

LEGISLATURE OF NEBRASKA
ONE HUNDRED FIFTH LEGISLATURE
FIRST SESSION

LEGISLATIVE BILL 506

FINAL READING

Introduced by Albrecht, 17; Blood, 3; Brasch, 16; Lowe, 37; Quick, 35;
Kolterman, 24; Halloran, 33; Hilgers, 21; Hilkemann, 4;
Bostelman, 23; Riepe, 12.

Read first time January 18, 2017

Committee: Health and Human Services

- 1 A BILL FOR AN ACT relating to health and human services; to amend section
- 2 71-3407, Revised Statutes Cumulative Supplement, 2016; to adopt the
- 3 Compassion and Care for Medically Challenging Pregnancies Act; to
- 4 provide duties for the State Child and Maternal Death Review Team;
- 5 and to repeal the original section.
- 6 Be it enacted by the people of the State of Nebraska,

1 Section 1. Sections 1 to 4 of this act shall be known and may be
2 cited as the Compassion and Care for Medically Challenging Pregnancies
3 Act.

4 Sec. 2. For purposes of the Compassion and Care for Medically
5 Challenging Pregnancies Act:

6 (1) Department means the Department of Health and Human Services;

7 (2) Lethal fetal anomaly means a fetal condition diagnosed before
8 birth that will, with reasonable certainty, result in the death of the
9 unborn child within three months after birth;

10 (3) Nurse practitioner means any person licensed to practice as a
11 nurse practitioner in this state;

12 (4) Perinatal hospice means comprehensive support to the pregnant
13 woman and her family that includes support from the time of diagnosis,
14 through the time of birth and the death of the infant, and through the
15 postpartum period. Supportive care may include, but is not limited to,
16 counseling and medical care by maternal-fetal medical specialists,
17 obstetricians, neonatologists, anesthesia specialists, clergy, social
18 workers, and specialty nurses focused on alleviating fear and ensuring
19 that the woman and her family experience the life and death of their
20 child in a comfortable and supportive environment; and

21 (5) Physician means any person licensed to practice medicine and
22 surgery in this state and includes osteopathic physicians.

23 Sec. 3. A physician or nurse practitioner who diagnoses an unborn
24 child as having a lethal fetal anomaly may:

25 (1) Inform the pregnant woman, orally and in person, that perinatal
26 hospice services are available and offer or refer for this care; and

27 (2) Deliver to the pregnant woman in writing the information support
28 sheet provided by the department under section 4 of this act.

29 Sec. 4. (1) The department shall create and organize geographically
30 a list of perinatal hospice programs available in Nebraska and
31 nationally. The department shall post such information on its web site

1 and shall include an information support sheet in English and Spanish on
2 the web site that can be printed and delivered by physicians and nurse
3 practitioners to the pregnant woman as provided in section 3 of this act.
4 The web site and information support sheet shall be completed and
5 available within ninety days after the effective date of this act. The
6 web site and information support sheet shall include:

7 (a) A statement indicating that perinatal hospice is an innovative
8 and compassionate model of support for the pregnant woman who finds out
9 that her baby has a life-limiting condition and who chooses to continue
10 her pregnancy;

11 (b) A general description of the health care services available from
12 perinatal hospice programs; and

13 (c) Pertinent contact information that includes any twenty-four-hour
14 perinatal hospice services available.

15 (2) A perinatal hospice program may request that the department
16 include the program's informational material and contact information on
17 the web site. The department may add the information to the web site upon
18 request.

19 Sec. 5. Section 71-3407, Revised Statutes Cumulative Supplement,
20 2016, is amended to read:

21 71-3407 (1) The purposes of the team shall be to (a) develop an
22 understanding of the causes and incidence of child or maternal deaths in
23 this state, (b) develop recommendations for changes within relevant
24 agencies and organizations which may serve to prevent child or maternal
25 deaths, and (c) advise the Governor, the Legislature, and the public on
26 changes to law, policy, and practice which will prevent child or maternal
27 deaths.

28 (2) The team shall:

29 (a) Undertake annual statistical studies of the causes and incidence
30 of child or maternal deaths in this state. The studies shall include, but
31 not be limited to, an analysis of the records of community, public, and

1 private agency involvement with the children, the pregnant or postpartum
2 women, and their families prior to and subsequent to the child or
3 maternal deaths;

4 (b) Develop a protocol for retrospective investigation of child or
5 maternal deaths by the team;

6 (c) Develop a protocol for collection of data regarding child or
7 maternal deaths by the team;

8 (d) Consider training needs, including cross-agency training, and
9 service gaps;

10 (e) Include in its annual report recommended changes to any law,
11 rule, regulation, or policy needed to decrease the incidence of
12 preventable child or maternal deaths;

13 (f) Educate the public regarding the incidence and causes of child
14 or maternal deaths, the public role in preventing child or maternal
15 deaths, and specific steps the public can undertake to prevent child or
16 maternal deaths. The team may enlist the support of civic, philanthropic,
17 and public service organizations in the performance of its educational
18 duties;

19 (g) Provide the Governor, the Legislature, and the public with
20 annual reports which shall include the team's findings and
21 recommendations for each of its duties. The team shall provide the annual
22 report on or before each September 15. For 2013 and 2014, the team shall
23 also provide the report to the Health and Human Services Committee of the
24 Legislature on or before September 15. The reports submitted to the
25 Legislature shall be submitted electronically; and

26 (h) When appropriate, make referrals to those agencies as required
27 in section 28-711 or as otherwise required by state law.

28 (3) The team may enter into consultation agreements with relevant
29 experts to evaluate the information and records collected by the team.
30 All of the confidentiality provisions of section 71-3411 shall apply to
31 the activities of a consulting expert.

1 (4) The team may enter into written agreements with entities to
2 provide for the secure storage of electronic data based on information
3 and records collected by the team, including data that contains personal
4 or incident identifiers. Such agreements shall provide for the protection
5 of the security and confidentiality of the content of the information,
6 including access limitations, storage of the information, and destruction
7 of the information. All of the confidentiality provisions of section
8 71-3411 shall apply to the activities of the data storage entity.

9 (5) (4) The team may enter into agreements with a local public
10 health department as defined in section 71-1626 to act as the agent of
11 the team in conducting all information gathering and investigation
12 necessary for the purposes of the Child and Maternal Death Review Act.
13 All of the confidentiality provisions of section 71-3411 shall apply to
14 the activities of the agent.

15 (6) For purposes of this section, entity means an organization which
16 provides collection and storage of data from multiple agencies but is not
17 solely controlled by the agencies providing the data.

18 Sec. 6. Original section 71-3407, Revised Statutes Cumulative
19 Supplement, 2016, is repealed.