

AMENDMENTS TO LB240

Introduced by Schumacher, 22.

1           1. Strike the original sections and insert the following new  
2 sections:

3           Section 1. Section 71-8512, Revised Statutes Cumulative Supplement,  
4 2014, is amended to read:

5           71-8512 (1) The University of Nebraska Medical Center shall create  
6 the Behavioral Health Screening and Referral Pilot Program. The pilot  
7 program shall utilize a strategy of screening and behavioral health  
8 intervention in coordination with the regional behavioral health  
9 authorities established pursuant to section 71-808 in which the clinics  
10 identified under subsection (2) of this section are located. It is the  
11 intent of the Legislature that the pilot program demonstrate a method of  
12 addressing the unmet emotional or behavioral health needs of children  
13 that can be replicated statewide. Under the pilot program, behavioral  
14 health screening will be offered: (a) In primary care providers' offices  
15 during examinations under the early and periodic screening, diagnosis,  
16 and treatment services program pursuant to 42 U.S.C. 1396d(r), as such  
17 section existed on January 1, 2013; or (b) upon request from parents or  
18 legal guardians who have concerns about a child's behavioral health.

19           (2) Three clinics shall be selected to serve as sites for the pilot  
20 program, including at least one rural and one urban clinic. Selected  
21 clinics shall have child psychologists integrated in the pediatric  
22 practice of the clinics. Parents or legal guardians of children  
23 participating in the pilot program shall be offered routine mental and  
24 behavioral health screening for their child during required physical  
25 examinations or at the request of a parent or legal guardian. Behavioral  
26 health screening shall be administered by clinic staff and interpreted by  
27 the psychiatrist, psychiatric nurse practitioner, psychologist, or

1 licensed mental health practitioner and the child's primary care  
2 physician.

3 (3) Children identified through such screenings as being at risk may  
4 be referred for further evaluation and diagnosis as indicated. If  
5 intervention is required, the primary care medical team, including the  
6 psychologist and the primary care physician, shall develop a treatment  
7 plan collaboratively with the parent or legal guardian and any other  
8 individuals identified by the parent or legal guardian. If appropriate,  
9 the child shall receive behavioral therapy, medication, or combination  
10 therapy within the primary care practice setting.

11 (4) Consultation via telephone or telehealth with faculty and staff  
12 of the departments of Child and Adolescent Psychiatry, Psychiatric  
13 Nursing, and Developmental Pediatrics, and the Munroe-Meyer Institute  
14 Psychology Department, of the University of Nebraska Medical Center shall  
15 be available to the primary care practice and the children as needed to  
16 manage the care of children with mental or behavioral health issues that  
17 require more specialized care than can be provided by the primary care  
18 practice.

19 (5) Data on the pilot program shall be collected and evaluated by  
20 the Interdisciplinary Center for Program Evaluation at the Munroe-Meyer  
21 Institute of the University of Nebraska Medical Center. Evaluation of the  
22 pilot program shall include, but not be limited to:

23 (a) The number of referrals for behavioral health screening under  
24 the pilot program;

25 (b) Whether each referral is initiated by a parent, a school, or a  
26 physician;

27 (c) The number of children and adolescents recommended for further  
28 psychological assessment after screening for a possible behavioral health  
29 disorder;

30 (d) The number and type of further psychological assessments of  
31 children and adolescents recommended and conducted;

1 (e) The number and type of behavioral health disorders in children  
2 and adolescents diagnosed as a result of a further psychological  
3 assessment following a behavioral health screening under the pilot  
4 program;

5 (f) The number and types of referrals of children and adolescents  
6 for behavioral health treatment from primary care medical practitioners;

7 (g) The number of children and adolescents successfully treated for  
8 a behavioral health disorder based upon patient reports, parent ratings,  
9 and academic records;

10 (h) The number and type of referrals of children and adolescents to  
11 psychiatric backup services at the University of Nebraska Medical Center;

12 (i) The number of children and adolescents diagnosed with a  
13 behavioral health disorder who are successfully managed or treated  
14 through psychiatric backup services from the University of Nebraska  
15 Medical Center;

16 (j) The number and types of medications, consultations, or  
17 prescriptions ordered by psychiatric nurse practitioners for children and  
18 adolescents;

19 (k) The number of referrals of children and adolescents for severe  
20 behavioral health disorders and consultations to child psychiatrists,  
21 developmental pediatricians, or psychologists specializing in treatment  
22 of adolescents;

23 (l) The number of children and adolescents referred to psychiatric  
24 hospitals or emergency departments of acute care hospitals for treatment  
25 for dangerous or suicidal behavior;

26 (m) The number of children and adolescents prescribed psychotropic  
27 medications and the types of such psychotropic medications; and

28 (n) Data collection on program costs and financial impact as related  
29 to capacity for replication in other primary care practices. Primary  
30 program costs include physician and psychologist time for conducting  
31 screenings, family interviews, further testing, and specialist consulting

1 costs relating to consulting services by psychiatric nurses,  
2 developmental pediatricians, and psychologists. Treatment or medications  
3 paid by private insurance, the medical assistance program, or the State  
4 Children's Health Insurance Program shall not be included in program  
5 costs pursuant to this subdivision.

6 (6) This section terminates two years after September 6, 2015 ~~2013~~.

7 Sec. 2. Original section 71-8512, Revised Statutes Cumulative  
8 Supplement, 2014, is repealed.