AMENDMENTS TO LB676

Introduced by Hansen, 16.

1	1. Strike the original sections and insert the following new
2	sections:
3	Section 1. Section 38-101, Revised Statutes Cumulative Supplement,
4	2024, is amended to read:
5	38-101 Sections 38-101 to 38-1,148 and the following practice acts
6	shall be known and may be cited as the Uniform Credentialing Act:
7	(1) The Advanced Practice Registered Nurse Practice Act;
8	(2) The Alcohol and Drug Counseling Practice Act;
9	(3) The Athletic Training Practice Act;
10	(4) The Audiology and Speech-Language Pathology Practice Act;
11	(5) The Behavior Analyst Practice Act;
12	(6) The Certified Nurse Midwifery Practice Act;
13	(7) The Certified Registered Nurse Anesthetist Practice Act;
14	(8) The Chiropractic Practice Act;
15	(9) The Clinical Nurse Specialist Practice Act;
16	(10) The Cosmetology, Electrology, Esthetics, Nail Technology, and
17	Body Art Practice Act;
18	(11) The Dentistry Practice Act;
19	(12) The Dialysis Patient Care Technician Registration Act;
20	(13) The Emergency Medical Services Practice Act;
21	(14) The Environmental Health Specialists Practice Act;
22	(15) The Funeral Directing and Embalming Practice Act;
23	(16) The Genetic Counseling Practice Act;
24	(17) The Hearing Instrument Specialists Practice Act;
25	(18) The Licensed <u>Professional Midwives</u> Practical Nurse-Certified
26	Practice Act until November 1, 2017;
27	(19) The Massage Therapy Practice Act;

-1-

1	(20) The Medical Nutrition Therapy Practice Act;
2	(21) The Medical Radiography Practice Act;
3	(22) The Medicine and Surgery Practice Act;
4	(23) The Mental Health Practice Act;
5	(24) The Nurse Practice Act;
6	(25) The Nurse Practitioner Practice Act;
7	(26) The Nursing Home Administrator Practice Act;
8	(27) The Occupational Therapy Practice Act;
9	(28) The Optometry Practice Act;
10	(29) The Perfusion Practice Act;
11	(30) The Pharmacy Practice Act;
12	(31) The Physical Therapy Practice Act;
13	(32) The Podiatry Practice Act;
14	(33) The Psychology Practice Act;
15	(34) The Respiratory Care Practice Act;
16	(35) The Surgical First Assistant Practice Act; and
17	(36) The Veterinary Medicine and Surgery Practice Act.
18	If there is any conflict between any provision of sections 38-101 to
19	38-1,148 and any provision of a practice act, the provision of the
20	practice act shall prevail except as otherwise specifically provided in
21	section 38-129.02.
22	Sec. 2. Section 38-121, Revised Statutes Cumulative Supplement,
23	2024, is amended to read:
24	38-121 (1) No individual shall engage in the following practices
25	unless such individual has obtained a credential under the Uniform
26	Credentialing Act:
27	(a) Acupuncture;
28	(b) Advanced practice nursing;
29	(c) Alcohol and drug counseling;
30	(d) Asbestos abatement, inspection, project design, and training;
31	(e) Athletic training;

-2-

1	(f)	Audiology;
2	(g)	Speech-language pathology;
3	(h)	Behavior Beginning one year after September 2, 2023, behavior
4	analysis	;
5	(i)	Body art;
6	(j)	Chiropractic;
7	(k)	Cosmetology;
8	(1)	Dentistry;
9	(m)	Dental hygiene;
10	(n)	Electrology;
11	(0)	Emergency medical services;
12	(p)	Esthetics;
13	(q)	Funeral directing and embalming;
14	(r)	Genetic counseling;
15	(s)	Hearing instrument dispensing and fitting;
16	(t)	Lead-based paint abatement, inspection, project design, and
17	training	
18	(u)	Licensed practical nurse-certified until November 1, 2017;
19	(v)	Massage therapy;
20	(w)	Medical nutrition therapy;
21	(x)	Medical radiography;
22	(y)	Medicine and surgery;
23	(z)	Mental health practice;
24	(aa)) Nail technology;
25	(bb)) Nursing;
26	(cc)) Nursing home administration;
27	(dd)) Occupational therapy;
28	(ee)) Optometry;
29	(ff)) Osteopathy;
30	(gg)) Perfusion;

31 (hh) Pharmacy;

AM1474 LB676 DLM - 05/15/2025

1	(ii) Physical therapy;
2	(jj) Podiatry;
3	<u>(kk) Professional midwifery;</u>
4	<u>(ll)</u> (kk) Psychology;
5	(mm) (11) Radon detection, measurement, and mitigation;
6	<u>(nn)</u> (mm) Respiratory care;
7	<u>(oo)</u> (nn) Surgical assisting; and
8	<u>(pp)</u> (oo) Veterinary medicine and surgery.
9	(2) No individual shall hold himself or herself out as any of the
10	following until such individual has obtained a credential under the
11	Uniform Credentialing Act for that purpose:
12	(a) Registered environmental health specialist;
13	(b) Certified marriage and family therapist;
14	(c) Certified professional counselor;
15	(d) Certified art therapist;
16	(e) Social worker; or
17	(f) 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	<pre>(b) Cosmetology;</pre>
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. 3. Section 38-131, Revised Statutes Cumulative Supplement,
29	2024, is amended to read:
30	38-131 (1) An applicant for an initial license to practice as a

31 registered nurse, a licensed practical nurse, a physical therapist, a

-4-

physical therapy assistant, a psychologist, an advanced emergency medical 1 2 technician, an emergency medical technician, an audiologist, a speech-3 language pathologist, a licensed independent mental health practitioner, an occupational therapist, an occupational therapy assistant, a licensed 4 5 professional midwife, a dietitian, a certified social worker, a certified 6 master social worker, a licensed clinical social worker, a paramedic, a 7 physician, an osteopathic physician, a physician or osteopathic physician 8 who is an applicant for a temporary educational permit, a physician or 9 osteopathic physician who is an applicant for a temporary visiting faculty permit, a physician assistant, a dentist, an optometrist, a 10 11 podiatrist, a veterinarian, an advanced practice registered nurse-nurse 12 practitioner, an advanced practice registered nurse-certified nurse midwife, or an advanced practice registered nurse-certified registered 13 14 nurse anesthetist shall be subject to a criminal background check. Except 15 as provided in subsection (4) of this section, such an applicant for an initial license shall submit a full set of fingerprints to the Nebraska 16 17 State Patrol for a criminal history record information check. The applicant shall authorize release of the results of the national criminal 18 history record information check by the Federal Bureau of Investigation 19 20 to the department. The applicant shall pay the actual cost of the 21 fingerprinting and criminal background check.

22 (2) The Nebraska State Patrol is authorized to submit the 23 fingerprints of such applicants to the Federal Bureau of Investigation 24 and to issue a report to the department that includes the criminal history record information concerning the applicant. The Nebraska State 25 26 Patrol shall forward submitted fingerprints to the Federal Bureau of 27 Investigation for a national criminal history record information check. The Nebraska State Patrol shall issue a report to the department that 28 29 includes the criminal history record information concerning the 30 applicant.

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(3) This section shall not apply to a dentist who is an applicant

-5-

1 for a dental locum tenens under section 38-1122, to a physician or 2 osteopathic physician who is an applicant for a physician locum tenens 3 under section 38-2036, or to a veterinarian who is an applicant for a 4 veterinarian locum tenens under section 38-3335.

5 (4) A physician or osteopathic physician who is an applicant for a 6 temporary educational permit shall have ninety days from the issuance of 7 the permit to comply with subsection (1) of this section and shall have 8 such permit suspended after such ninety-day period if the criminal 9 background check is not complete or revoked if the criminal background 10 check reveals that the applicant was not qualified for the permit.

11 (5) The department and the Nebraska State Patrol may adopt and 12 promulgate rules and regulations concerning costs associated with the 13 fingerprinting and the national criminal history record information 14 check.

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

18 Sec. 4. Section 38-167, Revised Statutes Cumulative Supplement, 19 2024, is amended to read:

20 38-167 (1) Boards shall be designated as follows:

21 (a) Board of Advanced Practice Registered Nurses;

22 (b) Board of Alcohol and Drug Counseling;

23 (c) Board of Athletic Training;

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

25 (e) Board of Behavior Analysts;

26 (f) Board of Chiropractic;

(g) Board of Cosmetology, Electrology, Esthetics, Nail Technology,
and Body Art;

29 (h) Board of Dentistry;

30 (i) Board of Emergency Medical Services;

31 (j) Board of Registered Environmental Health Specialists;

-6-

AM1474 LB676 DLM - 05/15/2025

1	(k) Board of Funeral Directing and Embalming;
2	 Board of Hearing Instrument Specialists;
3	(m) Board of Massage Therapy;
4	(n) Board of Medical Nutrition Therapy;
5	(o) Board of Medical Radiography;
6	(p) Board of Medicine and Surgery;
7	(q) Board of Mental Health Practice;
8	<u>(r) Board of Licensed Professional Midwives;</u>
9	<u>(s)</u> (r) Board of Nursing;
10	<u>(t)</u> (s) Board of Nursing Home Administration;
11	<u>(u)</u> (t) Board of Occupational Therapy Practice;
12	<u>(v)</u> (u) Board of Optometry;
13	<u>(w)</u> (v) Board of Pharmacy;
14	(x) (w) Board of Physical Therapy;
15	<u>(y)</u> (x) Board of Podiatry;
16	<u>(z)</u> (y) Board of Psychology;
17	<u>(aa)</u> (z) Board of Respiratory Care Practice; and
18	<u>(bb)</u> (aa) Board of Veterinary Medicine and Surgery.
19	(2) Any change made by the Legislature of the names of boards listed
20	in this section shall not change the membership of such boards or affect
21	the validity of any action taken by or the status of any action pending
22	before any of such boards. Any such board newly named by the Legislature
23	shall be the direct and only successor to the board as previously named.
24	Sec. 5. Section 38-206, Reissue Revised Statutes of Nebraska, is
25	amended to read:
26	38-206 The board shall:
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27 (1) Establish standards for integrated practice agreements between 28 collaborating physicians and certified nurse midwives;

29 (1) (2) Monitor the scope of practice by certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists, and 30 nurse practitioners; 31

-7-

(2) (3) Recommend disciplinary action relating to licenses of
 advanced practice registered nurses, certified nurse midwives, certified
 registered nurse anesthetists, clinical nurse specialists, and nurse
 practitioners;

5 <u>(3)</u> (4) Engage in other activities not inconsistent with the 6 Advanced Practice Registered Nurse Practice Act, the Certified Nurse 7 Midwifery Practice Act, the Certified Registered Nurse Anesthetist 8 Practice Act, the Clinical Nurse Specialist Practice Act, and the Nurse 9 Practitioner Practice Act; and

(4) (5) Adopt rules and regulations to implement the Advanced 10 11 Practice Registered Nurse Practice Act, the Certified Nurse Midwifery Practice Act, the Certified Registered Nurse Anesthetist Practice Act, 12 the Clinical Nurse Specialist Practice Act, and the Nurse Practitioner 13 14 Practice Act, for promulgation by the department as provided in section 15 38-126. Such rules and regulations shall also include: (a) Approved certification organizations and approved certification programs; and (b) 16 17 professional liability insurance.

18 Sec. 6. Section 38-601, Reissue Revised Statutes of Nebraska, is 19 amended to read:

38-601 Sections 38-601 to 38-618 and sections 11 and 13 of this act
shall be known and may be cited as the Certified Nurse Midwifery Practice
Act.

23 Sec. 7. Section 38-603, Reissue Revised Statutes of Nebraska, is 24 amended to read:

25 38-603 For purposes of the Certified Nurse Midwifery Practice Act 26 and elsewhere in the Uniform Credentialing Act, unless the context 27 otherwise requires, the definitions found in sections <u>38-605</u> 38-604 to 28 38-610 <u>and sections 11 and 13 of this act</u> apply.

29 Sec. 8. Section 38-604, Reissue Revised Statutes of Nebraska, is 30 amended to read:

31 38-604 Approved certified nurse midwifery education program means a

-8-

certified nurse midwifery education program approved by the board. The
 board may require such program to be accredited by the <u>Accreditation</u>
 <u>Commission for Midwifery Education</u> <u>American College of Nurse-Midwives</u>.

Sec. 9. Section 38-606, Reissue Revised Statutes of Nebraska, is
amended to read:

6 38-606 Certified nurse midwife means a person certified by a board-7 approved certifying body and licensed under the Advanced Practice 8 Registered Nurse Practice Act to practice certified nurse midwifery in 9 the State of Nebraska. Nothing in the Certified Nurse Midwifery Practice Act is intended to restrict the practice of other health care providers 10 11 registered nurses. Nothing in the act is intended to apply to licensed 12 professional midwives practicing within the scope of practice authorized under the Licensed Professional Midwives Practice Act. 13

Sec. 10. Section 38-607, Reissue Revised Statutes of Nebraska, is amended to read:

16 38-607 Collaboration means a process and relationship in which a 17 certified nurse midwife works together with other health <u>care providers</u> 18 professionals to deliver health care within the scope of practice of 19 certified nurse midwifery as provided in the Certified Nurse Midwifery 20 Practice Act. The collaborative relationship between the physician and 21 the nurse midwife shall be subject to the control and regulation of the 22 board.

Sec. 11. <u>Consultation means a process whereby a certified nurse</u>
 midwife seeks the advice or opinion of a physician or another health care
 provider.

Sec. 12. Section 38-608, Reissue Revised Statutes of Nebraska, is amended to read:

38-608 <u>Health care provider means a health care professional</u>
 <u>licensed under the Uniform Credentialing Act.</u>

30 Licensed practitioner means any physician licensed to practice 31 pursuant to the Medicine and Surgery Practice Act, whose practice

-9-

AM1474 LB676 DLM - 05/15/2025

1	includes obstetrics.
2	Sec. 13. Immediate newborn care means care that focuses on the
3	newborn up to and including seven days after birth. Immediate newborn
4	care includes, but is not limited to, the following:
5	(1) Routine assistance to the newborn to establish respiration and
6	<u>maintain thermal stability;</u>
7	(2) Routine physical assessment including Apgar scoring;
8	<u>(3) Vitamin K administration;</u>
9	<u>(4) Eye prophylaxis for ophthalmia neonatorum;</u>
10	(5) Methods to facilitate newborn adaptation to extrauterine life,
11	including stabilization, resuscitation, and emergency management as
12	<u>indicated; and</u>
13	(6) Collecting and submitting blood specimens in accordance with
14	<u>section 71-519.</u>
15	Sec. 14. Section 38-610, Reissue Revised Statutes of Nebraska, is
16	amended to read:
17	38-610 <u>Referral means a process whereby a certified nurse midwife</u>
18	directs the patient to a physician or other health care provider for
19	management of a particular problem or aspect of the patient's care.
20	Supervision means the ready availability of a collaborating licensed
21	practitioner for consultation and direction of the activities of the
22	certified nurse midwife related to delegated medical functions as
23	outlined in the practice agreement.
24	Sec. 15. Section 38-611, Reissue Revised Statutes of Nebraska, is
25	amended to read:
26	38-611 <u>(1) A certified nurse midwife may provide health care</u>
27	services within the midwife's specialty area. A certified nurse midwife
28	shall function by establishing collaborative, consultative, and referral
29	networks as appropriate with other health care professionals. A certified
30	nurse midwife shall refer a patient who requires care beyond the scope of
31	practice of the certified nurse midwife to an appropriate health care

1	provider. A health care provider or hospital that accepts a transfer of a
2	patient from a certified nurse midwife, or cares for a patient who has
3	previously been under the care of a certified nurse midwife within the
4	independent scope of practice of such certified nurse midwife in an out-
5	of-hospital setting, shall not be liable for an outcome arising from
6	action or inaction of the certified nurse midwife.
7	(2) The practice of a certified nurse midwife may include, but is
8	not limited to:
9	(a) Providing preconception, prenatal, intrapartum, and postpartum
10	<u>care;</u>
11	(b) Providing gynecological services;
12	(c) Providing primary care;
13	<u>(d) Providing care for a newborn through twenty-eight days of age,</u>
14	except that in the case of a home birth, the practice of the certified
15	nurse midwife relating to the newborn shall be limited to immediate
16	<u>newborn care;</u>
17	(e) Assessing patients, ordering diagnostic tests and therapeutic
18	treatments, synthesizing and analyzing data, and applying advanced
19	nursing principles;
20	(f) Dispensing sample medications that are provided by the
21	manufacturer and are provided at no charge to the patient;
22	(g) Prescribing therapeutic measures and medications relating to
23	health conditions within the scope of practice of a certified nurse
24	<u>midwife; and</u>
25	(h) Pronouncing death and completing and signing a death certificate
26	and any other form if such activities are within the scope of practice of
27	the certified nurse midwife and are not otherwise prohibited by law.
28	A certified nurse midwife may, under the provisions of a practice
29	agreement, (1) attend cases of normal childbirth, (2) provide prenatal,
30	intrapartum, and postpartum care, (3) provide normal obstetrical and
31	gynecological services for women, and (4) provide care for the newborn

immediately following birth. The conditions under which a certified nurse midwife is required to refer cases to a collaborating licensed practitioner shall be specified in the practice agreement. Sec. 16. Section 38-618, Reissue Revised Statutes of Nebraska, is amended to read: 38-618 Nothing in the Certified Nurse Midwifery Practice Act shall prohibit the practice of professional midwifery by a licensed

8 professional midwife under the Licensed Professional Midwives Practice
9 Act be interpreted to permit independent practice.

Sec. 17. Section 38-2025, Revised Statutes Cumulative Supplement, 2024, is amended to read:

38-2025 The following classes of persons shall not be construed to
be engaged in the unauthorized practice of medicine:

14 (1) Persons rendering gratuitous services in cases of emergency;

15 (2) Persons administering ordinary household remedies;

16 (3) The members of any church practicing its religious tenets, 17 except that they shall not prescribe or administer drugs or medicines, 18 perform surgical or physical operations, nor assume the title of or hold 19 themselves out to be physicians, and such members shall not be exempt 20 from the quarantine laws of this state;

(4) Students of medicine who are studying in an accredited school or
college of medicine and who gratuitously prescribe for and treat disease
under the supervision of a licensed physician;

(5) Physicians who serve in the armed forces of the United States or
the United States Public Health Service or who are employed by the United
States Department of Veterans Affairs or other federal agencies, if their
practice is limited to that service or employment;

(6) Physicians who are licensed in good standing to practice
medicine under the laws of another state when incidentally called into
this state or contacted via electronic or other medium for consultation
with a physician licensed in this state. For purposes of this

-12-

1 subdivision, consultation means evaluating the medical data of the 2 patient as provided by the treating physician and rendering a 3 recommendation to such treating physician as to the method of treatment 4 or analysis of the data. The interpretation of a radiological image by a 5 physician who specializes in radiology is not a consultation;

6 (7) Physicians who are licensed in good standing to practice 7 medicine in another state but who, from such other state, order 8 diagnostic or therapeutic services on an irregular or occasional basis, 9 to be provided to an individual in this state, if such physicians do not 10 maintain and are not furnished for regular use within this state any 11 office or other place for the rendering of professional services or the 12 receipt of calls;

(8) Physicians who are licensed in good standing to practice
medicine in another state and who, on an irregular and occasional basis,
are granted temporary hospital privileges to practice medicine and
surgery at a hospital or other medical facility licensed in this state;

(9) Persons providing or instructing as to use of braces, prosthetic
appliances, crutches, contact lenses, and other lenses and devices
prescribed by a physician licensed to practice medicine while working
under the direction of such physician;

(10) Dentists practicing their profession when licensed and
 practicing in accordance with the Dentistry Practice Act;

(11) Optometrists practicing their profession when licensed and
 practicing under and in accordance with the Optometry Practice Act;

(12) Osteopathic physicians practicing their profession if licensed
and practicing under and in accordance with sections 38-2029 to 38-2033;

(13) Chiropractors practicing their profession if licensed and
 practicing under the Chiropractic Practice Act;

(14) Podiatrists practicing their profession when licensed to
practice in this state and practicing under and in accordance with the
Podiatry Practice Act;

-13-

(15) Psychologists practicing their profession when licensed to
 practice in this state and practicing under and in accordance with the
 Psychology Interjurisdictional Compact or the Psychology Practice Act;

4 (16) Advanced practice registered nurses practicing in their 5 clinical specialty areas when licensed under the Advanced Practice 6 Registered Nurse Practice Act and practicing under and in accordance with 7 their respective practice acts;

8 (17) Surgical first assistants practicing in accordance with the9 Surgical First Assistant Practice Act;

(18) Licensed professional midwives practicing in accordance with
 the Licensed Professional Midwives Practice Act;

12 (19) (18) Persons licensed or certified under the laws of this state 13 to practice a limited field of the healing art, not specifically named in 14 this section, when confining themselves strictly to the field for which 15 they are licensed or certified, not assuming the title of physician, 16 surgeon, or physician and surgeon, and not professing or holding 17 themselves out as qualified to prescribe drugs in any form or to perform 18 operative surgery;

19 (20) (19) Persons obtaining blood specimens while working under an 20 order of or protocols and procedures approved by a physician, registered 21 nurse, or other independent health care practitioner licensed to practice 22 by the state if the scope of practice of that practitioner permits the 23 practitioner to obtain blood specimens;

24 (21) (20) Physicians who are licensed in good standing to practice 25 medicine under the laws of another state or jurisdiction who accompany an 26 athletic team or organization into this state for an event from the state 27 or jurisdiction of licensure. This exemption is limited to treatment 28 provided to such athletic team or organization while present in Nebraska;

29 <u>(22)</u> (21) Persons who are not licensed, certified, or registered 30 under the Uniform Credentialing Act, to whom are assigned tasks by a 31 physician or osteopathic physician licensed under the Medicine and

-14-

Surgery Practice Act, if such assignment of tasks is in a manner 1 consistent with accepted medical standards and appropriate to the skill 2 3 and training, on the job or otherwise, of the persons to whom the tasks are assigned. For purposes of this subdivision, assignment of tasks means 4 5 the routine care, activities, and procedures that (a) are part of the 6 routine functions of such persons who are not so licensed, certified, or 7 registered, (b) reoccur frequently in the care of a patient or group of 8 patients, (c) do not require such persons who are not so licensed, 9 certified, or registered to exercise independent clinical judgment, (d) do not require the performance of any complex task, (e) have results 10 11 which are predictable and have minimal potential risk, and (f) utilize a 12 standard and unchanging procedure; and

13 (23) (22) Other trained persons employed by a licensed health care 14 facility or health care service defined in the Health Care Facility 15 Licensure Act or clinical laboratory certified pursuant to the federal 16 Clinical Laboratories Improvement Act of 1967, as amended, or Title XVIII 17 or XIX of the federal Social Security Act to withdraw human blood for 18 scientific or medical purposes.

Any person who has held or applied for a license to practice 19 medicine and surgery in this state, and such license or application has 20 21 been denied or such license has been refused renewal or disciplined by 22 order of limitation, suspension, or revocation, shall be ineligible for 23 the exceptions described in subdivisions (5) through (8) of this section 24 until such license or application is granted or such license is renewed or reinstated. Every act or practice falling within the practice of 25 26 medicine and surgery as defined in section 38-2024 and not specially 27 excepted in this section shall constitute the practice of medicine and surgery and may be performed in this state only by those licensed by law 28 29 to practice medicine in Nebraska.

30 Sec. 18. <u>Sections 18 to 47 of this act shall be known and may be</u> 31 cited as the Licensed Professional Midwives Practice Act.

-15-

1	Sec. 19. For purposes of the Licensed Professional Midwives
2	Practice Act and elsewhere in the Uniform Credentialing Act, unless the
3	context otherwise requires, the definitions found in sections 20 to 30 of
4	<u>this act apply.</u>
5	Sec. 20. Antepartum period means before labor or childbirth.
6	Sec. 21. Board means the Board of Licensed Professional Midwives.
7	Sec. 22. <u>Client means a person under the care of a licensed</u>
8	professional midwife and such person's fetus or newborn.
9	Sec. 23. Community birth means a birth that takes place in a home or
10	<u>birth center.</u>
11	Sec. 24. Direct-entry midwife means a person who has been trained
12	in midwifery without first completing a course in nursing.
13	Sec. 25. Immediate newborn care means care that focuses on the
14	newborn up to and including seven days after birth. Immediate newborn
15	care includes, but is not limited to, the following:
16	(1) Routine assistance to the newborn to establish respiration and
17	<u>maintain thermal stability;</u>
18	(2) Routine physical assessment including Apgar scoring;
19	<u>(3) Vitamin K administration;</u>
20	<u>(4) Eye prophylaxis for ophthalmia neonatorum;</u>
21	(5) Methods to facilitate newborn adaptation to extrauterine life,
22	including stabilization, resuscitation, and emergency management as
23	indicated; and
24	(6) Collecting and submitting blood specimens in accordance with
25	<u>section 71-519.</u>
26	Sec. 26. Intrapartum period means the period during labor and
27	<u>delivery or childbirth.</u>
28	Sec. 27. Licensed professional midwife means a midwife who holds a
29	current license under the Licensed Professional Midwives Practice Act.
30	Sec. 28. Postpartum period means the first six weeks after
31	<u>delivery.</u>

1	Sec. 29. Professional midwife means a person who holds a current
2	credential as a certified professional midwife from the North American
3	Registry of Midwives or its successor organization.
4	Sec. 30. Professional midwifery means the practice of providing
5	primary maternity care that is consistent with national professional
6	midwifery standards to a client during preconception, pregnancy, labor,
7	delivery, postpartum, and newborn periods.
8	Sec. 31. The board shall consist of seven members as provided in
9	section 38-166. Three of the members shall be professional midwives
10	licensed under the Uniform Credentialing Act, one member shall be an
11	obstetrician/gynecologist licensed under the Uniform Credentialing Act to
12	practice medicine in Nebraska, one certified nurse midwife, and two
13	members shall be public members who have received professional midwifery
14	services.
15	Sec. 32. (1) No person shall engage in professional midwifery or in
16	any way advertise or purport to be engaged in the practice of
17	professional midwifery unless such person is licensed by the department
18	and approved by the board.
19	(2) An applicant for licensure by the department as a licensed
20	professional midwife shall show to the satisfaction of the department
21	that the applicant:
22	<u>(a) Has complied with the Licensed Professional Midwives Practice</u>
23	Act and the applicable rules and regulations adopted and promulgated
24	<u>under the act;</u>
25	<u>(b) Has a high school diploma or its equivalent;</u>
26	<u>(c) Is a professional midwife; and</u>
27	<u>(d)(i) Has successfully completed an educational program or pathway</u>
28	accredited by the Midwifery Education Accreditation Council, or a similar
29	organization as approved by the board; or
30	<u>(ii) Prior to January 1, 2026, has obtained a midwifery bridge</u>
31	certificate from the North American Registry of Midwives, or a similar

1 <u>organization as approved by the board.</u>

2 (3) The department may, with the approval of the board, grant 3 temporary licensure as a licensed professional midwife for up to one hundred twenty days upon application (a) to graduates of an approved 4 5 professional midwifery educational program, pending results of the first 6 certifying examination following graduation, who are practicing under the 7 supervision of a licensed professional midwife and (b) to professional 8 midwives currently licensed in another state pending completion of the appl<u>ication for a Nebraska license.</u> 9 10 (4) An applicant who is a military spouse may apply for a temporary 11 license as provided in section 38-129.01. 12 (5) Any person practicing professional midwifery under the Licensed Professional Midwives Practice Act shall not be required to establish 13 14 residency in Nebraska. 15 Sec. 33. (1) A licensed professional midwife may (a) attend cases physiological childbirth, (b) provide preconception, prenatal, 16 of 17 intrapartum, and postpartum care, and (c) provide immediate newborn care. (2) A licensed professional midwife who attends a birth may prepare 18 19 and file a birth certificate as provided in section 71-604. (3) The conditions under which a licensed professional midwife is 20 21 required to refer cases to a collaborating licensed physician or advanced 22 practice registered nurse shall be specified in rules and regulations adopted and promulgated pursuant to section 38-126. Such conditions shall 23 24 be consistent with national professional midwifery standards of care. 25 (4) A licensed professional midwife shall submit a report to the 26 department, on or before March 31 of each year, in a manner specified by 27 the department, regarding cases during the previous calendar year in

28 which the licensed professional midwife assisted if the intended place of

- 29 <u>birth at the onset of care was an out-of-hospital setting. The report</u>
- 30 <u>shall include the following information:</u>
- 31 (a) The total number of clients served at the onset of care;

1	(b) The number, by county, of live births attended;
2	<u>(c) The number, by county, of cases of fetal demise after twenty</u>
3	weeks, infant deaths, and maternal deaths attended within forty-eight
4	hours of the demise or death;
5	<u>(d) The number of women whose care was transferred to another health</u>
6	care professional for medical reasons during the antepartum period and
7	the reason for the transfer;
8	<u>(e) The number of nonemergency hospital transfers during the</u>
9	intrapartum or postpartum period and the reason for and outcome of each
10	<u>such transfer;</u>
11	<u>(f) The number of urgent or emergency transports of an expectant</u>
12	childbearing woman in the antepartum period and the reason for and
13	outcome of each such transport;
14	<u>(g) The number of urgent or emergency transports of an infant or</u>
15	<u>childbearing woman during the intrapartum or immediate postpartum period</u>
16	and the reason for and outcome of each such transport;
17	<u>(h) The number of planned out-of-hospital births at the onset of</u>
18	<u>labor and the number of births completed in an out-of-hospital setting;</u>
19	and
20	<u>(i) A brief description of any complications resulting in the</u>
21	morbidity or mortality of a childbearing woman or a neonate known to the
22	licensed professional midwife.
23	Sec. 34. (1) The Licensed Professional Midwives Practice Act shall
24	not prohibit the performance of the functions of a professional midwife
25	by an unlicensed person if performed:
26	<u>(a) In an emergency situation;</u>
27	<u>(b) By a legally qualified person from another state employed by the</u>
28	<u>United States Government and performing official duties in this state; or</u>
29	<u>(c) By a person participating in a course of study to prepare for</u>
30	the practice of professional midwifery.
31	(2) The Licensed Professional Midwives Practice Act does not:

-19-

1	<u>(a) Require licensure under the act or otherwise limit or regulate</u>
2	the practice of a qualified member of another profession, including, but
3	not limited to, a nurse practitioner or a certified nurse midwife,
4	providing services that would constitute professional midwifery under the
5	<u>act;</u>
6	<u>(b) Require licensure under the act for a person assisting a</u>
7	<u>licensed professional midwife; or</u>
8	<u>(c) Require licensure under the act for a person to provide care</u>
9	that serves women and families (i) with cultural or indigenous traditions
10	or (ii) in accordance with the tenets and practices of their bona fide
11	church or religious denomination or sincerely held religious belief,
12	practice, or observance.
13	Sec. 35. The practice of professional midwifery shall not
14	constitute the practice of medicine, nursing, certified nurse midwifery,
15	or emergency medical care.
16	Sec. 36. (1) A licensed professional midwife shall, at an initial
17	prenatal visit with a client, provide and disclose to the client orally
18	and in writing the following information:
19	(a) The licensed professional midwife's experience and training;
20	<u>(b) That the licensed professional midwife has current and valid</u>
21	certification for cardiopulmonary resuscitation and an active neonatal
22	resuscitation provider status;
23	<u>(c) Whether the licensed professional midwife has malpractice</u>
24	liability insurance coverage and the coverage limits of the policy;
25	(d) The licensed professional midwife's protocol for the handling of
26	both the client's and the newborn's medical emergencies as required by
27	section 41 of this act;
28	<u>(e) A statement informing the client that, in the event of an</u>
29	emergency or voluntary transfer or if subsequent care is required
30	resulting from the acts or omissions of the licensed professional
31	midwife, no liability for the acts or omissions of the licensed

1 professional midwife are assignable to the receiving hospital, health 2 care facility, physician, nurse, emergency services provider, or other 3 medical professional rendering such care; 4 (f) A statement that the receiving hospital, health care facility, 5 physician, nurse, emergency services provider, hospital, or other medical professional rendering care are responsible for their own acts and 6 7 omissions; 8 (g) A statement outlining the emergency equipment, drugs, and personnel available to provide appropriate care in the home; 9 10 (h) A statement of the intent to provide at least one midwife assistant or student midwife during intrapartum and immediate postpartum 11 12 care; and (i) A recommendation that the client preregister with the nearest 13 14 hospital and explain the benefits of preregistration. 15 (2) A licensed professional midwife shall, at an initial prenatal visit with a client, provide a copy of the written disclosures required 16 17 under this section to the client and obtain the client's signature and date of signature acknowledging that the client has been informed, orally 18 19 and in writing, of the disclosures required. (1) Upon initiation of care, a licensed professional 20 Sec. 37. 21 midwife shall review the client's medical history in order to identify 22 preexisting conditions or indicators that require disclosure of risk for 23 community birth. The licensed professional midwife shall offer standard 24 tests and screenings for evaluating risks and shall document the responses of the client to the results of the tests and screenings and 25 26 any recommendations of the licensed professional midwife. The licensed 27 professional midwife shall also continually assess the client and the baby in order to recognize conditions that may arise during the course of 28 29 care that require disclosure of risk for birth outside of a hospital or 30 birthing center. 31 (2) A disclosure of risk form, developed by the board, shall be

-21-

provided to the client in situations in which a consultation is warranted 1 as determined by the board and determined appropriate by the licensed 2 3 professional midwife to allow the client to make an informed choice. A licensed professional midwife shall recommend a consultation with a 4 5 licensed physician or a certified nurse midwife providing obstetrical care if there are clinical variations, health risks, or significant 6 7 deviations, including abnormal laboratory results, relative to a client's 8 pregnancy or to a neonate. The license professional midwife shall refer 9 the client to a physician or certified nurse midwife and if the client wishes, remain in consultation with the physician or certified nurse 10 11 midwife until resolution of the concern. Consultation does not preclude an out-of-hospital birth. A licensed professional midwife may maintain 12 13 care of the client, in accordance with the client's wishes, during the 14 pregnancy and during labor, birth, and the postpartum period. The 15 disclosure of risk form shall be signed by the client and the licensed professional midwife and shall be retained in accordance with 16 recordkeeping requirements established by the board. 17

18 Sec. 38. <u>The board shall adopt rules and regulations pursuant to</u> 19 <u>section 38-126 regarding:</u>

(1) The standards of practice of professional midwifery based on
 rules established by the National Association of Certified Professional
 Midwives or its successor organization and the North American Registry of
 Midwives or its successor organization;

24 (2) Compliance with section 37 of this act;

25 (3) Appropriate testing for clients, including, but not limited to,
 26 laboratory tests and ultrasounds;

27 <u>(4) Authorization for a licensed professional midwife to obtain,</u>

28 carry, and administer all of the following during the practice of

- 29 professional midwifery:
- 30 (a) Antihemorrhagic agents, including, but not limited to, oxytocin,
 31 misoprostol, and methylergonovine;

AM1474 LB676 DLM - 05/15/2025

1	<u>(b) Intravenous fluids;</u>
2	<u>(c) Neonatal injectable vitamin K;</u>
3	<u>(d) Newborn antibiotic eye prophylaxis;</u>
4	<u>(e) Oxygen;</u>
5	<u>(f) Intravenous antibiotics for group B streptococcal antibiotic</u>
6	prophylaxis;
7	<u>(g) Rho (D) immune globulin;</u>
8	<u>(h) Local anesthetic;</u>
9	<u>(i) Epinephrine;</u>
10	<u>(j) Food, food extracts, dietary supplements, homeopathic remedies,</u>
11	plant substances that are not designated as prescription drugs or
12	controlled substances, and over-the-counter medications; and
13	<u>(k) Other drugs consistent with the practice of professional</u>
14	midwifery, not to include controlled substances;
15	(5) Administration of a drug prescribed by a licensed health care
16	provider for a client;
17	(6) Authorization to obtain, carry, and use appropriate equipment
18	and devices, including, but not limited to, Doppler ultrasound,
19	phlebotomy supplies, hemoglobinometer, instruments, and sutures;
20	<u>(7) Management of the postpartum period, including suturing of</u>
21	lacerations, including the administration of a local anesthetic;
22	<u>(8) Management of the newborn period including: (a) Providing care</u>
23	for the newborn, including performing a normal newborn examination; (b)
24	resuscitating a newborn; and (c) performing newborn screenings,
25	including, but not limited to, the newborn metabolic screening required
26	under section 71-519, hearing screening, and critical congenital heart
27	<u>disease screening;</u>
28	(9) Prohibition of the use of forceps or a vacuum extractor;
29	<u>(10) Requirements for a written plan for the consultation,</u>
30	collaboration, and emergency transfer of the client and newborn, when
31	necessary, and for submission of the plan to the board;

1	<u>(11) Requirements for a written recommendation with referrals to at</u>
2	least two licensed physicians or certified nurse midwives to be presented
3	<u>to clients;</u>
4	(12) Authorization to obtain a blood spot specimen in accordance
5	with section 71-519;
6	(13) Development of a formulary including, but not limited to,
7	approved drugs, respective indications, doses, routes of administration,
8	and durations of treatment. Licensed professional midwives shall assess
9	for client medication allergies prior to the administration of a drug;
10	and
11	(14) Development of guidelines for the safe storage, transportation,
12	and disposal of formulary drugs.
13	Sec. 39. <u>A licensed professional midwife shall not order or</u>
14	administer narcotic drugs or terminate or assist with the termination of
15	<u>a pregnancy.</u>
16	Sec. 40. (1) Subject to subsection (2) of this section, a licensed
17	professional midwife may practice professional midwifery at any location
18	other than a hospital as defined in section 71-419, or any health care
19	practitioner facility or health clinic affiliated with such a hospital,
20	and shall not be required to practice under the supervision of or under a
21	collaborative practice agreement with another health care provider.
22	(2) In order to be permitted to practice professional midwifery in a
23	health care practitioner facility as defined in section 71-414, a rural
24	emergency hospital as defined in section 71-428.01, or a health clinic as
25	defined in section 71-416 that is not affiliated with a hospital as
26	defined in section 71-419, a licensed professional midwife shall be
27	subject to the rules and procedures of the facility relating to medical
28	staff membership and privileges.
29	Sec. 41. (1) In the event of an emergency, the transfer of client
30	using a private vehicle is an acceptable method of transport if it is the
31	most expedient and safest method for accessing medical services. The

1 licensed professional midwife shall initiate immediate transport 2 according to the licensed professional midwife's emergency plan, and when 3 possible provide emergency stabilization until transfer is completed, 4 accompany the client or follow the client to a hospital in a timely 5 fashion, and provide pertinent information to the receiving facility and 6 complete an emergency transport record.

7 (2) A licensed professional midwife shall establish a written 8 protocol for the handling of both the client's and newborn's medical 9 emergencies, including transportation to a hospital, particular to each 10 client, with identification of the appropriate hospital. A verbal report 11 of the care provided shall be provided to emergency services providers 12 and a copy of the client records shall be sent to the receiving hospital at the time of any transfer to a hospital, including obtaining a signed 13 14 authorization to release the client's medical records to a health care 15 professional or hospital in the event of such emergency transport.

16 Sec. 42. <u>A client shall not be required to be assessed by another</u> 17 <u>health care professional.</u>

(1) Consultation with a physician or advanced practice 18 Sec. 43. 19 registered nurse does not alone create a physician-patient or advanced practice registered nurse-patient relationship or any other relationship 20 21 with the physician or advanced practice registered nurse. The informed 22 consent shall specifically state that the licensed professional midwife 23 and any consulting physician or advanced practice registered nurse are 24 not employees, partners, associates, agents, or principals of one another. The licensed professional midwife shall inform the client that 25 26 the midwife is independently licensed and engaged in the practice of 27 midwifery and is solely responsible for the services the midwife provides 28 and the outcomes resulting from the care directly provided by the 29 <u>midwife.</u>

30 (2) Nothing in the Licensed Professional Midwives Practice Act is
 31 intended to expand the malpractice liability of physicians, advanced

1 practice registered nurses, or other health care professionals, 2 hospitals, or other health care facilities beyond the limits existing in 3 current Nebraska statutory and common law. No physician, nurse, emergency services provider, hospital, or other health care facility shall be 4 5 liable for any act or omission resulting from the provision of services by any licensed professional midwife solely on the basis that the 6 7 physician, nurse, emergency services provider, hospital, or other health 8 care facility has consulted with or accepted a referral from the licensed 9 professional midwife or provides medical care for any client previously 10 under the care of a licensed professional midwife. The physician, nurse, 11 licensed professional midwife, emergency services provider, hospital, or other health care facility providing care shall be directly responsible 12 13 for their own acts and omissions.

Sec. 44. (1) A health care provider who accepts a transfer of a client from a licensed professional midwife or cares for a client who has previously been under the care of a licensed professional midwife shall not be liable for an outcome arising from actions or inactions of the licensed professional midwife.

19 (2) If a health care practitioner facility as defined in section 20 71-414, a health clinic as defined in section 71-416, or a hospital as 21 defined in section 71-419, including a rural emergency hospital, accepts 22 a transfer of a client from a licensed professional midwife or cares for 23 a client who has previously been under the care of a licensed 24 professional midwife, no receiving facility shall be liable for an 25 outcome arising from actions or inactions of the licensed professional 26 <u>midwife.</u>

Sec. 45. Except as otherwise provided in section 40 of this act,
 nothing in the Licensed Professional Midwives Practice Act shall abridge,
 limit, or change in any way the right of parents to deliver their baby
 where, when, how, and with whom they choose, regardless of credentialed
 status.

1	Sec. 46. The department shall establish and collect fees for
2	initial licensure and renewal under the Licensed Professional Midwives
3	Practice Act as provided in sections 38-151 to 38-157.
4	Sec. 47. <u>A person licensed as a licensed professional midwife in</u>
5	this state under the Licensed Professional Midwives Practice Act may use
6	the title licensed professional midwife and the abbreviation LM. No
7	person shall use the title licensed professional midwife or LM or in any
8	way advertise as a licensed professional midwife or LM unless such person
9	is (1) licensed under the Licensed Professional Midwives Practice Act or
10	(2) licensed by a state with similar licensure requirements to the
11	Licensed Professional Midwives Practice Act as determined by the board.
12	Sec. 48. An individual or group policy of accident or health
13	insurance that provides newborn care benefits or maternity benefits, not
14	limited to complications of pregnancy, may provide coverage for maternity
15	services rendered by a licensed professional midwife, regardless of the
16	<u>site of services.</u>
17	Sec. 49. Section 68-901, Revised Statutes Cumulative Supplement,
18	2024, is amended to read:
19	68-901 Sections 68-901 to 68-9,111 <u>and section 50 of this act</u> shall
20	be known and may be cited as the Medical Assistance Act.
21	Sec. 50. (1) The Legislature finds that:
22	<u>(a) Doula services have been proven to reduce the cost of birthing</u>
23	and improve outcomes for mothers and infants;
24	(b) One of the most effective services to improve labor and delivery
25	outcomes is the continuous presence of support personnel such as a doula;
26	and
27	<u>(c) Support from a doula is associated with lower cesarean rates, as</u>
28	well as fewer obstetric interventions, fewer complications, less pain
29	medication, shorter labor hours, and higher Apgar scores for infants.
30	(2) No later than January 1, 2027, the department shall directly
31	reimburse a provider for medicaid recipients receiving doula services at

1 rates determined by the department. The department shall submit a state 2 plan amendment, if necessary, to provide for reimbursement of doula 3 services.

4 (3)(a) The department shall establish a work group of stakeholders 5 and experts to develop an implementation plan, including appropriate 6 reimbursement rates and appropriate training, certification, or 7 experience requirements for doula services. The work group shall submit 8 the implementation plan to the department no later than October 1, 2026.

9 (b) The work group shall be comprised of the following: (i) Thirty 10 percent of the members shall represent the doula profession; (ii) thirty 11 percent of the members shall represent communities of color 12 disproportionately impacted by poor birth outcomes; (iii) ten percent of 13 the members shall represent rural Nebraska; and (iv) ten percent of the 14 members shall have utilized doula services.

(c) Additional members of the work group shall include, but not be
 limited to: (i) Medical providers; (ii) public health professionals;
 (iii) representatives of tribal organizations; and (iv) community
 advocates.

19 (4)(a) For purposes of this section, doula means a trained 20 professional who provides emotional, physical, and informational support 21 for individuals before, during, and after labor and birth. This includes, 22 but is not limited to, attending prenatal visits, support during 23 delivery, and providing resources during the postpartum period. This does 24 not include elective abortion.

(b) A doula shall have appropriate training, certification, or
 experience, as determined by the implementation plan developed by the
 work group described in subdivision (3)(a) of this section.

(c) A doula shall not perform clinical or medical tasks and shall
 not diagnose or treat in any modality.

30 <u>(5) Subject to available appropriations, it is the intent of the</u> 31 Legislature to provide for reimbursement of doula services from the 1 Medicaid Managed Care Excess Profit Fund pursuant to section 68-996.

Sec. 51. Section 68-996, Revised Statutes Cumulative Supplement,
3 2024, is amended to read:

68-996 (1) The Medicaid Managed Care Excess Profit Fund is created.
The fund shall contain money returned to the State Treasurer pursuant to
subdivision (3) of section 68-995.

7 (2) The fund shall first be used to offset any losses under subdivision (2) of section 68-995 and then to provide for (a) services 8 9 addressing the health needs of adults and children under the Medical Assistance Act, including filling service gaps, (b) providing system 10 improvements, (c) providing evidence-based early intervention home 11 visitation programs, (d) providing medical respite services, (e) 12 translation and interpretation services, (f) providing coverage for 13 14 continuous glucose monitors as described in section 68-911, (g) providing 15 other services sustaining access to care, (h) services under the Nebraska 16 Prenatal Plus Program, (i) and providing grants pursuant to the 17 Intergenerational Care Facility Incentive Grant Program, and (j) doula services as determined by the Legislature. The fund shall only be used 18 for the purposes described in this section. 19

(3) Any money in the fund available for investment shall be invested
by the state investment officer pursuant to the Nebraska Capital
Expansion Act and the Nebraska State Funds Investment Act. Beginning
October 1, 2024, any investment earnings from investment of money in the
fund shall be credited to the General Fund.

Sec. 52. Original sections 38-206, 38-601, 38-603, 38-604, 38-606,
38-607, 38-608, 38-610, 38-611, and 38-618, Reissue Revised Statutes of
Nebraska, and sections 38-101, 38-121, 38-131, 38-167, and 38-2025,
Revised Statutes Cumulative Supplement, 2024, are repealed.

Sec. 53. The following sections are outright repealed: Sections
38-609, 38-613, and 38-614, Reissue Revised Statutes of Nebraska.

-29-