to April 1, 2013, the Health and Human Services~~
19 ~~Committee of the Legislature shall review the pilot project and~~
20 ~~provide to the department and the Legislature recommendations,~~
21 ~~and any legislation necessary to adopt the recommendations,~~
22 ~~regarding the adaptation or continuation of the pilot project. In~~
23 ~~making the recommendations, the committee shall utilize: (a) The~~
24 ~~evaluation completed pursuant to Legislative Bill 1160, One Hundred~~
25 ~~Second Legislature, Second Session, 2012; (b) the recommendations~~
26 ~~of the statewide strategic plan pursuant to Legislative Bill~~
27 ~~821, One Hundred Second Legislature, Second Session, 2012; (c)~~
1 ~~the department's assessment of the pilot project; and (d) any~~
2 ~~additional reports, surveys, information, and data provided to~~
3 ~~and requested by the committee. If the pilot project continues~~
4 ~~past April 1, 2013, the Before June 30, 2014, the department may~~
5 ~~extend the contract for the pilot project described in subsection~~
6 ~~(2) of this section. The lead agency shall also comply with the~~
7 ~~requirements of section 43-4204.~~

8 Sec. 2. If the pilot project described in section 68-1212
9 is extended by the Department of Health and Human Services,
10 an evaluation of the pilot project shall be completed by the
11 Legislature prior to December 31, 2014. The Legislature shall
12 utilize all necessary resources, including the hiring of a
13 consultant if deemed necessary. The department and any child
14 welfare entity which has contracted with the department shall
15 provide all data and information to the Legislature to assist in
16 the evaluation.

- 17 Sec. 3. Original section 68-1212, Revised Statutes
 18 Cumulative Supplement, 2012, is repealed.
 19 Sec. 4. Since an emergency exists, this act takes effect
 20 when passed and approved according to law.

(Signed) Kathy Campbell, Chairperson

COMMITTEE REPORTS
 Health and Human Services

LEGISLATIVE BILL 526. Placed on General File with amendment.
 AM1619

- 1 1. Strike the original sections and insert the following
 2 new sections:
 3 Section 1. Section 38-2601, Reissue Revised Statutes of
 4 Nebraska, is amended to read:
 5 38-2601 Sections 38-2601 to 38-2623 and sections 7, 8,
 6 and 9 of this act shall be known and may be cited as the Optometry
 7 Practice Act.
 8 Sec. 2. Section 38-2604, Reissue Revised Statutes of
 9 Nebraska, is amended to read:
 10 38-2604 (1) Pharmaceutical agents, for diagnostic
 11 purposes, means anesthetics, cycloplegics, and mydriatics.
 12 (2) Pharmaceutical agents, for therapeutic purposes,
 13 means topical ophthalmic pharmaceutical agents which treat eye
 14 diseases, infection, inflammation, and superficial abrasions, or
 15 oral analgesics, including oral analgesics enumerated in Schedules
 16 III and IV of section 28-405 necessary to treat conditions of the
 17 eye, ocular adnexa, or visual system, or oral pharmaceutical agents
 18 for the treatment of diseases or infections of the eye, ocular
 19 adnexa, or visual system, or oral anti-inflammatory agents to treat
 20 conditions of the eye, ocular adnexa, or visual system, ~~excluding~~
 21 ~~steroids and immunosuppressive agents.~~
 22 (3) Pharmaceutical agents, for therapeutic purposes, also
 23 means pharmaceutical agents injected for treatment of anaphylaxis
 1 or pharmaceutical agents injected into the eyelid for the treatment
 2 of chalazions, hordeolums, sweat gland cysts, or oil gland cysts of
 3 the eyelids.
 4 Sec. 3. Section 38-2605, Revised Statutes Cumulative
 5 Supplement, 2012, is amended to read:
 6 38-2605 (1) The practice of optometry means one or a
 7 combination of the following:
 8 (a) The examination of the human eye to diagnose, treat,
 9 or refer for consultation or treatment any abnormal condition of
 10 the human eye, ocular adnexa, or visual system;
 11 (b) The employment of instruments, devices,
 12 pharmaceutical agents, and procedures intended for the purpose
 13 of investigating, examining, diagnosing, treating, managing, or
 14 correcting visual defects or abnormal conditions of the human eye,

- 15 ocular adnexa, or visual system;
- 16 (c) The prescribing and application of lenses, devices
- 17 containing lenses, prisms, contact lenses, ophthalmic devices,
- 18 orthoptics, vision training, pharmaceutical agents, and prosthetic
- 19 devices to correct, relieve, or treat defects or abnormal
- 20 conditions of the human eye, ocular adnexa, or visual system;
- 21 (d) The dispensing and sale of a contact lens, including
- 22 a cosmetic or plano contact lens or a contact lens containing an
- 23 ocular pharmaceutical agent which an optometrist is authorized by
- 24 law to prescribe and which is classified by the federal Food and
- 25 Drug Administration as a drug;
- 26 (e) The ordering of procedures and laboratory tests
- 27 rational to the diagnosis or treatment of conditions or diseases of
- 1 the human eye, ocular adnexa, or visual system; ~~and~~
- 2 (f) The performance of minor surgical procedures required
- 3 for the removal of superficial eyelid, conjunctival, and corneal
- 4 foreign bodies;-
- 5 (g) The performance of minor surgical procedures to allow
- 6 the treatment of chalazions, hordeolums, sweat gland cysts, or
- 7 oil gland cysts of the eyelids by lancing, small incision, and
- 8 curettage; and
- 9 (h) The injection of pharmaceutical agents for treatment
- 10 of anaphylaxis and injections of pharmaceutical agents into the
- 11 eyelid for purposes allowed pursuant to subsection (3) of section
- 12 38-2604.
- 13 (2) The practice of optometry does not include the use of
- 14 surgery other than as authorized pursuant to subdivision (1)(f) or
- 15 (1)(g) of this section, the use of laser surgery, oral therapeutic
- 16 agents used in the treatment of glaucoma, oral steroids, or oral
- 17 immunosuppressive agents or the treatment of infantile/congenital
- 18 glaucoma, which means the condition is present at birth.
- 19 Sec. 4. Section 38-2610, Reissue Revised Statutes of
- 20 Nebraska, is amended to read:
- 21 38-2610 (1) In issuing a license or renewal, the
- 22 department, with the recommendation of the board, shall state
- 23 whether such person licensed in the practice of optometry has been
- 24 certified to use pharmaceutical agents pursuant to section 38-2613;
- 25 or 38-2614, or 38-2615 and shall determine an appropriate means to
- 26 further identify those persons who are certified in the diagnostic
- 27 use of such agents or the therapeutic use of such agents.
- 1 (2) In issuing a license or renewal, the department,
- 2 with the recommendation of the board, shall state whether such
- 3 person licensed in the practice of optometry has been certified to
- 4 perform minor surgical procedures or administer injections pursuant
- 5 to section 8 or 9 of this act.
- 6 Sec. 5. Section 38-2614, Reissue Revised Statutes of
- 7 Nebraska, is amended to read:
- 8 38-2614 (1) An optometrist licensed in this state may
- 9 use topical ocular pharmaceutical agents for therapeutic purposes

10 authorized under subdivision (1)(b) or (c) of section 38-2605 if
11 such person is certified by the department, with the recommendation
12 of the board, as qualified to use ocular pharmaceutical agents for
13 therapeutic purposes, including the treatment of glaucoma.

14 ~~(2) Such certification shall require~~ In order to be
15 certified by the department under subsection (1) of this section,
16 the optometrist shall show (a) satisfactory completion of classroom
17 education and clinical training which emphasizes the examination,
18 diagnosis, and treatment of the eye, ocular adnexa, and visual
19 system offered by a school or college approved by the board and
20 passage of an examination approved by the board or (b) evidence
21 ~~provided by the optometrist~~ of certification in another state for
22 the use of therapeutic pharmaceutical agents which is deemed by the
23 board as satisfactory validation of such qualifications.

24 Sec. 6. Section 38-2615, Reissue Revised Statutes of
25 Nebraska, is amended to read:

26 38-2615 (1) After January 1, 2000, only an optometrist
27 licensed in this state prior to April 30, 1987, may practice
1 optometry without meeting the requirements and obtaining
2 certification required by sections 38-2613 and 38-2614.

3 (2) After August 1, 2020, only an optometrist licensed in
4 this state prior to April 30, 1987, may practice optometry without
5 meeting the requirements and obtaining certification required by
6 sections 38-2613 and 38-2614 and sections 7, 8, and 9 of this act.

7 Sec. 7. (1) In order for the board to recommend
8 certification in the use of oral steroids, oral antiglaucoma
9 medications, and oral immunosuppressive agents for a license issued
10 or renewed after August 1, 2014, the licensee must have completed
11 a minimum of four hours of tested education from an accredited
12 school of optometry pursuant to section 38-2616 related to the
13 prescription of oral steroids, oral antiglaucoma medications, and
14 oral immunosuppressive agents. Such education shall include (a)
15 review of the pharmacology of oral steroids, oral antiglaucoma
16 medications, and oral immunosuppressive agents for the diagnosis
17 and treatment of diseases and disorders of the eye and ocular
18 adnexa, (b) review of clinical indications and contra-indications
19 for such medications, (c) review of systemic side effects of such
20 medications, (d) review of laboratory testing associated with use
21 of such medications, (e) review of coordination of care with
22 other providers when utilizing such medications, and (f) informed
23 consent and medical-legal issues regarding the administration of
24 such medications.

25 (2) In order to be certified by the department, with
26 the recommendation of the board under this section, the licensee
27 shall have on file with or submit to the department evidence of
1 (a) satisfactory completion of four hours of education described in
2 subsection (1) of this section or (b) such certification in another
3 state which is deemed by the board as satisfactory evidence of such
4 qualifications.

5 Sec. 8. (1) An optometrist licensed in this state may
6 perform minor surgical procedures authorized under subdivision
7 (1)(g) of section 38-2605 if the optometrist provides either (a)
8 evidence of certification in another state in the performance
9 of minor surgical procedures and such evidence is deemed by
10 the board as satisfactory evidence of such qualifications or
11 (b)(i) for a licensee graduating from a school of optometry after
12 December 31, 2012, (A) evidence from an accredited school of
13 optometry pursuant to section 38-2616 that is deemed by the board
14 as satisfactory evidence of competency in the performance of minor
15 surgical procedures or (B) by the end of the first licensure
16 renewal period, proof of compliance with the requirements of
17 subsection (2) of this section, or (ii) for a licensee graduating
18 from a school of optometry on or before December 31, 2012, evidence
19 of completion of a minimum of sixteen hours of tested education
20 from an accredited school of optometry pursuant to section 38-2616.

21 (2)(a) The education referred to in subdivision
22 (1)(b)(ii) of this section shall consist of a standardized training
23 program taught by an accredited school of optometry and shall
24 include didactic and clinical education.

25 (b) Didactic education shall include (i) techniques for
26 infection control, sterilization, and disposal of biohazardous
27 waste, (ii) instruments, equipment, and supplies used to perform
1 in-office minor surgical procedures, (iii) review of hemostasis
2 and wound healing, (iv) review of clinical anatomy of the
3 eyelid and ocular adnexa, (v) review of diagnosis and management
4 of neoplasms of the eyelids and ocular adnexa, (vi) surgical
5 techniques for treatment of cysts or infected or inflamed glands
6 of the eyelid, (vii) techniques to perform chalazion injection,
7 chalazion incision, and curettage, (viii) suturing techniques and
8 perioperative wound management, (ix) specimen preservation and
9 transport for laboratory analysis, (x) operative and postoperative
10 complications of minor surgical procedures of the eyelids and
11 ocular adnexa, (xi) informed consent and medical-legal aspects of
12 minor surgical procedures of the eyelids and ocular adnexa, and
13 (xii) federal regulations pertaining to optometry practices and
14 minor surgical procedures.

15 (c) Clinical education shall be proctored by a person
16 licensed to perform minor surgical procedures and affiliated with
17 an accredited school of optometry pursuant to section 38-2616. Such
18 clinical education shall include (i) technique for sterilization,
19 (ii) technique for chalazion injection, chalazion incision, and
20 curettage, (iii) technique for treatment of cysts or infected or
21 inflamed glands of the eyelid, (iv) biohazardous waste disposal
22 techniques, (v) demonstrated performance of the procedures on
23 patients, and (vi) competency-based testing.

24 Sec. 9. (1) An optometrist licensed in this state
25 may administer injections authorized under subdivision (1)(h) of
26 section 38-2605 if the optometrist provides either (a) evidence

27 of certification in another state in the use of injections and
1 such evidence is deemed by the board as satisfactory evidence of
2 such qualifications or (b)(i) for a licensee graduating from an
3 accredited school of optometry after December 31, 2012, evidence of
4 passing the injection skills examination of the national licensing
5 board for optometrists, or (ii) for a licensee graduating from
6 an accredited school of optometry on or before December 31,
7 2012, evidence of passing the injection skills examination of the
8 national licensing board for optometrists or evidence of completion
9 of a minimum of eight hours of tested education from an accredited
10 school of optometry pursuant to section 38-2616.

11 (2)(a) The education referred to in subdivision
12 (1)(b)(ii) of this section shall include didactic and clinical
13 education.

14 (b) Didactic education shall include (i) review of the
15 pharmacology of subcutaneous and intramuscular medications for
16 the diagnosis and treatment of diseases and disorders of the
17 eye and ocular adnexa, (ii) review of clinical indications for
18 such medications, (iii) review of systemic side effects of such
19 medications, (iv) review of laboratory testing associated with
20 the use of such medications, (v) techniques of administration
21 of such medications, (vi) review of coordination of care with
22 other providers when utilizing such medications, and (vii) informed
23 consent and medical-legal issues regarding the administration of
24 injectable medications.

25 (c) Clinical education shall be proctored by a person
26 licensed to administer such injections and affiliated with an
27 accredited school of optometry pursuant to section 38-2616. Such
1 clinical education shall include the technique of subcutaneous
2 and intramuscular injections, the technique of sterilization or
3 asepsis, the federal regulations regarding blood-borne pathogen
4 disposal, and competency-based testing.

5 Sec. 10. Section 38-2616, Reissue Revised Statutes of
6 Nebraska, is amended to read:

7 38-2616 (1) No school of optometry shall be approved by
8 the board as an accredited school unless the school is accredited
9 by a regional or professional accrediting organization which is
10 recognized by the United States Department of Education.

11 (2) The board shall assess the education provided by a
12 school of optometry listed on an application for a license to
13 practice optometry to determine if the education provided by the
14 school satisfies the requirements of the Optometry Practice Act.

15 Sec. 11. Section 38-2617, Revised Statutes Cumulative
16 Supplement, 2012, is amended to read:

17 38-2617 (1) A licensed optometrist who performs minor
18 surgical procedures or administers injections pursuant to section
19 8 or 9 of this act shall provide a standard of care to patients
20 comparable to that provided by a physician licensed in this state
21 to practice medicine and surgery.

22 ~~(1)-(2)~~ A licensed optometrist who administers or
 23 prescribes pharmaceutical agents for examination or for treatment
 24 shall provide the same standard of care to patients as that
 25 provided by a physician licensed in this state to practice
 26 medicine and surgery utilizing the same pharmaceutical agents for
 27 examination or treatment.

1 ~~(2)-(3)~~ An optometrist who dispenses a contact lens
 2 containing an ocular pharmaceutical agent which is classified by
 3 the federal Food and Drug Administration as a drug shall comply
 4 with the rules and regulations of the board relating to packaging,
 5 labeling, storage, drug utilization review, and record keeping. The
 6 board shall adopt and promulgate rules and regulations relating to
 7 packaging, labeling, storage, drug utilization review, and record
 8 keeping for such contact lenses.

9 Sec. 12. Original sections 38-2601, 38-2604, 38-2610,
 10 38-2614, 38-2615, and 38-2616, Reissue Revised Statutes of
 11 Nebraska, and sections 38-2605 and 38-2617, Revised Statutes
 12 Cumulative Supplement, 2012, are repealed.

LEGISLATIVE BILL 916. Placed on General File with amendment.
 AM1916

1 1. Strike the original sections and insert the following
 2 new sections:
 3 Section 1. Section 38-206, Reissue Revised Statutes of
 4 Nebraska, is amended to read:
 5 38-206 The board shall:
 6 (1) Establish standards for integrated practice
 7 agreements between collaborating physicians and certified nurse
 8 midwives; ~~and nurse practitioners;~~
 9 (2) Monitor the scope of practice by certified nurse
 10 midwives, certified registered nurse anesthetists, clinical nurse
 11 specialists, and nurse practitioners;
 12 (3) Recommend disciplinary action relating to licenses
 13 of advanced practice registered nurses, certified nurse
 14 midwives, certified registered nurse anesthetists, clinical nurse
 15 specialists, and nurse practitioners;
 16 (4) Engage in other activities not inconsistent with the
 17 Advanced Practice Registered Nurse Practice Act, the Certified
 18 Nurse Midwifery Practice Act, the Certified Registered Nurse
 19 Anesthetist Practice Act, the Clinical Nurse Specialist Practice
 20 Act, and the Nurse Practitioner Practice Act; and
 21 (5) Adopt rules and regulations to implement the Advanced
 22 Practice Registered Nurse Practice Act, the Certified Nurse
 23 Midwifery Practice Act, the Certified Registered Nurse Anesthetist
 1 Practice Act, the Clinical Nurse Specialist Practice Act, and the
 2 Nurse Practitioner Practice Act, for promulgation by the department
 3 as provided in section 38-126. Such rules and regulations shall
 4 also include: (a) Approved certification organizations and approved
 5 certification programs; and (b) professional liability insurance.

6 Sec. 2. Section 38-2302, Reissue Revised Statutes of
7 Nebraska, is amended to read:

8 38-2302 For purposes of the Nurse Practitioner Practice
9 Act and elsewhere in the Uniform Credentialing Act, unless the
10 context otherwise requires, the definitions found in sections
11 38-2303 to 38-2314 and section 3 of this act apply.

12 Sec. 3. Section 38-2310, Reissue Revised Statutes of
13 Nebraska, is amended to read:

14 ~~38-2310 (1) Integrated practice agreement means a~~
15 ~~written agreement between a nurse practitioner and a collaborating~~
16 ~~physician in which the nurse practitioner and the collaborating~~
17 ~~physician provide for the delivery of health care through an~~
18 ~~integrated practice. The integrated practice agreement shall~~
19 ~~provide that the nurse practitioner and the collaborating physician~~
20 ~~will practice collaboratively within the framework of their~~
21 ~~respective scopes of practice. Each provider shall be responsible~~
22 ~~for his or her individual decisions in managing the health care of~~
23 ~~patients. Integrated practice includes consultation, collaboration,~~
24 ~~and referral.~~

25 (2) ~~The nurse practitioner and the collaborating~~
26 ~~physician shall have joint responsibility for patient care, based~~
27 ~~upon the scope of practice of each practitioner. The collaborating~~
1 ~~physician shall be responsible for supervision of the nurse~~
2 ~~practitioner to ensure the quality of health care provided to~~
3 ~~patients.~~

4 (3) ~~For purposes of this section:~~

5 (a) ~~Collaborating physician means a physician or~~
6 ~~osteopathic physician licensed in Nebraska and practicing in the~~
7 ~~same geographic area and practice specialty, related specialty, or~~
8 ~~field of practice as the nurse practitioner; and~~

9 (b) ~~Supervision means the ready availability of~~
10 ~~the collaborating physician for consultation and direction of~~
11 ~~the activities of the nurse practitioner within the nurse~~
12 ~~practitioner's defined scope of practice.~~

13 Transition-to-practice agreement means a collaborative
14 agreement between a nurse practitioner and a supervising provider
15 which provides for the delivery of health care through a
16 collaborative practice and which meets the requirements of section
17 38-2322.

18 Sec. 4. Section 38-2315, Revised Statutes Supplement,
19 2013, is amended to read:

20 38-2315 (1) A nurse practitioner may provide health
21 care services within specialty areas. A nurse practitioner shall
22 function by establishing collaborative, consultative, and referral
23 networks as appropriate with other health care professionals.

24 Patients who require care beyond the scope of practice of a
25 nurse practitioner shall be referred to an appropriate health care
26 provider.

27 (2) Nurse practitioner practice means health promotion,

1 health supervision, illness prevention and diagnosis, treatment,
 2 and management of common health problems and acute and chronic
 3 conditions, including:
 4 (a) Assessing patients, ordering diagnostic tests and
 5 therapeutic treatments, synthesizing and analyzing data, and
 6 applying advanced nursing principles;
 7 (b) Dispensing, incident to practice only, sample
 8 medications which are provided by the manufacturer and are provided
 9 at no charge to the patient; and
 10 (c) Prescribing therapeutic measures and medications
 11 relating to health conditions within the scope of practice. ~~Any~~
 12 ~~limitation on the prescribing authority of the nurse practitioner~~
 13 ~~for controlled substances listed in Schedule II of section 28-405~~
 14 ~~shall be recorded in the integrated practice agreement established~~
 15 ~~pursuant to section 38-2310.~~
 16 (3) A nurse practitioner who has proof of a current
 17 certification from an approved certification program in a
 18 psychiatric or mental health specialty may manage the care of
 19 patients committed under the Nebraska Mental Health Commitment
 20 Act. Patients who require care beyond the scope of practice of a
 21 nurse practitioner who has proof of a current certification from an
 22 approved certification program in a psychiatric or mental health
 23 specialty shall be referred to an appropriate health care provider.
 24 (4) A nurse practitioner may pronounce death and may
 25 complete and sign death certificates and any other forms if such
 26 acts are within the scope of practice of the nurse practitioner and
 27 are not otherwise prohibited by law.

1 Sec. 5. Section 38-2322, Reissue Revised Statutes of
 2 Nebraska, is amended to read:
 3 38-2322 (1) ~~Prior to commencing practice~~ In order to
 4 be licensed as a nurse practitioner, an individual ~~(a)~~ who
 5 has a master's degree or doctorate degree in nursing and has
 6 completed an approved nurse practitioner program, ~~(b) and~~ who can
 7 demonstrate separate course work in pharmacotherapeutics, advanced
 8 health assessment, and pathophysiology or psychopathology, ~~and (c)~~
 9 ~~who has completed a minimum of two thousand hours of practice under~~
 10 ~~the supervision of a physician,~~ shall submit to the department ~~an~~
 11 ~~integrated practice agreement with a collaborating physician and~~
 12 ~~shall furnish~~ proof of professional liability insurance required
 13 under section 38-2320.
 14 (2) ~~A nurse practitioner who needs to obtain the two~~
 15 ~~thousand hours of supervised practice required under subdivision~~
 16 ~~(1)(c) of this section shall (a) submit to the department~~
 17 ~~one or more integrated practice agreements with a collaborating~~
 18 ~~physician, (b) furnish proof of jointly approved protocols with a~~
 19 ~~collaborating physician which shall guide the nurse practitioner's~~
 20 ~~practice, and (c) furnish proof of professional liability insurance~~
 21 ~~required under section 38-2320.~~
 22 (3) If, after a diligent effort to obtain an integrated

23 ~~practice agreement, a nurse practitioner is unable to obtain an~~
24 ~~integrated practice agreement with one physician, the board may~~
25 ~~waive the requirement of an integrated practice agreement upon a~~
26 ~~showing that the applicant (a) meets the requirements of subsection~~
27 ~~(1) of this section, (b) has made a diligent effort to obtain~~
1 ~~an integrated practice agreement, and (c) will practice in a~~
2 ~~geographic area where there is a shortage of health care services.~~

3 (2) In order to practice as a nurse practitioner in
4 this state, an individual who holds or has held a license as
5 a nurse practitioner in this state or in another state shall
6 submit to the department a transition-to-practice agreement
7 or evidence of completion of two thousand hours of practice
8 as a nurse practitioner which have been completed under a
9 transition-to-practice agreement, under a collaborative agreement,
10 under an integrated practice agreement, through independent
11 practice, or under any combination of such agreements and practice,
12 as allowed in this state or another state.

13 (3)(a) A transition-to-practice agreement shall be a
14 formal written agreement that provides that the nurse practitioner
15 and the supervising provider practice collaboratively within the
16 framework of their respective scopes of practice.

17 (b) The nurse practitioner and the supervising provider
18 shall each be responsible for his or her individual decisions
19 in managing the health care of patients through consultation,
20 collaboration, and referral. The nurse practitioner and the
21 supervising provider shall have joint responsibility for the
22 delivery of health care to a patient based upon the scope of
23 practice of the nurse practitioner and the supervising provider.

24 (c) The supervising provider shall be responsible for
25 supervision of the nurse practitioner to ensure the quality of
26 health care provided to patients.

27 (d) In order for a nurse practitioner to be a
1 supervising provider for purposes of a transition-to-practice
2 agreement, the nurse practitioner shall submit to the department
3 evidence of completion of ten thousand hours of practice
4 as a nurse practitioner which have been completed under a
5 transition-to-practice agreement, under a collaborative agreement,
6 under an integrated practice agreement, through independent
7 practice, or under any combination of such agreements or practice,
8 as allowed in this state or another state.

9 (4) For purposes of this section:

10 (a) Supervising provider means a physician, osteopathic
11 physician, or nurse practitioner licensed and practicing in
12 Nebraska and practicing in the same practice specialty, related
13 specialty, or field of practice as the nurse practitioner being
14 supervised; and

15 (b) Supervision means the ready availability of the
16 supervising provider for consultation and direction of the
17 activities of the nurse practitioner being supervised within such

18 nurse practitioner's defined scope of practice.
 19 Sec. 6. Section 38-2323, Reissue Revised Statutes of
 20 Nebraska, is amended to read:
 21 38-2323 Nothing in the Nurse Practitioner Practice
 22 Act shall prohibit a nurse practitioner from consulting or
 23 collaborating with and referring patients to health care providers
 24 not included in the nurse practitioner's ~~integrated practice~~
 25 transition-to-practice agreement.
 26 Sec. 7. Original sections 38-206, 38-2302, 38-2310,
 27 38-2322, and 38-2323, Reissue Revised Statutes of Nebraska, and
 1 section 38-2315, Revised Statutes Supplement, 2013, are repealed.

(Signed) Kathy Campbell, Chairperson

Nebraska Retirement Systems

LEGISLATIVE BILL 918. Placed on General File.

(Signed) Jeremy Nordquist, Chairperson

Education

LEGISLATIVE BILL 782. Placed on General File.

LEGISLATIVE BILL 1103. Placed on General File.

LEGISLATIVE BILL 923. Placed on General File with amendment.
 AM1977

1 1. Strike the original sections and insert the following
 2 new sections:
 3 Section 1. The position of state school security
 4 director is created within the State Department of Education. The
 5 Commissioner of Education shall appoint the director based on
 6 experience, knowledge, and skills in the field of school security.
 7 Sec. 2. The state school security director appointed
 8 pursuant to section 1 of this act shall be responsible for
 9 providing leadership and support for safety and security for the
 10 public, private, denominational, and parochial schools. Duties of
 11 the director include, but are not limited to:
 12 (1) Collecting safety and security plans, required
 13 pursuant to rules and regulations of the State Department of
 14 Education relating to accreditation of schools, and other school
 15 security information from each school system in Nebraska. School
 16 districts shall provide the state school security director with
 17 the safety and security plans of the school district and any other
 18 security information requested by the director, but any plans or
 19 information submitted by a school district may be withheld by the
 20 department pursuant to subdivision (8) of section 84-712.05;
 21 (2) Recommending minimum standards for school security on
 22 or before January 1, 2015, to the State Board of Education;

23 (3) Conducting an assessment of the security of each
 1 public school building, which assessment shall be completed by
 2 January 1, 2016;
 3 (4) Identifying deficiencies in school security based on
 4 the minimum standards adopted by the State Board of Education
 5 and making recommendations to school boards for remedying such
 6 deficiencies;
 7 (5) Establishing security awareness and preparedness
 8 tools and training programs for public school staff;
 9 (6) Establishing research-based model instructional
 10 programs for staff, students, and parents to address the underlying
 11 causes for violent attacks on schools; and
 12 (7) Overseeing suicide awareness and prevention training
 13 in public schools pursuant to section 4 of this act.
 14 Sec. 3. The State Board of Education, based on the
 15 recommendations of the school security officer, may adopt and
 16 promulgate rules and regulations establishing minimum school
 17 security standards on or before July 1, 2015.
 18 Sec. 4. (1) Beginning in school year 2014-15, all
 19 public school nurses, teachers, counselors, school psychologists,
 20 administrators, school social workers, and any other appropriate
 21 personnel shall receive at least one hour of suicide awareness and
 22 prevention training each year. This training shall be provided
 23 within the framework of existing inservice training programs
 24 offered by the State Department of Education or as part of
 25 required professional development activities.
 26 (2) The department, in consultation with organizations
 27 including, but not limited to, the Nebraska State Suicide
 1 Prevention Coalition, the Nebraska chapter of the American
 2 Foundation for Suicide Prevention, the Behavioral Health Education
 3 Center of Nebraska, the National Alliance on Mental Illness
 4 Nebraska, and other organizations and professionals with expertise
 5 in suicide prevention, shall develop a list of approved training
 6 materials to fulfill the requirements of subsection (1) of this
 7 section. Such materials shall include training on how to identify
 8 appropriate mental health services, both within the school and
 9 also within the larger community, and when and how to refer youth
 10 and their families to those services. Such materials may include
 11 programs that can be completed through self-review of suitable
 12 suicide prevention materials.
 13 (3) The department may adopt rules and regulations to
 14 carry out this section.

(Signed) Kate Sullivan, Chairperson

COMMITTEE REPORT
 Enrollment and Review

LEGISLATIVE BILL 438A. Placed on Select File.

(Signed) John Murante, Chairperson

ANNOUNCEMENTS

Senator Kolowski designates LB276 as his priority bill.

Senator Garrett designates LB1067 as his priority bill.

The Executive Board designates LB976 and LB1016 as its priority bills.

VISITOR

The Doctor of the Day was Dr. Jason Bepalec from Geneva.

ADJOURNMENT

At 9:19 a.m., on a motion by Senator McCoy, the Legislature adjourned until 9:00 a.m., Thursday, February 20, 2014.

Patrick J. O'Donnell
Clerk of the Legislature