

AMENDMENTS TO LB676

(Amendments to Standing Committee amendments, AM655)

Introduced by Fredrickson, 20.

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

3 **Section 1.** Section 38-121, Revised Statutes Cumulative Supplement,
4 2024, is amended to read:

5 38-121 (1) No individual shall engage in the following practices
6 unless such individual has obtained a credential under the Uniform
7 Credentialing Act:

8 (a) Acupuncture;

9 (b) Advanced practice nursing, including the clinical specialty
10 areas of certified registered nurse anesthetist, clinical nurse
11 specialist, certified nurse midwife, and nurse practitioner as provided
12 in section 38-208;

13 (c) Alcohol and drug counseling;

14 (d) Asbestos abatement, inspection, project design, and training;

15 (e) Athletic training;

16 (f) Audiology;

17 (g) Speech-language pathology;

18 (h) ~~Behavior Beginning one year after September 2, 2023, behavior~~
19 analysis;

20 (i) Body art;

21 (j) Chiropractic;

22 (k) Cosmetology;

23 (l) Dentistry;

24 (m) Dental hygiene;

25 (n) Electrology;

26 (o) Emergency medical services;

- 1 (p) Esthetics;
- 2 (q) Funeral directing and embalming;
- 3 (r) Genetic counseling;
- 4 (s) Hearing instrument dispensing and fitting;
- 5 (t) Lead-based paint abatement, inspection, project design, and
- 6 training;
- 7 ~~(u) Licensed practical nurse certified until November 1, 2017;~~
- 8 ~~(u)~~ ~~(v)~~ Massage therapy;
- 9 ~~(v)~~ ~~(w)~~ Medical nutrition therapy;
- 10 ~~(w)~~ ~~(x)~~ Medical radiography;
- 11 ~~(x)~~ ~~(y)~~ Medicine and surgery;
- 12 ~~(y)~~ ~~(z)~~ Mental health practice;
- 13 ~~(z)~~ ~~(aa)~~ Nail technology;
- 14 ~~(aa)~~ ~~(bb)~~ Nursing;
- 15 ~~(bb)~~ ~~(cc)~~ Nursing home administration;
- 16 ~~(cc)~~ ~~(dd)~~ Occupational therapy;
- 17 ~~(dd)~~ ~~(ee)~~ Optometry;
- 18 ~~(ee)~~ ~~(ff)~~ Osteopathy;
- 19 ~~(ff)~~ ~~(gg)~~ Perfusion;
- 20 ~~(gg)~~ ~~(hh)~~ Pharmacy;
- 21 ~~(hh)~~ ~~(ii)~~ Physical therapy;
- 22 ~~(ii)~~ ~~(jj)~~ Podiatry;
- 23 ~~(jj)~~ ~~(kk)~~ Psychology;
- 24 ~~(kk)~~ ~~(ll)~~ Radon detection, measurement, and mitigation;
- 25 ~~(ll)~~ ~~(mm)~~ Respiratory care;
- 26 ~~(mm)~~ ~~(nn)~~ Surgical assisting; and
- 27 ~~(nn)~~ ~~(oo)~~ Veterinary medicine and surgery.

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

- 31 (a) Registered environmental health specialist;

- 1 (b) Certified marriage and family therapist;
- 2 (c) Certified professional counselor;
- 3 (d) Certified art therapist;
- 4 (e) Social worker; or
- 5 (f) Dialysis patient care technician.

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

- 9 (a) Body art;
- 10 (b) Cosmetology;
- 11 (c) Emergency medical services;
- 12 (d) Esthetics;
- 13 (e) Funeral directing and embalming;
- 14 (f) Massage therapy; or
- 15 (g) Nail technology.

16 **Sec. 2.** Section 38-206, Reissue Revised Statutes of Nebraska, is
17 amended to read:

18 38-206 The board shall:

19 ~~(1) Establish standards for integrated practice agreements between~~
20 ~~collaborating physicians and certified nurse midwives;~~

21 (1) ~~(2)~~ Monitor the scope of practice by certified nurse midwives,
22 certified registered nurse anesthetists, clinical nurse specialists, and
23 nurse practitioners;

24 (2) ~~(3)~~ Recommend disciplinary action relating to licenses of
25 advanced practice registered nurses, certified nurse midwives, certified
26 registered nurse anesthetists, clinical nurse specialists, and nurse
27 practitioners;

28 (3) ~~(4)~~ Engage in other activities not inconsistent with the
29 Advanced Practice Registered Nurse Practice Act, the Certified Nurse
30 Midwifery Practice Act, the Certified Registered Nurse Anesthetist
31 Practice Act, the Clinical Nurse Specialist Practice Act, and the Nurse

1 Practitioner Practice Act; and

2 ~~(4)~~ ~~(5)~~ Adopt rules and regulations to implement the Advanced
3 Practice Registered Nurse Practice Act, the Certified Nurse Midwifery
4 Practice Act, the Certified Registered Nurse Anesthetist Practice Act,
5 the Clinical Nurse Specialist Practice Act, and the Nurse Practitioner
6 Practice Act, for promulgation by the department as provided in section
7 38-126. Such rules and regulations shall also include: (a) Approved
8 certification organizations and approved certification programs; and (b)
9 professional liability insurance.

10 **Sec. 3.** Section 38-601, Reissue Revised Statutes of Nebraska, is
11 amended to read:

12 38-601 Sections 38-601 to 38-618 and sections 7 to 12 and 15 to 18
13 of this act shall be known and may be cited as the Certified Nurse
14 Midwifery Practice Act.

15 **Sec. 4.** Section 38-603, Reissue Revised Statutes of Nebraska, is
16 amended to read:

17 38-603 For purposes of the Certified Nurse Midwifery Practice Act
18 and elsewhere in the Uniform Credentialing Act, unless the context
19 otherwise requires, the definitions found in sections 38-604 to 38-606
20 and sections 7 to 12 of this act ~~38-610~~ apply.

21 **Sec. 5.** Section 38-604, Reissue Revised Statutes of Nebraska, is
22 amended to read:

23 38-604 Approved certified nurse midwifery education program means a
24 certified nurse midwifery education program approved by the board. The
25 board may require such program to be accredited by the Accreditation
26 Commission for Midwifery Education ~~American College of Nurse-Midwives~~.

27 **Sec. 6.** Section 38-606, Reissue Revised Statutes of Nebraska, is
28 amended to read:

29 38-606 Certified nurse midwife means a person certified by a board-
30 approved certifying body and licensed under the Advanced Practice
31 Registered Nurse Practice Act to practice certified nurse midwifery in

1 the State of Nebraska. Nothing in the Certified Nurse Midwifery Practice
2 Act is intended to restrict the practice of physicians, physician
3 assistants, nurse practitioners, or registered nurses in accordance with
4 the Uniform Credentialing Act.

5 **Sec. 7.** Gynecologic and episodic care includes, but is not limited
6 to:

7 (1) Routine gynecologic care, family planning, perimenopause care,
8 and postmenopause care;

9 (2) Screening for cancer of the breast and reproductive tract;

10 (3) Screening for and management of minor infections of the
11 reproductive organs;

12 (4) Assessment and treatment of minor, self-limiting conditions,
13 such as urinary tract infections, mild upper respiratory infections, and
14 simple skin infections;

15 (5) Provision of short-term pharmacologic treatment in accordance
16 with established clinical guidelines; and

17 (6) Screening, counseling, and referral for conditions that require
18 ongoing primary or specialty care.

19 **Sec. 8.** Immediate newborn care means care that focuses on the
20 newborn up to and including seven days after birth. Immediate newborn
21 care includes, but is not limited to, the following:

22 (1) Routine assistance to the newborn to establish respiration and
23 maintain thermal stability;

24 (2) Routine physical assessment including Apgar scoring;

25 (3) Vitamin K administration;

26 (4) Eye prophylaxis for ophthalmia neonatorum;

27 (5) Methods to facilitate newborn adaptation to extrauterine life,
28 including stabilization, resuscitation, and emergency management as
29 indicated; and

30 (6) Collecting and submitting blood specimens in accordance with
31 section 71-519.

1 **Sec. 9.** Intrapartum care means care that focuses on the
2 facilitation of the physiologic birth process. Intrapartum care includes,
3 but is not limited to, the following:

4 (1) Confirmation and assessment of labor and its progress;

5 (2) Identification of normal and deviations from normal and
6 appropriate interventions, including management of complications,
7 abnormal intrapartum events, and emergencies;

8 (3) Management of spontaneous vaginal birth and appropriate
9 third-stage management, including the use of uterotonics;

10 (4) Performing amniotomy;

11 (5) Administering local anesthesia;

12 (6) Performing episiotomy and repair; and

13 (7) Repairing lacerations associated with childbirth.

14 **Sec. 10.** Low-risk pregnancy means a pregnancy in which all of the
15 following conditions are met:

16 (1) There is a single fetus;

17 (2) There is a cephalic presentation at onset of labor;

18 (3) The gestational age of the fetus is greater than or equal to
19 thirty-seven weeks and zero days and less than or equal to forty-two
20 weeks and zero days at the time of delivery;

21 (4) The patient has no preexisting disease or condition, whether
22 arising out of the pregnancy or otherwise, that adversely affects the
23 pregnancy and that the certified nurse midwife is not qualified to
24 independently address consistent with the Certified Nurse Midwifery
25 Practice Act; and

26 (5) The patient has not previously had a cesarean delivery.

27 **Sec. 11.** Postpartum care means care that focuses on management
28 strategies and therapeutics to facilitate a healthy puerperium.
29 Postpartum care includes, but is not limited to, the following:

30 (1) Management of the normal third stage of labor;

31 (2) Administration of uterotonics after delivery of the infant when

1 indicated; and

2 (3) Postpartum evaluation examination and initiation of family
3 planning.

4 **Sec. 12.** Prenatal care means care that focuses on promotion of a
5 healthy pregnancy using management strategies and therapeutics as
6 indicated. Prenatal care includes, but is not limited to, the following:

7 (1) Obtaining history with ongoing physical assessment of mother and
8 fetus;

9 (2) Obtaining and assessing the results of routine laboratory tests;

10 (3) Confirmation and dating of pregnancy; and

11 (4) Supervising the use of prescription and nonprescription
12 medications, such as prenatal vitamins, folic acid, and iron.

13 **Sec. 13.** Section 38-611, Reissue Revised Statutes of Nebraska, is
14 amended to read:

15 38-611 A certified nurse midwife may ~~, under the provisions of a~~
16 ~~practice agreement, (1) attend cases of normal childbirth, (2) provide~~
17 prenatal care, intrapartum care, and postpartum care, immediate newborn
18 care, and gynecologic and episodic care consistent with the Core
19 Competencies for Basic Midwifery Practice adopted by the American College
20 of Nurse-Midwives, or its successor national professional organization,
21 as approved by the board. (3) provide normal obstetrical and
22 gynecological services for women, and (4) provide care for the newborn
23 immediately following birth. The conditions under which a certified nurse
24 midwife is required to refer cases to a collaborating licensed
25 practitioner shall be specified in the practice agreement.

26 **Sec. 14.** Section 38-615, Revised Statutes Cumulative Supplement,
27 2024, is amended to read:

28 38-615 (1) An applicant for licensure under the Advanced Practice
29 Registered Nurse Practice Act to practice as a certified nurse midwife as
30 required by section 38-121 shall submit such evidence as the board
31 requires showing that the applicant is currently licensed as a registered

1 nurse by the state or has the authority based on the Nurse Licensure
2 Compact to practice as a registered nurse in Nebraska, has successfully
3 completed an approved certified nurse midwifery education program, and is
4 certified as a nurse midwife by a board-approved certifying body.

5 (2) The department may, with the approval of the board, grant
6 temporary licensure as a certified nurse midwife for up to one hundred
7 twenty days upon application (a) to graduates of an approved nurse
8 midwifery program pending results of the first certifying examination
9 following graduation and (b) to nurse midwives currently licensed in
10 another state pending completion of the application for a Nebraska
11 license. A temporary license issued pursuant to this subsection may be
12 extended for up to one year with the approval of the board.

13 (3) An applicant who is a military spouse may apply for a temporary
14 license as provided in section 38-129.01.

15 (4) If more than five years have elapsed since the completion of the
16 nurse midwifery program or since the applicant has practiced as a nurse
17 midwife, the applicant shall meet the requirements in subsection (1) of
18 this section and provide evidence of continuing competency, as may be
19 determined by the board, either by means of a reentry program,
20 references, supervised practice, examination, or one or more of the
21 continuing competency activities listed in section 38-145.

22 **Sec. 15.** (1)(a) A certified nurse midwife who has completed fewer
23 than two thousand hours of active clinical practice shall enter into a
24 transition-to-practice agreement with a qualified supervising provider. A
25 transition-to-practice agreement shall provide for the delivery of health
26 care through a collaborative practice and shall meet the requirements of
27 this section.

28 (b) After completing two thousand hours under a transition-to-
29 practice agreement, a certified nurse midwife may apply to the board for
30 authorization to practice independently. Upon authorization, the
31 certified nurse midwife shall be granted full independent practice

1 authority and shall no longer be required to participate in a transition-
2 to-practice agreement.

3 (2) Upon entering or terminating a transition-to-practice agreement,
4 a certified nurse midwife shall report such information to the department
5 on a form prescribed by the department.

6 (3) To be eligible to enter into a transition-to-practice agreement
7 as a qualified supervising provider, a person shall be:

8 (a) A physician licensed in Nebraska with at least four years and
9 eight thousand hours of obstetric or midwifery-related clinical
10 experience; or

11 (b) A certified nurse midwife who has completed at least six years
12 and twelve thousand hours of clinical practice.

13 (4) If a transition-to-practice agreement is terminated, the
14 certified nurse midwife shall have ninety days to establish a new
15 agreement and may continue practicing during such ninety-day period.

16 **Sec. 16.** A certified nurse midwife may prescribe therapeutic
17 measures and medications relating to health conditions within the scope
18 of practice for which the certified nurse midwife is credentialed. A
19 certified nurse midwife who is participating in a transition-to-practice
20 agreement may only order or furnish controlled substances included in
21 Schedules II through V of section 28-405 in accordance with policies and
22 protocols established by the qualified supervising provider. Upon being
23 granted full independent practice authority pursuant to section 15 of
24 this act, a certified nurse midwife may independently prescribe
25 controlled substances included in Schedules II through V of section
26 28-405 within the scope of practice for which the certified nurse midwife
27 is credentialed and consistent with state and federal regulations.

28 **Sec. 17.** (1) The board shall adopt rules and regulations pursuant
29 to section 38-126 to provide for a certified nurse midwife to attend a
30 planned out-of-hospital birth.

31 (2) A certified nurse midwife who attends a planned out-of-hospital

1 birth shall discuss with the patient the associated risks and obtain a
2 signed informed consent agreement from the patient. The department, with
3 the recommendation of the board, shall develop the contents of the
4 informed consent agreement to be used by a certified nurse midwife when
5 obtaining informed consent from a patient. The informed consent agreement
6 shall include:

7 (a) Information about the risks associated with a planned out-of-
8 hospital birth;

9 (b) A clear assumption of those risks by the patient;

10 (c) If the out-of-hospital birth services are not covered under a
11 policy of liability insurance, a clear disclosure to that effect; and

12 (d) An agreement by the patient to consent to transfer to a health
13 care facility when and if deemed necessary by the certified nurse
14 midwife.

15 (3) A certified nurse midwife who attends a planned out-of-hospital
16 birth shall provide the patient with a detailed, written plan for
17 emergent and nonemergent transfer. The plan shall include:

18 (a) The name of and distance to the nearest hospital that has at
19 least one operating room;

20 (b) The procedures for transfer, including modes of transportation
21 and methods for notifying the relevant health care facility of impending
22 transfer; and

23 (c) An affirmation that the relevant health care facility and
24 emergency medical service as defined in section 38-1207 has been notified
25 of the plan for emergent and nonemergent transfer by the certified nurse
26 midwife.

27 (4) A certified nurse midwife shall only attend a planned out-of-
28 hospital birth if the patient is determined to be experiencing a low-risk
29 pregnancy.

30 **Sec. 18.** A health care provider or health care facility that
31 accepts a transfer of a client or patient from an out-of-hospital birth

1 shall not be liable for an outcome arising from an action or inaction of
2 the out-of-hospital birth attendant.

3 **Sec. 19.** Section 68-901, Revised Statutes Cumulative Supplement,
4 2024, is amended to read:

5 68-901 Sections 68-901 to 68-9,111 and section 20 of this act shall
6 be known and may be cited as the Medical Assistance Act.

7 **Sec. 20.** (1) The Legislature finds that:

8 (a) Doula services have been proven to reduce the cost of birthing
9 and improve outcomes for mothers and infants;

10 (b) One of the most effective services to improve labor and delivery
11 outcomes is the continuous presence of support personnel such as a doula;
12 and

13 (c) Support from a doula is associated with lower cesarean rates, as
14 well as fewer obstetric interventions, fewer complications, less pain
15 medication, shorter labor hours, and higher Apgar scores for infants.

16 (2) No later than January 1, 2027, the department shall directly
17 reimburse a provider for medicaid recipients receiving doula services at
18 rates determined by the department. The department shall submit a state
19 plan amendment, if necessary, to provide for reimbursement of doula
20 services.

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

26 (b) The work group shall be comprised of the following: (i) Thirty
27 percent of the members shall represent the doula profession; (ii) thirty
28 percent of the members shall represent communities of color
29 disproportionately impacted by poor birth outcomes; (iii) ten percent of
30 the members shall represent rural Nebraska; and (iv) ten percent of the
31 members shall have utilized doula services.

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

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

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

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

16 (5) Subject to available appropriations, it is the intent of the
17 Legislature to provide for reimbursement of doula services from the
18 Medicaid Managed Care Excess Profit Fund pursuant to section 68-996.

19 **Sec. 21.** Section 68-996, Revised Statutes Cumulative Supplement,
20 2024, is amended to read:

21 68-996 (1) The Medicaid Managed Care Excess Profit Fund is created.
22 The fund shall contain money returned to the State Treasurer pursuant to
23 subdivision (3) of section 68-995.

24 (2) The fund shall first be used to offset any losses under
25 subdivision (2) of section 68-995 and then to provide for (a) services
26 addressing the health needs of adults and children under the Medical
27 Assistance Act, including filling service gaps, (b) ~~providing~~ system
28 improvements, (c) ~~providing~~ evidence-based early intervention home
29 visitation programs, (d) ~~providing~~ medical respite services, (e)
30 translation and interpretation services, (f) ~~providing~~ coverage for
31 continuous glucose monitors as described in section 68-911, (g) ~~providing~~

1 other services sustaining access to care, (h) services under the Nebraska
2 Prenatal Plus Program, (i) and ~~providing~~ grants pursuant to the
3 Intergenerational Care Facility Incentive Grant Program, and (j) doula
4 services as determined by the Legislature. The fund shall only be used
5 for the purposes described in this section.

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

11 **Sec. 22.** Original sections 38-206, 38-601, 38-603, 38-604, 38-606,
12 and 38-611, Reissue Revised Statutes of Nebraska, and sections 38-121,
13 38-615, 68-901, and 68-996, Revised Statutes Cumulative Supplement, 2024,
14 are repealed.

15 **Sec. 23.** The following sections are outright repealed: Sections
16 38-607, 38-608, 38-609, 38-610, 38-613, 38-614, and 38-618, Reissue
17 Revised Statutes of Nebraska.