

E AND R AMENDMENTS TO LB 227

Introduced by Ballard, 21, Chairman Enrollment and Review

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

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

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

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

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

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

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

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

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

1 modifications to produce socially significant improvements in human
2 behavior.

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

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

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

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

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

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

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

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

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

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

28 (7) A matriculated college or university student or postdoctoral
29 fellow whose applied behavior analysis activity is part of a defined
30 program of study, course, practicum, internship, or fellowship and is
31 directly supervised by a licensed behavior analyst licensed in Nebraska

1 or a qualified faculty member of a college or university offering a
2 program of study, course, practicum, internship, or fellowship in applied
3 behavior analysis. Such student or fellow shall not represent that the
4 student or fellow is a professional behavior analyst and shall use a
5 title that clearly indicates the trainee status, such as student, intern,
6 or trainee;

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

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

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

26 Sec. 10. (1) Beginning one year after the operative date of this
27 section, each applicant for licensure as a licensed behavior analyst or
28 licensed assistant behavior analyst shall submit an application that
29 includes evidence that the applicant meets the requirements of the
30 Uniform Credentialing Act for a license as a licensed behavior analyst or
31 licensed assistant behavior analyst, as applicable.

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

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

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

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

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

1 licensed behavior analyst.

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

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

9 Sec. 15. Section 38-101, Revised Statutes Cumulative Supplement,
10 2022, is amended to read:

11 38-101 Sections 38-101 to 38-1,147 and the following practice acts
12 shall be known and may be cited as the Uniform Credentialing Act:

13 (1) The Advanced Practice Registered Nurse Practice Act;

14 (2) The Alcohol and Drug Counseling Practice Act;

15 (3) The Athletic Training Practice Act;

16 (4) The Audiology and Speech-Language Pathology Practice Act;

17 (5) The Behavior Analyst Practice Act;

18 (6) (5) The Certified Nurse Midwifery Practice Act;

19 (7) (6) The Certified Registered Nurse Anesthetist Practice Act;

20 (8) (7) The Chiropractic Practice Act;

21 (9) (8) The Clinical Nurse Specialist Practice Act;

22 (10) (9) The Cosmetology, Electrology, Esthetics, Nail Technology,
23 and Body Art Practice Act;

24 (11) (10) The Dentistry Practice Act;

25 (12) (11) The Dialysis Patient Care Technician Registration Act;

26 (13) (12) The Emergency Medical Services Practice Act;

27 (14) (13) The Environmental Health Specialists Practice Act;

28 (15) (14) The Funeral Directing and Embalming Practice Act;

29 (16) (15) The Genetic Counseling Practice Act;

30 (17) (16) The Hearing Instrument Specialists Practice Act;

31 (18) (17) The Licensed Practical Nurse-Certified Practice Act until

1 November 1, 2017;

2 ~~(19)~~ ~~(18)~~ The Massage Therapy Practice Act;

3 ~~(20)~~ ~~(19)~~ The Medical Nutrition Therapy Practice Act;

4 ~~(21)~~ ~~(20)~~ The Medical Radiography Practice Act;

5 ~~(22)~~ ~~(21)~~ The Medicine and Surgery Practice Act;

6 ~~(23)~~ ~~(22)~~ The Mental Health Practice Act;

7 ~~(24)~~ ~~(23)~~ The Nurse Practice Act;

8 ~~(25)~~ ~~(24)~~ The Nurse Practitioner Practice Act;

9 ~~(26)~~ ~~(25)~~ The Nursing Home Administrator Practice Act;

10 ~~(27)~~ ~~(26)~~ The Occupational Therapy Practice Act;

11 ~~(28)~~ ~~(27)~~ The Optometry Practice Act;

12 ~~(29)~~ ~~(28)~~ The Perfusion Practice Act;

13 ~~(30)~~ ~~(29)~~ The Pharmacy Practice Act;

14 ~~(31)~~ ~~(30)~~ The Physical Therapy Practice Act;

15 ~~(32)~~ ~~(31)~~ The Podiatry Practice Act;

16 ~~(33)~~ ~~(32)~~ The Psychology Practice Act;

17 ~~(34)~~ ~~(33)~~ The Respiratory Care Practice Act;

18 ~~(35)~~ ~~(34)~~ The Surgical First Assistant Practice Act; and

19 ~~(36)~~ ~~(35)~~ The Veterinary Medicine and Surgery Practice Act.

20 If there is any conflict between any provision of sections 38-101 to
21 38-1,147 and any provision of a practice act, the provision of the
22 practice act shall prevail except as otherwise specifically provided in
23 section 38-129.02.

24 Sec. 16. Section 38-121, Revised Statutes Cumulative Supplement,
25 2022, is amended to read:

26 38-121 (1) No individual shall engage in the following practices
27 unless such individual has obtained a credential under the Uniform
28 Credentialing Act:

29 (a) Acupuncture;

30 (b) Advanced practice nursing;

31 (c) Alcohol and drug counseling;

- 1 (d) Asbestos abatement, inspection, project design, and training;
- 2 (e) Athletic training;
- 3 (f) Audiology;
- 4 (g) Speech-language pathology;
- 5 (h) Beginning one year after the operative date of this section,
- 6 behavior analysis;
- 7 (i) ~~(h)~~ Body art;
- 8 (j) ~~(i)~~ Chiropractic;
- 9 (k) ~~(j)~~ Cosmetology;
- 10 (l) ~~(k)~~ Dentistry;
- 11 (m) ~~(l)~~ Dental hygiene;
- 12 (n) ~~(m)~~ Electrology;
- 13 (o) ~~(n)~~ Emergency medical services;
- 14 (p) ~~(o)~~ Esthetics;
- 15 (q) ~~(p)~~ Funeral directing and embalming;
- 16 (r) ~~(q)~~ Genetic counseling;
- 17 (s) ~~(r)~~ Hearing instrument dispensing and fitting;
- 18 (t) ~~(s)~~ Lead-based paint abatement, inspection, project design, and
- 19 training;
- 20 (u) ~~(t)~~ Licensed practical nurse-certified until November 1, 2017;
- 21 (v) ~~(u)~~ Massage therapy;
- 22 (w) ~~(v)~~ Medical nutrition therapy;
- 23 (x) ~~(w)~~ Medical radiography;
- 24 (y) ~~(x)~~ Medicine and surgery;
- 25 (z) ~~(y)~~ Mental health practice;
- 26 (aa) ~~(z)~~ Nail technology;
- 27 (bb) ~~(aa)~~ Nursing;
- 28 (cc) ~~(bb)~~ Nursing home administration;
- 29 (dd) ~~(cc)~~ Occupational therapy;
- 30 (ee) ~~(dd)~~ Optometry;
- 31 (ff) ~~(ee)~~ Osteopathy;

- 1 ~~(gg)~~ ~~(ff)~~ Perfusion;
- 2 ~~(hh)~~ ~~(gg)~~ Pharmacy;
- 3 ~~(ii)~~ ~~(hh)~~ Physical therapy;
- 4 ~~(jj)~~ ~~(ii)~~ Podiatry;
- 5 ~~(kk)~~ ~~(jj)~~ Psychology;
- 6 ~~(ll)~~ ~~(kk)~~ Radon detection, measurement, and mitigation;
- 7 ~~(mm)~~ ~~(ll)~~ Respiratory care;
- 8 ~~(nn)~~ ~~(mm)~~ Surgical assisting; and
- 9 ~~(oo)~~ ~~(nn)~~ Veterinary medicine and surgery.

10 (2) No individual shall hold himself or herself out as any of the
11 following until such individual has obtained a credential under the
12 Uniform Credentialing Act for that purpose:

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

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

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

28 Sec. 17. Section 38-129.02, Revised Statutes Cumulative Supplement,
29 2022, is amended to read:

30 38-129.02 (1) This section provides an additional method of issuing
31 a credential based on reciprocity and is supplemental to the methods of

1 credentialing found in the various practice acts within the Uniform
2 Credentialing Act. Any person required to be credentialed under any of
3 the various practice acts who meets the requirements of this section
4 shall be issued a credential subject to the provisions of this section.

5 (2) A person who has a credential that is current and valid in
6 another state, a territory of the United States, or the District of
7 Columbia may apply to the department for the equivalent credential under
8 the Uniform Credentialing Act. The department, with the recommendation of
9 the board with jurisdiction over the equivalent credential, shall
10 determine the appropriate level of credential for which the applicant
11 qualifies under this section. The department shall determine the
12 documentation required to comply with subsection (3) of this section. The
13 department shall issue the credential if the applicant meets the
14 requirements of subsections (3) and (4) of this section and section
15 38-129 and submits the appropriate fees for issuance of the credential,
16 including fees for a criminal background check if required for the
17 profession. A credential issued under this section shall not be valid for
18 purposes of an interstate compact or for reciprocity provisions of any
19 practice act under the Uniform Credentialing Act.

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

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

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

26 (c) Educational requirements;

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

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

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

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

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

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

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

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

30 (b) The applicant has a complaint, allegation, or investigation
31 pending before any jurisdiction that relates to unprofessional conduct or

1 any other conduct which would be subject to section 38-178 if the conduct
2 occurred in Nebraska. If the matter has not been resolved, the applicant
3 is not eligible for a credential under this section until the matter is
4 resolved; or

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

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

12 (7) This section applies to credentials for:

13 (a) Professions governed by the Advanced Practice Registered Nurse
14 Practice Act, the Behavior Analyst Practice Act, the Certified Nurse
15 Midwifery Practice Act, the Certified Registered Nurse Anesthetist
16 Practice Act, the Clinical Nurse Specialist Practice Act, the Dentistry
17 Practice Act, the Dialysis Patient Care Technician Registration Act, the
18 Emergency Medical Services Practice Act, the Medical Nutrition Therapy
19 Practice Act, the Medical Radiography Practice Act, the Nurse
20 Practitioner Practice Act, the Optometry Practice Act, the Perfusion
21 Practice Act, the Pharmacy Practice Act, the Psychology Practice Act, and
22 the Surgical First Assistant Practice Act; and

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

25 Sec. 18. Section 38-131, Revised Statutes Cumulative Supplement,
26 2022, is amended to read:

27 38-131 (1) An applicant for an initial license to practice as a
28 registered nurse, a licensed practical nurse, a physical therapist, a
29 physical therapy assistant, a psychologist, an advanced emergency medical
30 technician, an emergency medical technician, an audiologist, a speech-
31 language pathologist, a licensed independent mental health practitioner,

1 an occupational therapist, an occupational therapy assistant, or a
2 paramedic or to practice a profession which is authorized to prescribe
3 controlled substances shall be subject to a criminal background check. A
4 ~~criminal background check may also be required for initial licensure or~~
5 ~~reinstatement of a license governed by the Uniform Credentialing Act if a~~
6 ~~criminal background check is required by an interstate licensure compact.~~
7 Except as provided in subsection ~~(4)~~ ~~(3)~~ of this section, such an the
8 applicant for an initial license shall submit with the application a full
9 set of fingerprints ~~which shall be forwarded~~ to the Nebraska State Patrol
10 ~~to be submitted to the Federal Bureau of Investigation~~ for a national
11 criminal history record information check. The applicant shall authorize
12 release of the results of the national criminal history record
13 information check by the Federal Bureau of Investigation to the
14 department. The applicant shall pay the actual cost of the fingerprinting
15 and criminal background check.

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

25 ~~(3)~~ ~~(2)~~ This section shall not apply to a dentist who is an
26 applicant for a dental locum tenens under section 38-1122, to a physician
27 or osteopathic physician who is an applicant for a physician locum tenens
28 under section 38-2036, or to a veterinarian who is an applicant for a
29 veterinarian locum tenens under section 38-3335.

30 ~~(4)~~ ~~(3)~~ An applicant for a temporary educational permit as defined
31 in section 38-2019 shall have ninety days from the issuance of the permit

1 to comply with subsection (1) of this section and shall have such ~~his or~~
2 ~~her~~ permit suspended after such ninety-day period if the criminal
3 background check is not complete or revoked if the criminal background
4 check reveals that the applicant was not qualified for the permit.

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

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

12 Sec. 19. Section 38-167, Revised Statutes Cumulative Supplement,
13 2022, is amended to read:

14 38-167 (1) Boards shall be designated as follows:

15 (a) Board of Advanced Practice Registered Nurses;

16 (b) Board of Alcohol and Drug Counseling;

17 (c) Board of Athletic Training;

18 (d) Board of Audiology and Speech-Language Pathology;

19 (e) Board of Behavior Analysts;

20 (f) ~~(e)~~ Board of Chiropractic;

21 (g) ~~(f)~~ Board of Cosmetology, Electrology, Esthetics, Nail
22 Technology, and Body Art;

23 (h) ~~(g)~~ Board of Dentistry;

24 (i) ~~(h)~~ Board of Emergency Medical Services;

25 (j) ~~(i)~~ Board of Registered Environmental Health Specialists;

26 (k) ~~(j)~~ Board of Funeral Directing and Embalming;

27 (l) ~~(k)~~ Board of Hearing Instrument Specialists;

28 (m) ~~(l)~~ Board of Massage Therapy;

29 (n) ~~(m)~~ Board of Medical Nutrition Therapy;

30 (o) ~~(n)~~ Board of Medical Radiography;

31 (p) ~~(o)~~ Board of Medicine and Surgery;

- 1 ~~(q)~~ ~~(p)~~ Board of Mental Health Practice;
- 2 ~~(r)~~ ~~(q)~~ Board of Nursing;
- 3 ~~(s)~~ ~~(r)~~ Board of Nursing Home Administration;
- 4 ~~(t)~~ ~~(s)~~ Board of Occupational Therapy Practice;
- 5 ~~(u)~~ ~~(t)~~ Board of Optometry;
- 6 ~~(v)~~ ~~(u)~~ Board of Pharmacy;
- 7 ~~(w)~~ ~~(v)~~ Board of Physical Therapy;
- 8 ~~(x)~~ ~~(w)~~ Board of Podiatry;
- 9 ~~(y)~~ ~~(x)~~ Board of Psychology;
- 10 ~~(z)~~ ~~(y)~~ Board of Respiratory Care Practice; and
- 11 ~~(aa)~~ ~~(z)~~ Board of Veterinary Medicine and Surgery.

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

17 Sec. 20. Section 38-186, Revised Statutes Cumulative Supplement,
18 2022, is amended to read:

19 38-186 (1) A petition shall be filed by the Attorney General in
20 order for the director to discipline a credential obtained under the
21 Uniform Credentialing Act to:

22 (a) Practice or represent oneself as being certified under any of
23 the practice acts enumerated in section 38-101 other than subdivision
24 (21) ~~subdivisions (1) through (19) and (21) through (35)~~ of section
25 38-101; or

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

30 (2) The petition shall be filed in the office of the director. The
31 department may withhold a petition for discipline or a final decision

1 from public access for a period of five days from the date of filing the
2 petition or the date the decision is entered or until service is made,
3 whichever is earliest.

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

13 Sec. 21. Section 38-1801, Reissue Revised Statutes of Nebraska, is
14 amended to read:

15 38-1801 Sections 38-1801 to 38-1816 and sections 24, 27, 29, 31 to
16 37, and 42 to 47 of this act shall be known and may be cited as the
17 Medical Nutrition Therapy Practice Act.

18 Sec. 22. Section 38-1802, Reissue Revised Statutes of Nebraska, is
19 amended to read:

20 38-1802 (1) The Legislature finds that:

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

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

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

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

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

8 Sec. 23. Section 38-1803, Reissue Revised Statutes of Nebraska, is
9 amended to read:

10 38-1803 For purposes of the Medical Nutrition Therapy Practice Act
11 and elsewhere in the Uniform Credentialing Act, unless the context
12 otherwise requires, the definitions found in sections 38-1805 38-1804 to
13 38-1810 and sections 24, 27, 29, and 31 to 37 of this act apply.

14 Sec. 24. Appropriate supervision means the specific type,
15 intensity, and frequency of supervision determined by an assessment of a
16 combination of factors, which include discipline, level of education and
17 experience of the supervisee, and assigned level of responsibility.

18 Sec. 25. Section 38-1806, Reissue Revised Statutes of Nebraska, is
19 amended to read:

20 38-1806 Consultation means conferring with a physician, nurse
21 practitioner, or physician assistant regarding the provision of medical
22 nutrition therapy activities of the licensed medical nutrition therapist.
23 In the inpatient setting, consultation may be satisfied by practicing
24 under clinical privileges or following facility-established protocols. In
25 the outpatient setting, consultation may be satisfied by conferring with
26 a consulting physician or the referring primary care practitioner or
27 physician of the patient.

28 Sec. 26. Section 38-1807, Reissue Revised Statutes of Nebraska, is
29 amended to read:

30 38-1807 General nonmedical nutrition information means information
31 on any of the following:

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

9 ~~General nutrition services includes, but is not limited to:~~

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

15 Sec. 27. General supervision for the purpose of post-degree
16 clinical practice experience means the qualified supervisor is onsite and
17 present at the location where nutrition-care services are provided or is
18 immediately available by means of electronic communications to the
19 supervisee providing the services and both maintains continued
20 involvement in the appropriate aspects of patient care and has primary
21 responsibility for all nutrition-care services rendered by the
22 supervisee.

23 Sec. 28. Section 38-1808, Reissue Revised Statutes of Nebraska, is
24 amended to read:

25 38-1808 Licensed dietitian nutritionist ~~medical nutrition therapist~~
26 means a person who is licensed to practice medical nutrition therapy
27 pursuant to the Uniform Credentialing Act and who holds a current license
28 issued by the department pursuant to section 38-1813 ~~the Medical~~
29 Nutrition Therapy Practice Act.

30 Sec. 29. Licensed nutritionist means a person who is licensed to
31 practice medical nutrition therapy pursuant to the Uniform Credentialing

1 Act and who holds a current license issued by the department pursuant to
2 section 42 of this act.

3 Sec. 30. Section 38-1809, Reissue Revised Statutes of Nebraska, is
4 amended to read:

5 38-1809 Medical nutrition therapy means the assessment of the
6 nutritional status of patients and the provision of the following
7 nutrition-care services for the treatment or management of a disease or
8 medical condition by: assessment of the nutritional status of patients.
9 ~~Medical nutrition therapy involves the assessment of patient nutritional~~
10 ~~status followed by treatment, ranging from diet modification to~~
11 ~~specialized nutrition support, such as determining nutrient needs for~~
12 ~~enteral and parenteral nutrition, and monitoring to evaluate patient~~
13 ~~response to such treatment.~~

14 (1) Assessing and evaluating the nutritional needs of people and
15 groups and determining resources and constraints in the practice setting,
16 including ordering laboratory tests to check and track nutrition status,
17 creating dietary plans and orders, and monitoring the effectiveness of
18 such plans and orders;

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

22 (3) Providing nutrition counseling; and

23 (4) Ordering therapeutic diets.

24 Sec. 31. Nutrition-care services means any or all of the following
25 services provided within a systematic process:

26 (1) Assessing and evaluating the nutritional needs of people and
27 groups and determining resources and constraints in the practice setting,
28 including ordering laboratory tests to check and track nutrition status,
29 creating dietary plans and orders, and monitoring the effectiveness of
30 such plans and orders;

31 (2) Establishing priorities, goals, and objectives that meet

1 nutritional needs and are consistent with available resources and
2 constraints;

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

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

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

7 (6) Ordering therapeutic diets.

8 Sec. 32. Nutrition counseling means a supportive process,
9 characterized by a collaborative counselor-patient or counselor-client
10 relationship with individuals or groups, to establish food and nutrition
11 priorities, goals, and individualized action plans and general physical
12 activity guidance that acknowledge and foster responsibility for self-
13 care to treat or manage an existing disease or medical condition or to
14 promote health and wellness.

15 Sec. 33. Practice of dietetics and nutrition means the integration
16 and application of scientific principles derived from the study of food,
17 nutrition, biochemistry, metabolism, nutrigenomics, physiology, food
18 management, and behavioral and social sciences in achieving and
19 maintaining health throughout the life span and in providing nutrition
20 care in person or by telehealth, including medical nutrition therapy, for
21 the purpose of disease management and prevention, or to treat or
22 rehabilitate an illness, injury, or condition. The primary functions of
23 the practice of dietetics and nutrition are the provision of medical
24 nutrition therapy for the purpose of disease management or to treat or
25 rehabilitate an illness, injury, or condition and the provision of other
26 nutrition-care services for health and wellness and as primary prevention
27 of chronic disease.

28 Sec. 34. Primary care practitioner means a physician licensed
29 pursuant to section 38-2026 or sections 38-2029 to 38-2033 who provides
30 primary care services, a nurse practitioner licensed pursuant to section
31 38-2317 who provides primary care services, or a physician assistant

1 licensed pursuant to section 38-2049 who provides primary care services
2 under a collaborative agreement with the supervision of a physician.

3 Sec. 35. (1) Qualified supervisor means:

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

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

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

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

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

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

31 (2) In order to qualify as a qualified supervisor in Nebraska, a

1 supervisor obtaining a doctoral degree outside the United States or its
2 territories shall have such degree validated by the board as equivalent
3 to the doctoral degree conferred by an accredited college or university
4 in the United States or its territories.

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

8 Sec. 36. Registered dietitian or registered dietitian nutritionist
9 means a person who is currently registered as a registered dietitian or a
10 registered dietitian nutritionist by the Commission on Dietetic
11 Registration of the Academy of Nutrition and Dietetics or a similar
12 successor entity approved by the department.

13 Sec. 37. Therapeutic diet means a diet intervention prescribed by a
14 physician or other health care professional that provides food or
15 nutrients via oral, enteral, or parenteral routes as part of the
16 treatment of a disease or diagnosed clinical condition to modify,
17 eliminate, decrease, or increase identified micronutrients or
18 macronutrients in the diet or to provide mechanically altered food when
19 indicated.

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

22 38-1810 Patient means an individual recipient of medical nutrition
23 therapy, whether in the outpatient or inpatient setting ~~a person with a~~
24 ~~disease, illness, injury, or medical condition for which nutritional~~
25 ~~interventions are an essential component of standard care.~~

26 Sec. 39. Section 38-1811, Reissue Revised Statutes of Nebraska, is
27 amended to read:

28 38-1811 (1) The board shall consist of three professional members,
29 one physician, and one public member appointed pursuant to section 38-158
30 until December 1, 2023.

31 (2) Beginning on December 1, 2023, the board shall consist of five

1 members as follows: Three professional members, of which one shall be a
2 licensed nutritionist or a licensed dietitian nutritionist and two shall
3 be licensed dietitian nutritionists; one physician; and one public
4 member.

5 (3) The members shall meet the requirements of sections 38-164 and
6 38-165.

7 Sec. 40. Section 38-1812, Reissue Revised Statutes of Nebraska, is
8 amended to read:

9 38-1812 No person shall practice medical nutrition therapy unless he
10 or she is licensed for such purpose pursuant to the Uniform Credentialing
11 Act. The practice of medical nutrition therapy shall be provided with the
12 consultation of a physician licensed pursuant to section 38-2026 or
13 sections 38-2029 to 38-2033, a nurse practitioner licensed pursuant to
14 section 38-2317, or a physician assistant licensed pursuant to section
15 38-2049. The Medical Nutrition Therapy Practice Act shall not be
16 construed to require a license under the act in order to ~~The practice of~~
17 ~~medical nutrition therapy shall not include:~~

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

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

23 (3) Practice medical nutrition therapy as a student while pursuing a
24 course of study leading to a degree in dietetics, nutrition, or an
25 equivalent major course of study from an accredited school or program as
26 part of a supervised course of study, if all of the following apply: (a)
27 The person is not engaged in the unrestricted practice of medical
28 nutrition therapy; (b) the person uses a title clearly indicating the
29 person's status as a student or trainee; and (c) the person is in
30 compliance with appropriate supervision requirements developed by the
31 board, including the requirement that the supervised practice experience

1 must be under the order, control, and full professional responsibility of
2 such supervisor. Nothing in this subdivision shall be construed to permit
3 students, trainees, or supervisees to practice medical nutrition therapy
4 other than as specifically allowed in this subdivision and as provided in
5 section 47 of this act;

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

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

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

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

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

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

30 (b) The person performs only support activities of medical nutrition
31 therapy that do not require the exercise of independent judgment for

1 which a license under the Medical Nutrition Therapy Practice Act is
2 required;

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

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

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

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

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

23 (b) Conducting a teaching clinical demonstration in connection with
24 a program of basic clinical education, graduate education, or
25 postgraduate education which is sponsored by a dietetic education program
26 or a major course of study in human nutrition, food and nutrition, or
27 dietetics, or an equivalent major course of study approved by the board;

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

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

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

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

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

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

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

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

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

30 (b) A registered dietitian or registered dietitian nutritionist;

31 (c) A certified nutritionist specialist; or

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

3 Sec. 41. Section 38-1813, Revised Statutes Cumulative Supplement,
4 2022, is amended to read:

5 38-1813 (1) A person shall be eligible ~~qualified~~ to be a licensed
6 dietitian nutritionist ~~medical nutrition therapist~~ if such person is
7 eighteen years of age or older, submits a completed application as
8 required by the board, submits fees required by the board, and furnishes
9 evidence of that he or she:

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

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

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

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

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

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

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

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

31 ~~(ii) Has received a baccalaureate degree from an accredited college~~

1 ~~or university with a major course of study in human nutrition, food and~~
2 ~~nutrition, dietetics, or an equivalent major course of study approved by~~
3 ~~the board; and~~

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

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

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

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

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

27 ~~(3)(a) The practice of medical nutrition therapy shall be performed~~
28 ~~under the consultation of a physician licensed pursuant to section~~
29 ~~38-2026 or sections 38-2029 to 38-2033.~~

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

1 Sec. 42. A person shall be eligible to be a licensed nutritionist
2 if such person is eighteen years of age or older, submits a completed
3 application as required by the board, submits fees required by the board,
4 and furnishes evidence of:

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

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

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

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

1 (4) Successful completion of a board-approved, planned, continuous
2 internship or a documented, planned, continuous, supervised practice
3 experience with a qualified supervisor, demonstrating competency in
4 nutrition-care services and the provision of medical nutrition therapy
5 comprised of not less than one thousand hours involving at least two
6 hundred hours of nutrition assessment and nutrition diagnosis, two
7 hundred hours of nutrition intervention or counseling, and two hundred
8 hours of nutrition monitoring and evaluation. A minimum of seven hundred
9 hours of the supervised practice experience is required in professional
10 work settings, and no more than three hundred hours may be in alternate
11 supervised experiences such as observational interactions between patient
12 and practitioner, simulation, case studies, or role playing. This
13 experience shall be under the supervision of a qualified supervisor.
14 Qualified supervisors shall provide general supervision of an applicant's
15 supervised practice experience in the provision of medical nutrition
16 therapy and provide appropriate supervision of an applicant's provision
17 of other nutrition-care services that do not constitute medical nutrition
18 therapy. For purposes of this subdivision, a supervisor shall be licensed
19 in this state if supervising an applicant providing medical nutrition
20 therapy to a person in this state. A supervisor who obtained a doctoral
21 degree outside of the United States and territories of the United States
22 shall have the degree validated as equivalent to a doctoral degree
23 conferred by an accredited college or university in the United States by
24 a credential evaluation agency recognized by the United States Department
25 of Education.

26 Sec. 43. The board shall develop requirements for appropriate
27 supervision consistent with prevailing professional standards considering
28 factors that include, but are not limited to, level of education,
29 experience, and level of responsibility. The requirements shall include:

30 (1) Adequate, active, and continuing review of the supervisee's
31 activities to assure that the supervisee is performing as directed and

1 complying with the statutes and all related administrative regulations;

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

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

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

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

15 Sec. 44. (1) A temporary license to practice medical nutrition
16 therapy may be granted to any person who meets all the requirements for a
17 license except passage of the examination required by section 38-1813 or
18 section 42 of this act. A temporary licensee shall be supervised by a
19 qualified supervisor. A temporary license shall be valid for one year or
20 until the temporary licensee takes the examination, whichever occurs
21 first. The temporary licensee shall be designated by a title clearly
22 indicating such licensee's status as a student or trainee. If a temporary
23 licensee fails the examination required by section 38-1813 or section 42
24 of this act, the temporary license shall be null and void, except that
25 the department, with the recommendation of the board, may extend the
26 temporary license upon a showing of good cause for up to six months. A
27 temporary license shall not be issued to any person who fails to pass the
28 examination if such person did not hold a valid temporary license prior
29 to the failure to pass the examination.

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

1 Sec. 45. (1) Unless otherwise authorized or exempted under the
2 Medical Nutrition Therapy Practice Act:

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

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

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

29 Sec. 46. (1) A licensed dietitian nutritionist or a licensed
30 nutritionist, unless otherwise exempt, shall:

31 (a) Provide medical nutrition therapy using evidence-based practice

1 and the nutrition-care services process for patients and clients in
2 clinical and community settings for the purpose of treatment or
3 management of a diagnosed medical disease or medical condition. The
4 nutrition-care services process involves application of the scientific
5 method to medical nutrition therapy and consists of four distinct, but
6 interrelated, steps of nutrition assessment, nutrition diagnosis,
7 nutrition intervention, and nutrition monitoring and evaluation;

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

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

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

18 (a) Accept or transmit written, verbal, delegated, or
19 electromagnetically transmitted orders from a referring provider
20 consistent with the Medical Nutrition Therapy Practice Act and rules and
21 regulations adopted and promulgated pursuant to the act and with any
22 controlling protocols established to implement medical nutrition therapy;

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

1 meets one of the following criteria:

2 (i) The licensee is a registered dietitian nutritionist;

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

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

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

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

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

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

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

1 Sec. 47. A student enrolled in an accredited course on dietetics
2 and nutrition recognized by the board may perform any action necessary to
3 complete the student's course of study and engage in the practice of
4 medical nutrition therapy under the appropriate supervision of a
5 supervisor in accordance with section 38-1813 or section 42 of this act
6 for a period of no more than five years after the student completes the
7 course of study. The board may, in its discretion, grant a limited
8 extension to such five-year period in the event of extraordinary
9 circumstances to allow the student to satisfy the qualifications for
10 licensure under section 38-1813 or section 42 of this act. For purposes
11 of this section, extraordinary circumstances may include circumstances in
12 which a person who legally provides medical nutrition therapy in another
13 state has not met the qualifications for licensure under section 38-1813
14 or section 42 of this act within the five-year period after completion of
15 the course of study.

16 Sec. 48. Section 38-1816, Reissue Revised Statutes of Nebraska, is
17 amended to read:

18 38-1816 (1) Nothing in the Medical Nutrition Therapy Practice Act
19 shall be construed to permit a licensed dietitian nutritionist or a
20 licensed nutritionist ~~medical nutrition therapist~~ to practice any other
21 profession regulated under the Uniform Credentialing Act.

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

28 Sec. 49. Section 38-2801, Revised Statutes Cumulative Supplement,
29 2022, is amended to read:

30 38-2801 Sections 38-2801 to 38-28,107 and section 50 of this act and
31 the Nebraska Drug Product Selection Act shall be known and may be cited

1 as the Pharmacy Practice Act.

2 Sec. 50. A prescription that is valid when written remains valid
3 for the period stated in the medical order notwithstanding the
4 prescribing practitioner's subsequent death or retirement or the
5 suspension or revocation of the prescribing practitioner's credential by
6 the appropriate board, and a pharmacist may use professional judgment to
7 fill or refill such a prescription which has sufficient fills remaining.
8 This section shall not apply to a prescription issued by a veterinarian.

9 Sec. 51. Section 38-2852, Reissue Revised Statutes of Nebraska, is
10 amended to read:

11 38-2852 Every applicant for licensure as a pharmacist shall be
12 required to attain a grade to be determined by the board in an
13 examination in pharmacy and ~~a grade of seventy-five~~ in an examination in
14 jurisprudence of pharmacy.

15 Sec. 52. Section 38-2867.01, Reissue Revised Statutes of Nebraska,
16 is amended to read:

17 38-2867.01 (1) Any person authorized to compound shall compound in
18 compliance with the standards of chapters 795 and 797 of The United
19 States Pharmacopeia and The National Formulary, as such chapters existed
20 on January 1, 2023 ~~2015~~, and shall compound (a) as the result of a
21 practitioner's medical order or initiative occurring in the course of
22 practice based upon the relationship between the practitioner, patient,
23 and pharmacist, (b) for the purpose of, or as an incident to, research,
24 teaching, or chemical analysis and not for sale or dispensing, or (c) for
25 office use only and not for resale.

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

30 (3)(a) Any authorized person may reconstitute a commercially
31 available drug product in accordance with directions contained in

1 approved labeling provided by the product's manufacturer and other
2 manufacturer directions consistent with labeling.

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

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

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

14 (5) No person shall compound:

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

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

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

23 Sec. 53. Section 38-2891, Revised Statutes Cumulative Supplement,
24 2022, is amended to read:

25 38-2891 (1) A pharmacy technician shall only perform tasks which do
26 not require the professional judgment of a pharmacist and which are
27 subject to verification to assist a pharmacist in the practice of
28 pharmacy.

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

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

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

7 (c) The pharmacy technician is certified as required by section
8 38-2890;

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

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

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

17 (3) (2) The functions and tasks which shall not be performed by
18 pharmacy technicians include, but are not limited to:

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

21 (b) Providing patient counseling;

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

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

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

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

31 (g) Performing any professional consultations; and

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

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

12 Sec. 54. Section 68-901, Revised Statutes Cumulative Supplement,
13 2022, is amended to read:

14 68-901 Sections 68-901 to 68-9,101 and sections 55 to 57 of this act
15 shall be known and may be cited as the Medical Assistance Act.

16 Sec. 55. The department shall enroll long-term acute care hospitals
17 in Nebraska as providers eligible to receive funding under the medical
18 assistance program.

19 Sec. 56. No later than July 1, 2023, the department shall submit a
20 state plan amendment or waiver to the federal Centers for Medicare and
21 Medicaid Services to provide coverage under the medical assistance
22 program for long-term acute care hospitals.

23 Sec. 57. The department shall provide for rebasing inpatient
24 interim per diem rates for critical access hospitals. The department
25 shall rebase the rates every two years, and the most recent audited
26 medicare cost report shall be used as the basis for the rebasing process
27 within ninety days after receiving the cost report.

28 Sec. 58. Section 68-1006.01, Reissue Revised Statutes of Nebraska,
29 is amended to read:

30 68-1006.01 The Department of Health and Human Services shall include
31 in the standard of need for eligible aged, blind, and disabled persons

1 seventy-five at least sixty dollars per month for a personal needs
2 allowance if such persons reside in an alternative living arrangement.

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

8 Sec. 59. (1) The state shall provide medicaid reimbursement to a
9 hospital at one hundred percent of the statewide average nursing facility
10 per diem rate for an individual if the individual: (a) Is enrolled in the
11 medical assistance program; (b) has been admitted as an inpatient to such
12 hospital; (c) no longer requires acute inpatient care and discharge
13 planning as described in 42 C.F.R. 482.43; (d) requires nursing facility
14 level of care upon discharge; and (e) is unable to be transferred to a
15 nursing facility due to a lack of available nursing facility beds
16 available to the individual or, in cases where the transfer requires a
17 guardian, has been approved for appointment of a public guardian and the
18 State Court Administrator is unable to appoint a public guardian.

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

20 Sec. 60. (1) The Department of Health and Human Services shall
21 either directly, or through a contract or grant to an eligible entity,
22 implement a pilot program to facilitate the transfer of patients with
23 complex health needs from eligible acute care hospitals to appropriate
24 post-acute care settings, including facilities that provide skilled
25 nursing or long-term care.

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

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

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

31 (c) Acute-care hospitals have available capacity to meet the needs

1 of patients.

2 (3) For purposes of this section:

3 (a) Eligible acute care hospital means a facility that is not
4 designated as a critical access hospital by the federal Centers for
5 Medicare and Medicaid Services and has reached or exceeded eighty percent
6 of available staffed capacity for adult intensive-care-unit beds and
7 acute care inpatient medical-surgical beds;

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

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

15 (4) The department or other eligible entity responsible for
16 developing the pilot program shall:

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

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

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

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

26 (e) Include quarterly updates to the department.

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

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

1 (7) It is the intent of the Legislature to appropriate one million
2 dollars from the General Fund to carry out this section.

3 Sec. 61. Section 68-1206, Revised Statutes Cumulative Supplement,
4 2022, is amended to read:

5 68-1206 (1) The Department of Health and Human Services shall
6 administer the program of social services in this state. The department
7 may contract with other social agencies for the purchase of social
8 services at rates not to exceed those prevailing in the state or the cost
9 at which the department could provide those services. The statutory
10 maximum payments for the separate program of aid to dependent children
11 shall apply only to public assistance grants and shall not apply to
12 payments for social services.

13 (2)(a) As part of the provision of social services authorized by
14 section 68-1202, the department shall participate in the federal child
15 care assistance program under 42 U.S.C. 9857 et seq., as such sections
16 existed on January 1, 2023 ~~2021~~, and provide child care assistance to
17 families with incomes up to (i) one hundred eighty-five percent of the
18 federal poverty level prior to October 1, 2026 ~~2023~~, or (ii) one hundred
19 thirty percent of the federal poverty level on and after October 1, 2026
20 ~~2023~~.

21 (b) As part of the provision of social services authorized by this
22 section and section 68-1202, the department shall participate in the
23 federal Child Care Subsidy program. A child care provider seeking to
24 participate in the federal Child Care Subsidy program shall comply with
25 the criminal history record information check requirements of the Child
26 Care Licensing Act. In determining ongoing eligibility for this program,
27 ten percent of a household's gross earned income shall be disregarded
28 after twelve continuous months on the program and at each subsequent
29 redetermination. In determining ongoing eligibility, if a family's income
30 exceeds one hundred eighty-five percent of the federal poverty level
31 prior to October 1, 2026 ~~2023~~, or one hundred thirty percent of the

1 federal poverty level on and after October 1, 2026 ~~2023~~, the family shall
2 receive transitional child care assistance through the remainder of the
3 family's eligibility period or until the family's income exceeds eighty-
4 five percent of the state median income for a family of the same size as
5 reported by the United States Bureau of the Census, whichever occurs
6 first. When the family's eligibility period ends, the family shall
7 continue to be eligible for transitional child care assistance if the
8 family's income is below two hundred percent of the federal poverty level
9 prior to October 1, 2026 ~~2023~~, or one hundred eighty-five percent of the
10 federal poverty level on and after October 1, 2026 ~~2023~~. The family shall
11 receive transitional child care assistance through the remainder of the
12 transitional eligibility period or until the family's income exceeds
13 eighty-five percent of the state median income for a family of the same
14 size as reported by the United States Bureau of the Census, whichever
15 occurs first. The amount of such child care assistance shall be based on
16 a cost-shared plan between the recipient family and the state and shall
17 be based on a sliding-scale methodology. A recipient family may be
18 required to contribute a percentage of such family's gross income for
19 child care that is no more than the cost-sharing rates in the
20 transitional child care assistance program as of January 1, 2015, for
21 those no longer eligible for cash assistance as provided in section
22 68-1724.

23 (c) For the period beginning July 1, 2021, through September 30,
24 2026 ~~2023~~, funds provided to the State of Nebraska pursuant to the Child
25 Care and Development Block Grant Act of 1990, 42 U.S.C. 9857 et seq., as
26 such act and sections existed on January 1, 2023 ~~March 24, 2021~~, shall be
27 used to pay the costs to the state resulting from the income eligibility
28 changes made in subdivisions (2)(a) and (b) of this section by Laws 2021,
29 LB485. If the available amount of such funds is insufficient to pay such
30 costs, then funds provided to the state for the Temporary Assistance for
31 Needy Families program established in 42 U.S.C. 601 et seq. may also be

1 used. No General Funds shall be used to pay the costs to the state
2 resulting from the income eligibility changes made in subdivisions (2)(a)
3 and (b) of this section by Laws 2021, LB485, for the period beginning
4 July 1, 2021, through September 30, 2026 ~~2023~~.

5 (d) The Department of Health and Human Services shall collaborate
6 with a private nonprofit organization with expertise in early childhood
7 care and education for an independent evaluation of the income
8 eligibility changes made in subdivisions (2)(a) and (b) of this section
9 by Laws 2021, LB485, if private funding is made available for such
10 purpose. The evaluation shall be completed by July 1, 2024 ~~December 15,~~
11 ~~2023~~, and shall be submitted electronically to the department and to the
12 Health and Human Services Committee of the Legislature.

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

27 Sec. 62. Section 68-1724, Revised Statutes Cumulative Supplement,
28 2022, is amended to read:

29 68-1724 (1) Cash assistance shall be provided for a period or
30 periods of time not to exceed a total of sixty months for recipient
31 families with children subject to the following:

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

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

6 (c) When no longer eligible to receive cash assistance, assistance
7 shall be available to reimburse work-related child care expenses even if
8 the recipient family has not achieved economic self-sufficiency. The
9 amount of such assistance shall be based on a cost-shared plan between
10 the recipient family and the state which shall provide assistance up to
11 two hundred percent of the federal poverty level prior to October 1, 2026
12 ~~2023~~, or one hundred eighty-five percent of the federal poverty level on
13 and after October 1, 2026 ~~2023~~. A recipient family may be required to
14 contribute up to twenty percent of such family's gross income for child
15 care. It is the intent of the Legislature that transitional health care
16 coverage be made available on a sliding-scale basis to individuals and
17 families with incomes up to one hundred eighty-five percent of the
18 federal poverty level if other health care coverage is not available; and

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

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

1 residence with their parent or parents.

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

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

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

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

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

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

1 guidelines; and

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

10 Sec. 63. Section 71-417, Revised Statutes Cumulative Supplement,
11 2022, is amended to read:

12 71-417 (1) Home health agency means a person or any legal entity
13 which provides skilled nursing care or a minimum of one other therapeutic
14 service as defined by the department on a full-time, part-time, or
15 intermittent basis to persons in a place of temporary or permanent
16 residence used as the person's home.

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

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

20 Sec. 64. Section 71-475, Reissue Revised Statutes of Nebraska, is
21 amended to read:

22 71-475 (1)(a) When administration of a drug occurs in a hospital
23 pursuant to a chart order, hospital personnel may provide the unused
24 portion of the drug to the patient upon discharge from the hospital for
25 continued use in treatment of the patient if:

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

29 (ii) The drug is:

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

31 (B) In the form of a liquid reconstituted from a dry stable state to

1 a liquid resulting in a limited stability.

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

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

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

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

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

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

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

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

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

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

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

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

7 (4)(a) When a hospital, an ambulatory surgical center, or a health
8 care practitioner facility provides medication that is ordered at least
9 twenty-four hours in advance for surgical procedures and is administered
10 to a patient at the hospital, ambulatory surgical center, or health care
11 practitioner facility, any unused portion of the medication shall be
12 offered to the patient upon discharge when it is required for continuing
13 treatment. The unused portion of any such medication accepted by the
14 patient upon discharge shall be labeled by the prescriber or a pharmacist
15 consistent with labeling requirements in section 71-2479.

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

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

25 Sec. 65. Section 71-2461.01, Revised Statutes Cumulative Supplement,
26 2022, is amended to read:

27 71-2461.01 (1) Central fill means the preparation, other than by
28 compounding, of a drug, device, or biological pursuant to a medical order
29 where the preparation occurs in a pharmacy other than the pharmacy
30 dispensing to the patient or caregiver as defined in section 38-2809.

31 (2) If the dispensing pharmacy and central fill pharmacy are under

1 common ownership, the central fill pharmacy may deliver such drug,
2 device, or biological to the patient or caregiver on behalf of the
3 dispensing pharmacy.

4 Sec. 66. Section 71-2479, Revised Statutes Cumulative Supplement,
5 2022, is amended to read:

6 71-2479 (1) Any prescription for a legend drug which is not a
7 controlled substance shall be kept by the pharmacy or the practitioner
8 who holds a pharmacy license in a readily retrievable format and shall be
9 maintained for a minimum of five years. The pharmacy or practitioner
10 shall make all such files readily available to the department and law
11 enforcement for inspection without a search warrant.

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

27 (3) For multidrug containers, more than one drug, device, or
28 biological may be dispensed in the same container when (a) such container
29 is prepackaged by the manufacturer, packager, or distributor and shipped
30 directly to the pharmacy in this manner or (b) the container does not
31 accommodate greater than a thirty-one-day supply of compatible dosage

1 units and is labeled to identify each drug or biological in the container
2 in addition to all other information required by law.

3 Sec. 67. Section 71-8202, Reissue Revised Statutes of Nebraska, is
4 amended to read:

5 71-8202 The Legislature finds and declares that:

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

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

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

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

23 Sec. 68. Section 71-8228, Reissue Revised Statutes of Nebraska, is
24 amended to read:

25 71-8228 Regional medical director means a physician licensed under
26 the Uniform Credentialing Act ~~who shall report to the Director of Public~~
27 ~~Health and carry out the regional plan for his or her region.~~

28 Sec. 69. Section 71-8230, Reissue Revised Statutes of Nebraska, is
29 amended to read:

30 71-8230 Specialty level burn or pediatric trauma center means a
31 trauma center that ~~(1)~~ provides specialized care in the areas of burns or

1 pediatrics, ~~(2) provides continuous accessibility regardless of day,~~
2 ~~season, or patient's ability to pay, and (3) has entry access from each~~
3 ~~of the designation levels as its online physician or qualified physician~~
4 ~~surrogate deems appropriate.~~

5 Sec. 70. Section 71-8231, Reissue Revised Statutes of Nebraska, is
6 amended to read:

7 71-8231 State trauma medical director means a physician licensed
8 under the Uniform Credentialing Act who advises reports to the department
9 ~~Director of Public Health~~ and carries out duties under the Statewide
10 Trauma System Act.

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

13 71-8234 Trauma team means a team of physicians, nurses, medical
14 technicians, and other personnel compiled to respond ~~create a seamless~~
15 ~~response~~ to an acutely injured patient upon the patient's arrival at the
16 hospital ~~in a hospital emergency department.~~

17 Sec. 72. Section 71-8235, Reissue Revised Statutes of Nebraska, is
18 amended to read:

19 71-8235 Trauma system means an organized approach to providing care
20 to trauma patients that provides personnel, facilities, and equipment for
21 effective and coordinated trauma care. The trauma system shall identify
22 facilities with specific capabilities to provide care and provide that
23 trauma patients be treated at a designated trauma center appropriate to
24 the patient's level of injury. Trauma system includes prevention,
25 prehospital or out-of-hospital care, hospital care, and rehabilitative
26 ~~services regardless of insurance carrier or ability to pay.~~

27 Sec. 73. Section 71-8236, Revised Statutes Cumulative Supplement,
28 2022, is amended to read:

29 71-8236 The State Trauma Advisory Board is created. The board shall
30 be composed of representatives knowledgeable in emergency medical
31 services and trauma care, including emergency medical providers such as

1 physicians, nurses, hospital personnel, prehospital or emergency care
2 providers, local government officials, state officials, consumers, and
3 persons affiliated professionally with health science schools. The
4 Director of Public Health or his or her designee shall appoint the
5 members of the board for staggered terms of three years each. The
6 department shall provide administrative support to the board. All members
7 of the board may be reimbursed for expenses incurred in the performance
8 of their duties as ~~such members~~ as provided in sections 81-1174 to
9 81-1177. The terms of members representing the same field shall not
10 expire at the same time.

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

14 Sec. 74. Section 71-8237, Revised Statutes Cumulative Supplement,
15 2022, is amended to read:

16 71-8237 The State Trauma Advisory Board shall:

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

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

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

23 ~~(3) (4) Review proposed departmental rules and regulations for~~
24 ~~trauma care; and~~

25 ~~(4) (5) Recommend modifications in rules regarding trauma care. ;~~
26 ~~and~~

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

29 Sec. 75. Section 71-8239, Reissue Revised Statutes of Nebraska, is
30 amended to read:

31 71-8239 (1) The department, in consultation with and having

1 solicited the advice of the State Trauma Advisory Board, shall establish
2 and maintain the statewide trauma system.

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

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

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

12 Sec. 76. Section 71-8240, Revised Statutes Cumulative Supplement,
13 2022, is amended to read:

14 71-8240 The department shall establish and maintain the following on
15 a statewide basis:

16 (1) Trauma system objectives and priorities;

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

20 (3) Minimum standards for facilities, equipment, and personnel for
21 advanced, intermediate, and general level rehabilitation centers;

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

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

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

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

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

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

3 (6) ~~(10)~~ A program for emergency medical services and trauma care
4 research and development; and

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

6 (7) ~~(12)~~ The ~~initial~~ designation of hospitals and health care
7 facilities to provide designated trauma care services, ~~in accordance with~~
8 ~~needs identified in the approved regional trauma plan; and~~

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

11 Sec. 77. Section 71-8241, Reissue Revised Statutes of Nebraska, is
12 amended to read:

13 71-8241 The department shall ~~coordinate the statewide trauma system~~
14 ~~to assure integration and smooth operation among the trauma care regions~~
15 ~~and~~ facilitate coordination of the State Trauma Advisory Board and the
16 Board of Emergency Medical Services to advise the department on
17 development of the statewide trauma ~~monitor the system.~~

18 Sec. 78. Section 71-8242, Reissue Revised Statutes of Nebraska, is
19 amended to read:

20 71-8242 The department shall:

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

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

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

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

31 The department shall administer funding allocated to the department

1 for the purpose of creating, maintaining, or enhancing the statewide
2 trauma system.

3 Sec. 79. Section 71-8243, Reissue Revised Statutes of Nebraska, is
4 amended to read:

5 71-8243 Designated trauma centers and rehabilitation centers that
6 receive trauma patients shall be categorized according to designation
7 under the Statewide Trauma System Act. ~~All levels of centers shall follow
8 federal regulation guidelines and established referral patterns, as
9 appropriate, to facilitate a seamless patient-flow system.~~

10 Sec. 80. Section 71-8244, Reissue Revised Statutes of Nebraska, is
11 amended to read:

12 71-8244 (1) Any hospital, facility, rehabilitation center, or
13 specialty level burn or pediatric trauma center that desires to be a
14 designated center shall request designation from the department whereby
15 each agrees to maintain a level of commitment and resources sufficient to
16 meet responsibilities and standards required by the statewide trauma
17 system. The department shall determine by rule and regulation the manner
18 and form of such requests.

19 (2) Upon receiving a request, the department shall review the
20 request to determine whether there is compliance with standards for the
21 trauma care level for which designation is desired or whether the
22 appropriate verification or accreditation documentation has been
23 submitted. Any hospital, facility, rehabilitation center, or specialty
24 level burn or pediatric trauma center which submits verification or
25 accreditation documentation from a recognized independent verification or
26 accreditation body or public agency with standards that are at least as
27 stringent as those of the State of Nebraska for the trauma care level for
28 which designation is desired, as determined by the State Trauma Advisory
29 Board, shall be designated by the department and shall be included in the
30 trauma system or plan established under the Statewide Trauma System Act.
31 Any medical facility that is currently verified or accredited shall be

1 designated by the department at the corresponding level of designation
2 for the same time period in Nebraska without the necessity of an onsite
3 review by the department.

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

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

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

14 (5) ~~(6)~~ The department may revoke or suspend a designation if it
15 determines that the medical facility is substantially out of compliance
16 with the standards and has refused or been unable to comply after a
17 reasonable period of time has elapsed. The department shall promptly
18 notify the regional trauma medical director advisory board ~~advisory board~~ of designation
19 suspensions and revocations. Any rehabilitation or trauma center ~~the~~
20 ~~designation of which has been revoked or suspended~~ may request an
21 administrative a hearing to review a revocation or suspension ~~the action~~
22 of the department.

23 Sec. 81. Section 71-8245, Reissue Revised Statutes of Nebraska, is
24 amended to read:

25 71-8245 (1) ~~The~~ As part of the process to designate and renew the
26 designation of hospitals and health care facilities as advanced, basic,
27 comprehensive, or general level trauma centers, the department may
28 contract for onsite reviews of such hospitals and health care facilities
29 to determine compliance with required standards as part of the process to
30 designate and renew the designation of hospitals and health care
31 facilities as advanced, basic, comprehensive, or general level trauma

1 ~~centers. The~~ As part of the process to designate a health care facility
2 as a general, an intermediate, or an advanced level rehabilitation center
3 or a specialty level burn or pediatric trauma center, the applicant shall
4 submit to the department documentation of current verification or
5 accreditation as part of the process to designate a health care facility
6 as a general, intermediate, or advanced level rehabilitation center or a
7 specialty level burn or pediatric trauma center.

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

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

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

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

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

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

29 (4) (5) The department may establish fees to defray the costs of
30 carrying out onsite reviews required by this section, but such fees shall
31 not be assessed to health care facilities designated as basic or general

1 level trauma centers.

2 (5) (6) This section does not restrict the authority of a hospital
3 or a health care provider to provide services which it has been
4 authorized to provide by state law.

5 Sec. 82. Section 71-8247, Reissue Revised Statutes of Nebraska, is
6 amended to read:

7 71-8247 The board shall establish a committee for each trauma
8 region to maintain a ~~In each trauma region, a regional~~ trauma system
9 quality assurance program ~~shall be~~ established and maintained by the
10 health care facilities designated as advanced, basic, comprehensive, and
11 general level trauma centers. The quality assurance program shall
12 evaluate trauma data quality, trauma care delivery, patient care
13 outcomes, and compliance with the Statewide Trauma System Act. The
14 regional medical director shall participate in the program and all health
15 care providers and facilities which provide trauma care services within
16 the region shall be invited to participate in the quality assurance
17 program.

18 Sec. 83. Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15,
19 16, 17, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34,
20 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52,
21 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74,
22 75, 76, 77, 78, 79, 80, 81, 82, 84, and 86 of this act become operative
23 three calendar months after the adjournment of this legislative session.
24 The other sections of this act become operative on their effective date.

25 Sec. 84. Original sections 38-1801, 38-1802, 38-1803, 38-1806,
26 38-1807, 38-1808, 38-1809, 38-1810, 38-1811, 38-1812, 38-1816, 38-2852,
27 38-2867.01, 68-1006.01, 71-475, 71-8202, 71-8228, 71-8230, 71-8231,
28 71-8234, 71-8235, 71-8239, 71-8241, 71-8242, 71-8243, 71-8244, 71-8245,
29 and 71-8247, Reissue Revised Statutes of Nebraska, and sections 38-101,
30 38-121, 38-129.02, 38-167, 38-186, 38-1813, 38-2801, 68-1206, 68-1724,
31 71-417, 71-2461.01, 71-2479, 71-8236, 71-8237, and 71-8240, Revised

1 Statutes Cumulative Supplement, 2022, are repealed.

2 Sec. 85. Original sections 38-131, 38-2891, and 68-901, Revised
3 Statutes Cumulative Supplement, 2022, are repealed.

4 Sec. 86. The following sections are outright repealed: Sections
5 38-1804, 71-8208, 71-8216, 71-8220, 71-8222, 71-8238, 71-8246, and
6 71-8252, Reissue Revised Statutes of Nebraska, and sections 71-8226,
7 71-8227, and 71-8251, Revised Statutes Cumulative Supplement, 2022.

8 Sec. 87. Since an emergency exists, this act takes effect when
9 passed and approved according to law.

10 2. On page 1, strike beginning with "the" in line 1 through line 3
11 and insert "public health and welfare; to amend sections 38-1801,
12 38-1802, 38-1803, 38-1806, 38-1807, 38-1808, 38-1809, 38-1810, 38-1811,
13 38-1812, 38-1816, 38-2852, 38-2867.01, 68-1006.01, 71-475, 71-8202,
14 71-8228, 71-8230, 71-8231, 71-8234, 71-8235, 71-8239, 71-8241, 71-8242,
15 71-8243, 71-8244, 71-8245, and 71-8247, Reissue Revised Statutes of
16 Nebraska, and sections 38-101, 38-121, 38-129.02, 38-131, 38-167, 38-186,
17 38-1813, 38-2801, 38-2891, 68-901, 68-1206, 68-1724, 71-417, 71-2461.01,
18 71-2479, 71-8236, 71-8237, and 71-8240, Revised Statutes Cumulative
19 Supplement, 2022; to adopt the Behavior Analyst Practice Act; to change
20 provisions relating to criminal history record information checks under
21 the Uniform Credentialing Act; to provide, change, and eliminate
22 definitions and provisions of the Medical Nutrition Therapy Practice Act
23 relating to legislative findings, board membership and duties, licensure,
24 and scope of practice; to change provisions relating to prescriptions,
25 licensure of pharmacists, and compounding standards; to provide for
26 vaccine administration by pharmacy technicians; to provide duties for the
27 Department of Health and Human Services under the Medical Assistance Act
28 regarding certain hospitals; to change the personal needs allowance for
29 eligible aged, blind, and disabled persons; to require medicaid
30 reimbursement for hospitals as prescribed; to create a pilot program
31 relating to patients with complex health needs; to state intent regarding

1 appropriations; to change provisions relating to child care assistance;
2 to provide and change definitions and change requirements relating to
3 medication under the Health Care Facility Licensure Act; to change
4 provisions of the Prescription Drug Safety Act relating to delivery and
5 labeling; to change and eliminate definitions, powers and duties, other
6 provisions, and a fund under the Statewide Trauma System Act; to
7 harmonize provisions; to provide operative dates; to repeal the original
8 sections; to outright repeal sections 38-1804, 71-8208, 71-8216, 71-8220,
9 71-8222, 71-8238, 71-8246, and 71-8252, Reissue Revised Statutes of
10 Nebraska, and sections 71-8226, 71-8227, and 71-8251, Revised Statutes
11 Cumulative Supplement, 2022; and to declare an emergency."