

E AND R AMENDMENTS TO LB 332

Introduced by Guereca, 7, Chairman Enrollment and Review

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

3           **Section 1.** Section 38-511, Reissue Revised Statutes of Nebraska, is  
4 amended to read:

5           38-511 Nothing in the Audiology and Speech-Language Pathology  
6 Practice Act shall be construed to prevent or restrict:

7           (1) The practice of audiology or speech-language pathology or the  
8 use of the official title of such practice by a person employed as a  
9 speech-language pathologist or audiologist by the federal government;

10          (2) A physician from engaging in the practice of medicine and  
11 surgery or any individual from carrying out any properly delegated  
12 responsibilities within the normal practice of medicine and surgery under  
13 the supervision of a physician;

14          (3) A person licensed as a hearing instrument specialist in this  
15 state from engaging in the fitting, selling, ordering, and servicing of  
16 hearing instruments or performing such other duties as defined in the  
17 Hearing Instrument Specialists Practice Act;

18          (4) The practice of audiology or speech-language pathology or the  
19 use of the official title of such practice by a person who holds a valid  
20 and current credential as a speech-language pathologist or audiologist  
21 issued by the State Department of Education, if such person performs  
22 speech-language pathology or audiology services solely as a part of his  
23 or her duties within an agency, institution, or organization for which no  
24 fee is paid directly or indirectly by the recipient of such service and  
25 under the jurisdiction of the State Department of Education, but such  
26 person may elect to be within the jurisdiction of the Audiology and  
27 Speech-Language Pathology Practice Act;

1       (5) The clinical practice in audiology or speech-language pathology  
2 required for students enrolled in an accredited college or university  
3 pursuing a major in audiology or speech-language pathology, if such  
4 clinical practices are supervised by a person licensed to practice  
5 audiology or speech-language pathology and if the student is designated  
6 by a title such as student clinician or other title clearly indicating  
7 the training status; or

8       (6) The utilization of a speech aide or other personnel employed by  
9 a public school, educational service unit, or other private or public  
10 educational institution working under the direct supervision of a  
11 credentialed speech-language pathologist.

12       **Sec. 2.** Section 38-1401, Reissue Revised Statutes of Nebraska, is  
13 amended to read:

14       38-1401 Sections 38-1401 to 38-1428 and sections 4 and 6 to 9 of  
15 this act shall be known and may be cited as the Funeral Directing and  
16 Embalming Practice Act.

17       **Sec. 3.** Section 38-1402, Reissue Revised Statutes of Nebraska, is  
18 amended to read:

19       38-1402 For purposes of the Funeral Directing and Embalming Practice  
20 Act and elsewhere in the Uniform Credentialing Act, unless the context  
21 otherwise requires, the definitions found in sections 38-1403 to 38-1413  
22 and section 4 of this act apply.

23       **Sec. 4.** Assistant funeral director means a person who assists a  
24 funeral director licensed pursuant to the Funeral Directing and Embalming  
25 Practice Act.

26       **Sec. 5.** Section 38-1413, Reissue Revised Statutes of Nebraska, is  
27 amended to read:

28       38-1413 Supervision means the direct oversight or the easy  
29 availability of the supervising funeral director and embalmer. The first  
30 twenty-five funeral assists and embalmings performed by an apprentice  
31 shall be completed under direct onsite supervision of the supervising

1 funeral director and embalmer.

2 **Sec. 6.** To be eligible to enter into a collaborative agreement to  
3 act as an assistant funeral director, an individual shall provide  
4 evidence of successful completion of an approved jurisprudence  
5 examination in Nebraska law.

6 **Sec. 7.** Prior to acting as an assistant funeral director, the  
7 assistant funeral director shall be employed by a funeral director  
8 licensed pursuant to the Funeral Directing and Embalming Practice Act and  
9 shall be a party to a signed collaborative agreement with the licensed  
10 funeral director. An assistant funeral director may be so employed by  
11 more than one funeral director in Nebraska by being a party to a signed  
12 collaborative agreement with each licensed funeral director.

13 **Sec. 8.** (1) An assistant funeral director may assist a funeral  
14 director licensed pursuant to the Funeral Directing and Embalming  
15 Practice Act with one or more of the principal functions of funeral  
16 directing, including the operation and management of a licensed funeral  
17 establishment. Such principal functions shall include, but not be limited  
18 to, conducting funeral services, arranging interments, working with  
19 families on funeral arrangements, and performing daily management and all  
20 permitted necessary funeral activities related to the operation of a  
21 licensed funeral establishment. The assistant funeral director shall  
22 perform all work under the supervision and control of the licensed  
23 funeral director.

24 (2) An assistant funeral director shall not engage in any aspect of  
25 the practice of embalming a dead human body. An assistant funeral  
26 director found to be in violation of this subsection shall have any  
27 collaborative agreement in Nebraska immediately terminated and employment  
28 in Nebraska as an assistant funeral director immediately terminated.

29 **Sec. 9.** A funeral director who is employing an assistant funeral  
30 director shall enter into a collaborative agreement with the assistant  
31 funeral director, supervise the assistant funeral director, and keep

1 records of the collaborative agreement and the functions of the assistant  
2 funeral director.

3       **Sec. 10.** Section 38-1424, Reissue Revised Statutes of Nebraska, is  
4 amended to read:

5       38-1424 (1) In addition to the grounds for disciplinary action found  
6 in sections 38-178 and 38-179, a credential issued under the Funeral  
7 Directing and Embalming Practice Act may be denied, refused renewal,  
8 limited, revoked, or suspended or have other disciplinary measures taken  
9 against it in accordance with section 38-196 when the applicant or  
10 credential holder is found guilty of any of the following acts or  
11 offenses:

12       (a) Solicitation of dead human bodies by the credential holder or  
13 his or her agents, assistants, or employees, either prior to or following  
14 death;

15       (b) The purchasing of funeral or embalming engagements or the  
16 payment of a commission either directly or indirectly or offer of payment  
17 of such commission to any agent, assistant, or employee for the purpose  
18 of securing business;

19       (c) Using indecent, profane, or obscene language in the presence of  
20 a dead human body or within the immediate presence or hearing of the  
21 family, relatives, or friends of the deceased prior to the burial of the  
22 deceased;

23       (d) Soliciting or accepting any remuneration, commission, bonus, or  
24 rebate in consideration of the recommending or causing a dead human body  
25 to be placed in any crematory, mausoleum, or cemetery;

26       (e) Using any casket or part thereof which has previously been used  
27 as a receptacle for, or in connection with, the shipment, burial, or  
28 other disposition of a dead human body without first identifying such  
29 item as used;

30       (f) Violations of any state law, municipal ordinance, or rule or  
31 regulation of the department or other body having regulatory powers,

1 relating to the handling, custody, care, or transportation of dead human  
2 bodies;

3 (g) Refusal to surrender promptly the custody of a dead human body  
4 upon request of a person or persons lawfully entitled to the custody  
5 thereof; ~~or~~

6 (h) Taking undue advantage of a patron or patrons, or being found  
7 guilty of fraud, or misrepresentation in the selling of merchandise or  
8 service to patrons; or -

9 (i) Failure to comply with section 9 of this act.

10 (2) An applicant or a credential holder shall be subject to the  
11 penalty provisions of this section if found guilty of any of the  
12 following:

13 (a) Paying, directly or indirectly, any money or other thing of  
14 value as a commission or gratuity for the securing of business;

15 (b) The buying of a business of any person, firm, or corporation, or  
16 the paying of a commission to any person, firm, or corporation or to any  
17 hospital or any institution where death occurs or to any hospital  
18 superintendent, nurse, intern, or other employee, whether directly or  
19 indirectly; or

20 (c) Willful malpractice.

21 (3) Any funeral director and embalmer who commits any of the acts or  
22 things prohibited by this section or otherwise violates any of the  
23 provisions thereof shall be guilty of a Class II misdemeanor.

24 (4) Nothing in this section shall be construed to prohibit a  
25 licensed funeral director and embalmer from engaging in sales of funeral  
26 goods or services under the Burial Pre-Need Sale Act.

27 **Sec. 11.** Section 38-1501, Reissue Revised Statutes of Nebraska, is  
28 amended to read:

29 38-1501 Sections 38-1501 to 38-1518 and sections 14, 15, and 25 to  
30 34 of this act shall be known and may be cited as the Hearing Instrument  
31 Specialists Practice Act.

1       **Sec. 12.** Section 38-1502, Reissue Revised Statutes of Nebraska, is  
2 amended to read:

3       38-1502 For purposes of the Hearing Instrument Specialists Practice  
4 Act and elsewhere in the Uniform Credentialing Act, unless the context  
5 otherwise requires, the definitions found in sections 38-1503 to 38-1507  
6 and sections 14 and 15 of this act apply.

7       **Sec. 13.** Section 38-1504, Reissue Revised Statutes of Nebraska, is  
8 amended to read:

9       38-1504 Hearing instrument means any wearable instrument or device  
10 designed for, ~~or~~ offered for the purpose of, or represented as aiding  
11 persons with or compensating for impaired human hearing and ~~any parts,~~  
12 ~~attachments, or accessories, including earmold, but excluding batteries~~  
13 ~~and cords.~~

14       **Sec. 14.** Hearing instrument specialist means a person who engages  
15 in the practice of ordering the use and fitting of hearing instruments.

16       **Sec. 15.** Medical liaison means an otolaryngologist or a licensed  
17 physician, if no otolaryngologist is available, with whom a cooperative  
18 arrangement for consultation is established by a hearing instrument  
19 specialist.

20       **Sec. 16.** Section 38-1505, Reissue Revised Statutes of Nebraska, is  
21 amended to read:

22       38-1505 Practice of ordering the use and fitting of hearing  
23 instruments includes the following activities:

24       (1) Eliciting patient case histories, including medical history,  
25 otological history, pharmacological history, amplification history, and  
26 patient attitudes and expectations;

27       (2) Administering otoscopy and, if required, cerumen removal for the  
28 purpose of identifying possible otological conditions, including, but not  
29 limited to, any of the conditions related to warnings found in the  
30 regulations of the federal Food and Drug Administration, 21 C.F.R.  
31 801.422, as such regulations existed on January 1, 2025, which may

1 indicate the need for a medical referral or which may have a bearing on  
2 outcomes or recommendations;

3 (3) Administering and interpreting tests of human hearing performed  
4 with an audiometer, including other appropriate objective and subjective  
5 methodology and measures;

6 (4) Determining candidacy for hearing instruments, and discussing  
7 the results of a human hearing test with the individual to inform the  
8 individual about potential options for addressing the individual's  
9 hearing loss, including hearing instruments, hearing-assistive devices  
10 such as cochlear implants, or other medical interventions, and  
11 facilitating appropriate referrals, if needed;

12 (5) Ordering, selecting, or fitting appropriate hearing instruments  
13 and assistive devices, including appropriate technology, programming  
14 parameters, and special custom earpiece applications, as indicated;

15 (6) Assessing hearing instrument efficacy utilizing appropriate  
16 fitting verification methodology and equipment, which may include real-  
17 ear measures or speech mapping, and electroacoustic analysis equipment;

18 (7) Assessing hearing instrument benefits through appropriate  
19 validation measures, which may include communication assessment  
20 questionnaires or speech audiometry;

21 (8)(a) Taking ear impressions or electronic scans by any method used  
22 for the purpose of creating earmolds and (b) preparing earmolds for  
23 hearing instruments, assistive devices, telecommunications applications,  
24 ear protection, and other related applications;

25 (9) Ordering and modifying earmolds and auditory equipment to meet a  
26 patient's needs;

27 (10) Providing services in the use and care of hearing instruments  
28 and assistive devices, including listening strategies and other  
29 approaches to foster optimal patient results;

30 (11) Providing tinnitus care;

31 (12) Providing supervision and inservice training of those entering

1 the dispensing profession;

2 (13) Providing post-fitting care and services and hearing instrument  
3 care and repair services; or

4 (14) Any other act of hearing assessment pertaining to hearing  
5 testing, ordering the use of hearing instruments, or the selling,  
6 renting, leasing, and delivery of hearing instruments.

7 ~~Practice of fitting hearing instruments means the measurement of~~  
8 ~~human hearing by means of an audiometer or by other means approved by the~~  
9 ~~board solely for the purpose of making selections, adaptations, or sale~~  
10 ~~of hearing instruments. The term also includes the making of impressions~~  
11 ~~for earmolds. A dispenser, at the request of a physician or a member of~~  
12 ~~related professions, may make audiograms for the professional's use in~~  
13 ~~consultation with the hard-of-hearing.~~

14 **Sec. 17.** Section 38-1506, Reissue Revised Statutes of Nebraska, is  
15 amended to read:

16 38-1506 Providing tinnitus care means the selection of tinnitus care  
17 devices, as contained within the hearing instruments, and tinnitus  
18 maskers, which shall be used only in accordance with the audiology  
19 department staff of the manufacturer of the devices.

20 ~~Sell, sale, or dispense means any transfer of title or of the right~~  
21 ~~to use by lease, bailment, or any other contract, excluding (1) wholesale~~  
22 ~~transactions with distributors or dispensers and (2) distribution of~~  
23 ~~hearing instruments by nonprofit service organizations at no cost to the~~  
24 ~~recipient for the hearing instrument.~~

25 **Sec. 18.** Section 38-1508, Reissue Revised Statutes of Nebraska, is  
26 amended to read:

27 38-1508 The board shall consist of five professional members and one  
28 public member appointed pursuant to section 38-158. Members ~~The members~~  
29 shall meet the requirements of sections 38-164 and 38-165. The  
30 professional members shall consist of ~~three licensed hearing instrument~~  
31 ~~specialists, one otolaryngologist, and one audiologist until one licensed~~



1 ~~hearing instrument specialist vacates his or her office or his or her~~  
2 ~~term expires, whichever occurs first, at which time the professional~~  
3 ~~members of the board shall consist of three licensed hearing instrument~~  
4 ~~specialists, at least one of whom does not hold a license as an~~  
5 ~~audiologist, one otolaryngologist, and one audiologist. At the expiration~~  
6 ~~of the four-year terms of the members serving on December 1, 2008,~~  
7 ~~successors shall be appointed for five-year terms.~~

8       **Sec. 19.** Section 38-1509, Revised Statutes Cumulative Supplement,  
9 2024, is amended to read:

10       38-1509 (1)(a) (1) Except as otherwise provided in this section, it  
11 shall be unlawful for any person to engage in the practice of ordering  
12 the use and fitting of no person shall engage in the sale of or practice  
13 of fitting hearing instruments or display a sign or in any other way  
14 advertise or represent that the person is engaged in the practice of  
15 ordering the use and fitting himself or herself as a person who practices  
16 the fitting and sale or dispensing of hearing instruments unless such  
17 person he or she holds a current, an unsuspended, and unrevoked hearing  
18 instrument specialist license issued by the department as provided in the  
19 Hearing Instrument Specialists Practice Act. A person represents that the  
20 person is a hearing instrument specialist if the person holds out to the  
21 public that the person engages in the practice of ordering the use and  
22 fitting of hearing instruments, by any means, or by any service or  
23 function performed, directly or indirectly, or by using the term  
24 audioprosthologist, hearing center, hearing instrument center, hearing  
25 instrument office, hearing instrument specialist, hearing office, or any  
26 variation or synonym which expresses, employs, or implies these terms or  
27 functions.

28       (b) A hearing instrument specialist license shall confer upon the  
29 holder the right to select, fit, and sell hearing instruments. ~~A person~~  
30 ~~holding a license issued under the act prior to August 30, 2009, may~~  
31 ~~continue to practice under such license until it expires under the terms~~

1 ~~of the license.~~

2 (2) A licensed audiologist ~~who maintains a practice pursuant to (a)~~  
3 ~~licensure as an audiologist, or (b) a privilege to practice audiology~~  
4 ~~under the Audiology and Speech-Language Pathology Interstate Compact, in~~  
5 ~~which hearing instruments are regularly dispensed, or who intends to~~  
6 ~~maintain such a practice,~~ shall be exempt from the requirement to be  
7 licensed as a hearing instrument specialist if the audiologist maintains  
8 a practice in which hearing instruments are regularly dispensed, or  
9 intends to maintain such a practice, pursuant to: -

10 (a) Licensure as an audiologist; or

11 (b) A privilege to practice audiology under the Audiology and  
12 Speech-Language Pathology Interstate Compact.

13 (3) A hearing instrument specialist or audiologist may order the use  
14 of devices pursuant to 21 C.F.R. 801.109, as such regulation existed on  
15 January 1, 2025.

16 (4)(a) {3} Nothing in the Hearing Instrument Specialists Practice  
17 Act act shall prohibit a corporation, partnership, limited liability  
18 company, trust, association, or other like organization maintaining an  
19 established business address from engaging in the business of selling or  
20 offering for sale hearing instruments at retail without a license if it  
21 employs only properly licensed natural persons in the direct sale and  
22 fitting of such products.

23 (b) Each such organization shall file annually with the department,  
24 on a form provided by the department, a list of the licensed hearing  
25 instrument specialists employed by the organization and a statement, on a  
26 form provided by the department, that the organization agrees to comply  
27 with the rules and regulations adopted and promulgated pursuant to  
28 section 38-126.

29 ~~(4) Nothing in the act shall prohibit the holder of a hearing~~  
30 ~~instrument specialist license from the fitting and sale of wearable~~  
31 ~~instruments or devices designed for or offered for the purpose of~~

1 ~~conservation or protection of hearing.~~

2       **Sec. 20.** Section 38-1510, Reissue Revised Statutes of Nebraska, is  
3 amended to read:

4       38-1510 (1) A licensed hearing instrument specialist who provides  
5 tinnitus care or cerumen removal shall only provide such service to an  
6 individual who is eighteen years of age or older.

7       (2) The Hearing Instrument Specialists Practice Act does not change  
8 the scope of practice of a licensed audiologist.

9       (3) (1) The Hearing Instrument Specialists Practice Act is not  
10 intended to prevent any person from engaging in the practice of measuring  
11 human hearing for the purpose of selection of hearing instruments if such  
12 person or organization employing such person does not sell hearing  
13 instruments or the accessories thereto.

14       (4) (2) The Hearing Instrument Specialists Practice Act does act  
15 ~~shall~~ not apply to a person who is a physician licensed to practice in  
16 this state, except that such physician shall not delegate the authority  
17 to fit and dispense hearing instruments unless the person to whom the  
18 authority is delegated is licensed as a hearing instrument specialist  
19 under the act.

20       **Sec. 21.** Section 38-1511, Reissue Revised Statutes of Nebraska, is  
21 amended to read:

22       38-1511 (1) A licensed hearing instrument specialist shall enter  
23 into a written contract for each sale of a hearing instrument which  
24 states the terms of the sale.

25       (2) A licensed hearing instrument specialist shall, at the time of  
26 delivery of the hearing instrument, provide the patient with a receipt  
27 containing the signature, regular business address, and license number of  
28 the licensee; the brand, model, manufacturer or manufacturer  
29 identification code, and serial number of the hearing instrument; and the  
30 amount charged for the hearing instrument. The receipt shall also specify  
31 whether the hearing instrument is new, used, or rebuilt, as provided in

1 21 C.F.R. 801.422, as such regulation existed on January 1, 2025; the  
2 length of time and other terms of the guarantee; and by whom the hearing  
3 instrument is guaranteed.

4 (3) No hearing instrument may be sold to any person unless both the  
5 packaging containing the hearing instrument and the itemized receipt are  
6 in compliance with all applicable state and federal laws and regulations.

7 (4) Upon delivery of the hearing instrument to any person, the  
8 licensed hearing instrument specialist shall confirm the physical and  
9 operational performance of the hearing instrument. If a patient purchases  
10 a hearing instrument from a licensed hearing instrument specialist  
11 outside of the licensee's regular place of business and the regular place  
12 of business is beyond a reasonable distance, as determined by the board,  
13 the licensed hearing instrument specialist shall provide the patient with  
14 the address of an affiliate location with which the licensee is  
15 associated that is within a reasonable distance, at which a licensed  
16 hearing instrument specialist or audiologist is available for fitting  
17 services.

18 (5) Any seller offering for sale or selling a hearing instrument in  
19 this state or to a resident of this state shall make available in this  
20 state an in-person fitting of the hearing instrument by a licensed  
21 hearing instrument specialist in this state prior to the sale.

22 ~~(1) Any person who practices the fitting and sale of hearing~~  
23 ~~instruments shall deliver to each person supplied with a hearing~~  
24 ~~instrument a receipt which shall contain the licensee's signature and~~  
25 ~~show his or her business address and the number of his or her~~  
26 ~~certificate, together with specifications as to the make and model of the~~  
27 ~~hearing instrument furnished, and clearly stating the full terms of sale.~~  
28 ~~If a hearing instrument which is not new is sold, the receipt and the~~  
29 ~~container thereof shall be clearly marked as used or reconditioned,~~  
30 ~~whichever is applicable, with terms of guarantee, if any.~~

31 (6) A receipt provided pursuant to this section (2) Such receipt

1 shall bear in no smaller type than the largest used in the body copy  
2 portion the following: The purchaser has been advised at the outset of  
3 ~~the his or her~~ relationship with the hearing instrument specialist that  
4 any examination or representation made by a licensed hearing instrument  
5 specialist in connection with the fitting and selling of this hearing  
6 instrument is not an examination, diagnosis, or prescription by a person  
7 licensed to practice medicine in this state and therefor must not be  
8 regarded as medical opinion or advice.

9 **Sec. 22.** Section 38-1512, Revised Statutes Cumulative Supplement,  
10 2024, is amended to read:

11 38-1512 (1) Any person may obtain a hearing instrument specialist  
12 license under the Hearing Instrument Specialists Practice Act by  
13 successfully passing a qualifying examination pursuant to section 38-1514  
14 if the applicant provides verification to the department, on a form  
15 provided by the department, that such person:

16 (a) Is at least twenty-one years of age; and

17 (b) Has an education equivalent to a four-year course in an  
18 accredited high school; and -

19 (c)(i) Has completed the minimum number of practicum hours  
20 prescribed by the board;

21 (ii) Has a two-year degree in hearing instrument sciences or an  
22 equivalent as determined by the board;

23 (iii) Has a master's or doctoral degree in audiology from an  
24 accredited institution approved by the board;

25 (iv) Has held a current, unsuspended, and unrevoked license to  
26 dispense hearing instruments from another jurisdiction for at least  
27 twelve of the last eighteen months prior to taking the examination;

28 (v) Is certified by the National Board for Certification in Hearing  
29 Instrument Sciences at the time of taking the examination; or

30 (vi) Holds an advanced credential offered by the International  
31 Hearing Society at the time of taking the examination.

1       (2) The department, with the recommendation of the board, may  
2       determine whether completion of a licensure program from outside of the  
3       United States qualifies a person to take the examination in this state.

4       (3) The department, upon recommendation of the board, may waive  
5       either or both components of the examination pursuant to section 38-1514  
6       for licensure as a hearing instrument specialist if the person has passed  
7       the same examination as provided in section 38-1514 or a substantially  
8       equivalent examination as determined by the board.

9       (4) The department, with the recommendation of the board, shall  
10       determine whether a person has met the requirements to be eligible to  
11       take the examination pursuant to the Hearing Instrument Specialists  
12       Practice Act.

13       ~~(2) The qualifying examination shall consist of written and~~  
14       ~~practical tests. The examination shall not be conducted in such a manner~~  
15       ~~that college training is required in order to pass. Nothing in this~~  
16       ~~examination shall imply that the applicant is required to possess the~~  
17       ~~degree of medical competence normally expected of physicians.~~

18       ~~(3) The department shall give examinations approved by the board. A~~  
19       ~~minimum of two examinations shall be offered each calendar year.~~

20       **Sec. 23.** Section 38-1513, Revised Statutes Cumulative Supplement,  
21       2024, is amended to read:

22       38-1513 (1) The department, with the recommendation of the board,  
23       shall issue a temporary training license to any person who has met the  
24       requirements for licensure as a hearing instrument specialist pursuant to  
25       subdivisions (1)(a) and (b) subsection (1) of section 38-1512. Previous  
26       experience or a waiting period shall not be required to obtain a  
27       temporary training license.

28       (2) Any person who desires a temporary training license shall make  
29       application to the department. The temporary training license shall be  
30       issued for a period of one year. A person holding a valid license as a  
31       hearing instrument specialist shall be responsible for the supervision

1 and training of such applicant and shall maintain adequate personal  
2 contact with him or her.

3 (3) If a person who holds a temporary training license under this  
4 section has not successfully passed the licensing examination within  
5 twelve months of the date of issuance of the temporary training license,  
6 the temporary training license may be renewed or reissued for a twelve-  
7 month period. In no case may a temporary training license be renewed or  
8 reissued more than once. A renewal or reissuance may take place any time  
9 after the expiration of the first twelve-month period.

10 **Sec. 24.** Section 38-1514, Reissue Revised Statutes of Nebraska, is  
11 amended to read:

12 38-1514 (1) The examination required by section 38-1512 for  
13 licensure as a hearing instrument specialist shall be comprised of two  
14 separate components:

15 (a) A written or computer-based, psychometrically valid, competency  
16 examination approved by the board that tests the examinee for knowledge  
17 fundamental to the practice of ordering the use and fitting of hearing  
18 instruments, which may be an examination developed and maintained by the  
19 International Hearing Society; and

20 (b) A practical examination approved by the board that requires the  
21 examinee to demonstrate competence in the practice of ordering the use  
22 and fitting of hearing instruments, which may be an examination developed  
23 and maintained by the International Hearing Society.

24 (2)(a) If an examinee fails more than one portion of the practical  
25 examination, the examinee shall retake the entire practical examination  
26 upon payment of the examination fee.

27 (b) If an examinee fails only one portion of the practical  
28 examination, the examinee may retake that portion of the examination  
29 without payment of a fee.

30 (c) If an examinee fails the jurisprudence examination or competency  
31 examination, the examinee shall retake the entire examination upon

1 payment of the examination fee.

2 (d) If an examinee fails either the practical or competency  
3 component of the examination and fails two subsequent reexaminations, the  
4 examinee shall be disqualified from retaking the examination a fourth  
5 time until the examinee meets with the board, presents an acceptable  
6 written training plan to the board for passing the components of the  
7 examination, and successfully completes that plan.

8 ~~The qualifying examination provided in section 38-1512 shall be~~  
9 ~~designed to demonstrate the applicant's adequate technical qualifications~~  
10 ~~by:~~

11 ~~(1) Tests of knowledge in the following areas as they pertain to the~~  
12 ~~fitting and sale of hearing instruments:~~

13 ~~(a) Basic physics of sound;~~

14 ~~(b) The anatomy and physiology of the ear; and~~

15 ~~(c) The function of hearing instruments; and~~

16 ~~(2) Practical tests of proficiency in the following techniques as~~  
17 ~~they pertain to the fitting of hearing instruments:~~

18 ~~(a) Pure tone audiometry, including air conduction testing and bone~~  
19 ~~conduction testing;~~

20 ~~(b) Live voice or recorded voice speech audiometry;~~

21 ~~(c) Masking when indicated;~~

22 ~~(d) Recording and evaluation of audiograms and speech audiometry to~~  
23 ~~determine proper selection and adaptation of a hearing instrument; and~~

24 ~~(e) Taking earmold impressions.~~

25 **Sec. 25.** (1) A licensed hearing instrument specialist shall not  
26 engage in the practice of ordering the use and fitting of hearing  
27 instruments with respect to a patient without first having conducted a  
28 face-to-face hearing assessment for the patient. A hearing assessment  
29 conducted in accordance with this subsection shall be valid for six  
30 months. Such hearing assessment shall include at least the following  
31 procedures, and any additional or modified procedures appropriate to



1 technological developments as determined by the board:

2 (a) Completion of a patient history questionnaire;

3 (b) Otoscopic examination;

4 (c) Testing to determine the type and degree of hearing loss that  
5 includes pure-tone air conduction testing at two hundred fifty hertz,  
6 five hundred hertz, one thousand hertz, two thousand hertz, four thousand  
7 hertz, and eight thousand hertz and bone conduction testing at five  
8 hundred hertz, one thousand hertz, two thousand hertz, and four thousand  
9 hertz;

10 (d) Effective masking when indicated;

11 (e) Appropriate testing to determine speech reception thresholds,  
12 word recognition scores, most comfortable listening levels, uncomfortable  
13 loudness levels, frequency-specific loudness discomfort levels, ability  
14 to understand speech in noise, and the selection of the best fitting  
15 arrangement for maximum hearing instrument benefit when indicated; and

16 (f) Other speech tests commonly used to assess human hearing acuity.

17 (2) Each component of a hearing instrument shall be adapted to the  
18 needs of the patient. A licensed hearing instrument specialist shall  
19 conduct a final fitting to ensure physical fit and operational comfort of  
20 the hearing instrument.

21 **Sec. 26.** A licensed hearing instrument specialist shall demonstrate  
22 the benefit of a hearing instrument fitting by using objective measures,  
23 such as aided and unaided sound field testing, real-ear measurements,  
24 speech mapping, or electroacoustic analysis, or any additional or  
25 modified procedures appropriate to technological developments as  
26 determined and approved by the board.

27 **Sec. 27.** A licensed hearing instrument specialist shall determine a  
28 patient's benefit with the hearing instrument fitting using validation  
29 measures, such as speech audiometry and validated communication  
30 assessment questionnaires, or any other method approved by the board.

31 **Sec. 28.** (1) A licensed hearing instrument specialist shall use the

1 following equipment as part of any hearing testing conducted for the  
2 purpose of dispensing of hearing instruments:

3 (a) An audiometer that has been calibrated within the twelve months  
4 preceding the test and that meets the specifications set forth under this  
5 section; and

6 (b) A speech audiometer or a master hearing instrument in order to  
7 perform speech tests as required in subdivision (1)(e) of section 25 of  
8 this act.

9 (2) A licensed hearing instrument specialist shall provide for the  
10 calibration of the equipment utilized for hearing assessments required  
11 under section 25 of this act and in the dispensing of hearing instruments  
12 at least annually in conformance with current standards of the American  
13 National Standards Institute or such other quality control standards  
14 established by the board. A licensed hearing instrument specialist shall  
15 annually ensure that audiometric equipment has been evaluated  
16 electrically and acoustically, that the equipment has been adjusted or  
17 repaired if necessary, and that conformity with such standards was  
18 determined at that time. A licensed hearing instrument specialist shall  
19 maintain calibration records for ten years and shall make the records  
20 available for inspection by the department at any time. A licensed  
21 hearing instrument specialist shall also use routine procedures for the  
22 daily inspection of audiometric equipment, or prior to use if used less  
23 often than daily, to generally determine that the equipment is in normal  
24 working order.

25 (3) A licensed hearing instrument specialist shall provide the  
26 following care of the equipment used in the licensee's practice of  
27 ordering the use and fitting of hearing instruments:

28 (a) Hearing instruments, assistive-listening devices, and electronic  
29 equipment shall be maintained according to the manufacturer's  
30 specifications;

31 (b) Instrumental technology shall be maintained in proper working

1 order and be properly calibrated according to accepted standards; and  
2 (c) Proper infection control and sanitation procedures shall be  
3 utilized.

4 **Sec. 29.** (1) Prior to engaging in cerumen removal, a licensed  
5 hearing instrument specialist shall have held a valid, undisciplined  
6 license as a licensed hearing instrument specialist for a minimum of two  
7 consecutive years and provide the board with evidence of (a) successful  
8 completion of a cerumen removal course pursuant to subsection (3) of this  
9 section, (b) professional liability insurance pursuant to subsection (5)  
10 of this section, and (c) an arrangement with a medical liaison pursuant  
11 to subsection (2) of this section. If the licensed hearing instrument  
12 specialist continues to engage in cerumen removal, the licensee shall  
13 annually provide evidence to the board of professional liability  
14 insurance and an arrangement with a medical liaison.

15 (2) Prior to engaging in cerumen removal, a licensed hearing  
16 instrument specialist shall have an arrangement with a medical liaison. A  
17 licensed hearing instrument specialist shall refer a patient to a medical  
18 liaison if the patient exhibits contraindications to cerumen removal  
19 requiring medical consultation or medical intervention. If a licensed  
20 hearing instrument specialist engaged in routine cerumen removal  
21 discovers any trauma, including, but not limited to, continuous  
22 uncontrolled bleeding, lacerations, or other traumatic injuries, the  
23 licensee shall, as soon as practicable, refer the patient to the medical  
24 liaison.

25 (3)(a) Prior to entering into an arrangement with a medical liaison,  
26 a licensed hearing instrument specialist shall complete a cerumen removal  
27 course approved by the International Hearing Society or the American  
28 Academy of Otolaryngology-Head and Neck Surgery, or another course  
29 approved by the board, and provide the board with evidence of such  
30 successful completion and attestation of competence. In order to be  
31 approved by the board as a cerumen removal course, the course shall be

1 approved by the International Hearing Society or the American Academy of  
2 Otolaryngology-Head and Neck Surgery and shall:

3 (i) Be overseen by a physician, preferably an otolaryngologist;

4 (ii) Consist of at least six hours of a participant practicing  
5 cerumen removal from an ear canal model using a variety of safe  
6 techniques;

7 (iii) Include in-person practice of cerumen removal techniques;

8 (iv) Include an infectious control component; and

9 (v) Result in a certificate of successful completion and attestation  
10 of competence signed by such physician.

11 (b) The board may, only after consultation with the Board of  
12 Medicine and Surgery, adopt rules and regulations as provided in section  
13 38-126 to provide requirements for the initial cerumen removal course.

14 (4) The licensed hearing instrument specialist shall maintain  
15 documentation evidencing the satisfactory completion of the training.

16 (5) A licensed hearing instrument specialist shall carry appropriate  
17 professional liability insurance before engaging in cerumen removal.

18 (6) A licensed hearing instrument specialist shall perform cerumen  
19 removal using the customary removal techniques that are commensurate with  
20 the licensee's training and experience. Performance of cerumen removal is  
21 limited to the patient's cartilaginous outer one-third portion of the  
22 external auditory canal.

23 (7) A licensed hearing instrument specialist engaged in cerumen  
24 removal shall comply with the following requirements:

25 (a) The indications for cerumen removal for a licensed hearing  
26 instrument specialist shall include:

27 (i) Enabling audiometric testing;

28 (ii) Making ear impressions;

29 (iii) Fitting ear protection or prosthetic devices; and

30 (iv) Monitoring continuous use of hearing aids;

31 (b) The licensed hearing instrument specialist shall refer a patient

1 to the medical liaison, an otolaryngologist, or a licensed physician for  
2 medical consultation or medical intervention if the patient exhibits any  
3 of the following contraindications to cerumen removal:

4 (i) The patient is younger than eighteen years of age;

5 (ii) The patient has a perforated tympanic membrane;

6 (iii) The patient has a history of pain or active drainage or  
7 bleeding from the ear;

8 (iv) There is evidence of congenital or traumatic deformity of the  
9 ear;

10 (v) The patient has any previous ear surgery;

11 (vi) The patient has tympanostomy tubes, such that irrigation should  
12 not be used;

13 (vii) The patient has a bleeding disorder;

14 (viii) The patient has an actual or suspected foreign body in the  
15 ear;

16 (ix) The patient has a stenosis or bony exostosis of the ear canal;

17 (x) The patient has a tympanic membrane that the licensed hearing  
18 instrument specialist is unable to see; or

19 (xi) There is any other contraindication to cerumen removal that  
20 requires medical consultation or medical intervention; and

21 (c) If the patient, while undergoing cerumen removal that did not  
22 present contraindications, complains of significant pain, exhibits  
23 uncontrolled bleeding or a laceration of the external auditory canal, or  
24 notices the acute onset of dizziness or vertigo or sudden hearing loss,  
25 the licensed hearing instrument specialist shall immediately stop the  
26 procedure and refer the patient to the medical liaison, an  
27 otolaryngologist, or a licensed physician.

28 (8) The licensed hearing instrument specialist shall maintain the  
29 following proper infection control practices:

30 (a) Universal health precautions;

31 (b) Decontamination;

1        (c) Cleaning, disinfection, and sterilization of multiple-use  
2 equipment; and

3        (d) Universal precautions for prevention of the transmission of  
4 human immunodeficiency virus, hepatitis B virus, and other bloodborne  
5 pathogens, as defined by occupational safety and health standards  
6 promulgated pursuant to 29 C.F.R. 1910, as such regulations existed on  
7 January 1, 2025.

8        (9) The licensed hearing instrument specialist who performs cerumen  
9 removal shall maintain a case history for every patient and informed  
10 consent signed by the patient as part of the patient's records.

11        (10) The licensed hearing instrument specialist shall carry  
12 appropriate professional liability insurance before performing cerumen  
13 removal.

14        (11) The licensed hearing instrument specialist is prohibited from  
15 requiring patients to sign any form that eliminates liability if the  
16 patient is harmed.

17        (12) A licensed hearing instrument specialist who first passes the  
18 initial training in cerumen removal shall take one additional hour of  
19 continuing education specific to cerumen removal annually, by any  
20 approved means, in addition to the required continuing education  
21 requirements for the license as a licensed hearing instrument specialist.

22        **Sec. 30.** A licensed hearing instrument specialist shall advise a  
23 prospective hearing instrument user to consult promptly with an  
24 otolaryngologist, or a licensed physician if no otolaryngologist is  
25 available, before dispensing a hearing instrument if the licensee  
26 determines, through inquiry, actual observation, or review of any other  
27 available information concerning the prospective user, that the  
28 prospective user has any of the conditions related to warnings found in  
29 the regulations of the federal Food and Drug Administration, 21 C.F.R.  
30 801.422, as such regulations existed on January 1, 2025.

31        **Sec. 31.** It is a condition of licensure under the Hearing

1 Instrument Specialists Practice Act that a licensed hearing instrument  
2 specialist comply with the rules of the federal Food and Drug  
3 Administration governing the ordering of the use, fitting, and sales of  
4 hearing instruments as prescribed by 21 C.F.R. 801.422, as such  
5 regulations existed on January 1, 2025.

6 **Sec. 32.** A purchaser of a hearing instrument shall not be required  
7 to obtain a medical evaluation for the repurchase of a hearing instrument  
8 once a medical evaluation has been obtained for certain otologic  
9 conditions that are permanent and would be reidentified at each hearing  
10 assessment. Such conditions shall include, but not be limited to:

11 (1) Visible congenital or traumatic deformity of the ear;

12 (2) Unilateral or asymmetric hearing loss, assuming no change in  
13 thresholds; and

14 (3) Audiometric air-bone gap equal to or greater than an average of  
15 fifteen decibels at five hundred hertz, one thousand hertz, and two  
16 thousand hertz.

17 **Sec. 33.** (1) A licensed hearing instrument specialist shall keep  
18 and maintain in the licensee's office or place of business the following  
19 records:

20 (a) Results of tests and other records as they pertain to hearing  
21 assessments conducted by the licensed hearing instrument specialist and  
22 the dispensing of hearing instruments by the licensed hearing instrument  
23 specialist;

24 (b) A copy of the written contract and, if executed, signed medical  
25 evaluation waiver; and

26 (c) Copies of such other records as the department, with the  
27 recommendation of the board, reasonably requires.

28 (2) Any such record shall be kept and maintained by the licensed  
29 hearing instrument specialist for a period of seven years after the date  
30 the record was produced.

31 **Sec. 34.** A licensed hearing instrument specialist who is certified

1 by the National Board for Certification in Hearing Instrument Sciences or  
2 has an advanced credential recognized or offered by the International  
3 Hearing Society may work for a company or organization as a trainer and  
4 provide specialized training in the practical application of hearing  
5 instrument sciences.

6 **Sec. 35.** Section 38-2849, Reissue Revised Statutes of Nebraska, is  
7 amended to read:

8 38-2849 The board shall be composed of eight ~~five~~ members, including  
9 five ~~four~~ actively practicing pharmacists, at least one of whom practices  
10 within the confines of a hospital, one pharmacy technician, and two ~~one~~  
11 public members ~~member~~ who are ~~is~~ interested in the health of the people  
12 of Nebraska.

13 **Sec. 36.** Section 38-2884, Reissue Revised Statutes of Nebraska, is  
14 amended to read:

15 38-2884 Under a delegated dispensing permit for a public health  
16 clinic, approved formulary drugs and devices may be dispensed by a public  
17 health clinic worker or a health care professional licensed in Nebraska  
18 to practice medicine and surgery or licensed in Nebraska as a registered  
19 nurse, licensed practical nurse, or physician assistant without the  
20 onsite services of a pharmacist if:

21 (1) The initial dispensing of all prescriptions for approved  
22 formulary drugs and devices is conducted by a health care professional  
23 licensed in Nebraska to practice medicine and surgery or pharmacy or  
24 licensed in Nebraska as a registered nurse, licensed practical nurse, or  
25 physician assistant;

26 (2) The drug or device is dispensed pursuant to a prescription  
27 written onsite by a practitioner or by a practitioner licensed in  
28 Nebraska working in affiliation with a public health clinic pursuant to a  
29 delegated dispensing permit;

30 (3) The only prescriptions to be refilled under the delegated  
31 dispensing permit are prescriptions for contraceptives;



1           (4) Prescriptions are accompanied by patient instructions and  
2 written information approved by the director;

3           (5) The dispensing of authorized refills of contraceptives is done  
4 by a licensed health care professional listed in subdivision (1) of this  
5 section or by a public health clinic worker;

6           (6) All drugs or devices are prepackaged by the manufacturer or at a  
7 public health clinic by a pharmacist into the quantity to be prescribed  
8 and dispensed at the public health clinic;

9           (7) All drugs and devices stored, received, or dispensed under the  
10 authority of public health clinics are properly labeled at all times. For  
11 purposes of this subdivision, properly labeled means that the label  
12 affixed to the container prior to dispensing contains the following  
13 information:

14           (a) The name of the manufacturer;

15           (b) The lot number and expiration date from the manufacturer or, if  
16 repackaged by a pharmacist, the lot number and calculated expiration  
17 date;

18           (c) Directions for patient use;

19           (d) The quantity of drug in the container;

20           (e) The name, strength, and dosage form of the drug; and

21           (f) Auxiliary labels as needed for proper adherence to any  
22 prescription;

23           (8) The following additional information is added to the label of  
24 each container when the drug or device is dispensed:

25           (a) The patient's name;

26           (b) The name of the prescribing health care professional;

27           (c) The prescription number;

28           (d) The date dispensed; and

29           (e) The name and address of the public health clinic;

30           (9) The only drugs and devices allowed to be dispensed or stored by  
31 public health clinics appear on the formulary approved pursuant to

1 section 38-2881; and

2 (10) At any time that dispensing is occurring from a public health  
3 clinic, the delegating pharmacist for the public health clinic or on-call  
4 pharmacist in Nebraska is available, either in person or by telephone, to  
5 answer questions from clients, staff, public health clinic workers, or  
6 volunteers. This availability shall be confirmed and documented at the  
7 beginning of each day that dispensing will occur. The delegating  
8 pharmacist or on-call pharmacist shall inform the public health clinic if  
9 he or she will not be available during the time that his or her  
10 availability is required. If a pharmacist is unavailable, no dispensing  
11 shall occur.

12 **Sec. 37.** Section 38-28,104, Revised Statutes Cumulative Supplement,  
13 2024, is amended to read:

14 38-28,104 (1) A prescription for a legend drug which is not a  
15 controlled substance must contain the following information prior to  
16 being filled by a pharmacist or a practitioner who holds a pharmacy  
17 license under subdivision (1) of section 38-2850: Patient's name, or if  
18 not issued for a specific patient, the words "for emergency use" or "for  
19 use in immunizations"; name of the drug, device, or biological; strength  
20 of the drug or biological, if applicable; dosage form of the drug or  
21 biological; quantity of drug, device, or biological prescribed; number of  
22 authorized refills; directions for use; date of issuance; prescribing  
23 practitioner's name; and if the prescription is written, prescribing  
24 practitioner's signature. Prescriptions for controlled substances must  
25 meet the requirements of sections 28-414 and 28-414.01.

26 (2) If a pharmacist receives a request for a prescription refill  
27 with no refill authorization and the pharmacist is unable to obtain a  
28 refill authorization from the prescribing practitioner after making  
29 reasonable efforts, the pharmacist may dispense an emergency refill if:

30 (a) The pharmacist obtains prescription information from: (i) A  
31 prescription label; (ii) a prescription record located in any pharmacy;

1 or (iii) a common database;

2 (b) The prescription refill is not for a controlled substance;

3 (c) The prescription refill is for a maintenance medication;

4 (d) In the pharmacist's professional judgment, failure to dispense  
5 the refill is likely to endanger the patient's health or disrupt  
6 essential drug therapy for the patient;

7 (e) The pharmacist informs the patient or the patient's agent at the  
8 time of dispensing that the refill is being provided without the  
9 prescriber's authorization and that prescriber authorization is required  
10 for future refills;

11 (f) The prescription refill is documented in the patient's  
12 prescription record;

13 (g) The pharmacist informs the prescriber within seventy-two hours  
14 of dispensing the refill; and

15 (h) The prescription refill is dispensed in person or delivered by  
16 staff of the pharmacy.

17 (3) A refill provided pursuant to subsection (2) of this section  
18 shall not be (a) dispensed in an amount greater than a seven-day supply,  
19 except that if the drug is packaged in a form that requires a pharmacist  
20 to dispense the drug in an amount greater than a seven-day supply, the  
21 pharmacist may dispense the drug in the smallest quantity in which the  
22 drug is typically packaged and (b) dispensed to the same patient more  
23 than one time in any six-month period.

24 (4) The prescriber of a drug shall not be liable or subject to  
25 disciplinary action for an act or omission in connection with dispensing  
26 a refill pursuant to subsection (2) of this section.

27 **Sec. 38.** Section 68-911, Revised Statutes Cumulative Supplement,  
28 2024, is amended to read:

29 68-911 (1) Medical assistance shall include coverage for health care  
30 and related services as required under Title XIX of the federal Social  
31 Security Act, including, but not limited to:

- 1 (a) Inpatient and outpatient hospital services;
- 2 (b) Laboratory and X-ray services;
- 3 (c) Nursing facility services;
- 4 (d) Home health services;
- 5 (e) Nursing services;
- 6 (f) Clinic services;
- 7 (g) Physician services;
- 8 (h) Medical and surgical services of a dentist;
- 9 (i) Nurse practitioner services;
- 10 (j) Nurse midwife services;
- 11 (k) Pregnancy-related services;
- 12 (l) Medical supplies;
- 13 (m) Mental health and substance abuse services;
- 14 (n) Early and periodic screening and diagnosis and treatment
- 15 services for children which shall include both physical and behavioral
- 16 health screening, diagnosis, and treatment services;
- 17 (o) Rural health clinic services; and
- 18 (p) Federally qualified health center services.
- 19 (2) In addition to coverage otherwise required under this section,
- 20 medical assistance may include coverage for health care and related
- 21 services as permitted but not required under Title XIX of the federal
- 22 Social Security Act, including, but not limited to:
- 23 (a) Prescribed drugs;
- 24 (b) Intermediate care facilities for persons with developmental
- 25 disabilities;
- 26 (c) Home and community-based services for aged persons and persons
- 27 with disabilities;
- 28 (d) Dental services;
- 29 (e) Rehabilitation services;
- 30 (f) Personal care services;
- 31 (g) Durable medical equipment;

1           (h) Medical transportation services;  
2           (i) Vision-related services;  
3           (j) Speech therapy services;  
4           (k) Physical therapy services;  
5           (l) Chiropractic services;  
6           (m) Occupational therapy services;  
7           (n) Optometric services;  
8           (o) Podiatric services;  
9           (p) Hospice services;  
10          (q) Mental health and substance abuse services;  
11          (r) Hearing screening services for newborn and infant children; and  
12          (s) Administrative expenses related to administrative activities,  
13 including outreach services, provided by school districts and educational  
14 service units to students who are eligible or potentially eligible for  
15 medical assistance.

16          (3) No later than July 1, 2009, the department shall submit a state  
17 plan amendment or waiver to the federal Centers for Medicare and Medicaid  
18 Services to provide coverage under the medical assistance program for  
19 community-based secure residential and subacute behavioral health  
20 services for all eligible recipients, without regard to whether the  
21 recipient has been ordered by a mental health board under the Nebraska  
22 Mental Health Commitment Act to receive such services.

23          (4) On or before October 1, 2014, the department, after consultation  
24 with the State Department of Education, shall submit a state plan  
25 amendment to the federal Centers for Medicare and Medicaid Services, as  
26 necessary, to provide that the following are direct reimbursable services  
27 when provided by school districts as part of an individualized education  
28 program or an individualized family service plan: Early and periodic  
29 screening, diagnosis, and treatment services for children; medical  
30 transportation services; mental health services; nursing services;  
31 occupational therapy services; personal care services; physical therapy

1 services; rehabilitation services; speech therapy and other services for  
2 individuals with speech, hearing, or language disorders; and vision-  
3 related services.

4 (5)(a) No later than January 1, 2023, the department shall provide  
5 coverage for continuous glucose monitors under the medical assistance  
6 program for all eligible recipients who have a prescription for such  
7 device.

8 (b) Effective August 1, 2024, eligible recipients shall include all  
9 individuals who meet local coverage determinations, as defined in section  
10 1869(f)(2)(B) of the federal Social Security Act, as amended, as such act  
11 existed on January 1, 2024, and shall include individuals with  
12 gestational diabetes.

13 (c) It is the intent of the Legislature that no more than six  
14 hundred thousand dollars be appropriated annually from the Medicaid  
15 Managed Care Excess Profit Fund, as described in section 68-996, for the  
16 purpose of implementing subdivision (5)(b) of this section. Any amount in  
17 excess of six hundred thousand dollars shall be funded by the Medicaid  
18 Managed Care Excess Profit Fund.

19 (6) On or before October 1, 2023, the department shall seek federal  
20 approval for federal matching funds from the federal Centers for Medicare  
21 and Medicaid Services through a state plan amendment or waiver to extend  
22 postpartum coverage for beneficiaries from sixty days to at least six  
23 months. Nothing in this subsection shall preclude the department from  
24 submitting a state plan amendment for twelve months.

25 (7)(a) No later than October 1, 2025, the department shall submit a  
26 medicaid waiver or state plan amendment to the federal Centers for  
27 Medicare and Medicaid Services to designate two medical respite  
28 facilities to reimburse for services provided to an individual who is:

29 (i) Homeless; and

30 (ii) An adult in the expansion population.

31 (b) For purposes of this subsection:

1 (i) Adult in the expansion population means an adult (A) described  
2 in 42 U.S.C. 1396a(a)(10)(A)(i)(VIII) as such section existed on January  
3 1, 2024, and (B) not otherwise eligible for medicaid as a mandatory  
4 categorically needy individual;

5 (ii) Homeless has the same meaning as provided in 42 U.S.C. 11302 as  
6 such section existed on January 1, 2024;

7 (iii) Medical respite care means short-term housing with supportive  
8 medical services; and

9 (iv) Medical respite facility means a residential facility that  
10 provides medical respite care to homeless individuals.

11 (c) The department shall choose two medical respite facilities, one  
12 in a city of the metropolitan class and one in a city of the primary  
13 class, best able to serve homeless individuals who are adults in the  
14 expansion population.

15 (d) Once such waiver or state plan amendment is approved, the  
16 department shall submit a report to the Health and Human Services  
17 Committee of the Legislature on or before November 30 each year, which  
18 provides the (i) number of homeless individuals served at each facility,  
19 (ii) cost of the program, and (iii) amount of reduction in health care  
20 costs due to the program's implementation.

21 (e) The department may adopt and promulgate rules and regulations to  
22 carry out this subsection.

23 (f) The services described in subdivision (7)(a) of this section  
24 shall be funded by the Medicaid Managed Care Excess Profit Fund as  
25 described in section 68-996.

26 (8)(a) No later than January 1, 2025, the department shall provide  
27 coverage for an electric personal-use breast pump for every pregnant  
28 woman covered under the medical assistance program, or child covered  
29 under the medical assistance program if the pregnant woman is not  
30 covered, beginning at thirty-six weeks gestation or the child's date of  
31 birth, whichever is earlier. The electric personal-use breast pump shall

1 be capable of (i) sufficiently supporting milk supply, (ii) double and  
2 single side pumping, and (iii) suction power ranging from zero mmHg to  
3 two hundred fifty mmHg. No later than January 1, 2025, the department  
4 shall provide coverage for a minimum of ten lactation consultation visits  
5 for every mother covered under the medical assistance program or child  
6 covered under the medical assistance program, if the mother is not  
7 covered under such program.

8 (b) It is the intent of the Legislature that the appropriation for  
9 lactation consultation visits shall be equal to an amount that is a one  
10 hundred forty-five percent rate increase over the current lactation  
11 consultation rate paid by the department.

12 (9)(a) No later than January 1, 2024, the department shall provide  
13 coverage, and reimbursement to providers, for all necessary translation  
14 and interpretation services for eligible recipients utilizing a medical  
15 assistance program service. The department shall take all actions  
16 necessary to maximize federal funding to carry out this subsection.

17 (b) The services described in subdivision (9)(a) of this section  
18 shall be funded by the Medicaid Managed Care Excess Profit Fund as  
19 described in section 68-996.

20 (10) No later than January 1, 2026, the department shall provide  
21 coverage for psychology services provided by advanced level practitioners  
22 who have completed advanced training requirements for a doctoral  
23 internship in an accredited training program or a postdoctoral fellowship  
24 and who are under current supervision by a licensed psychologist.

25 **Sec. 39.** (1) For purposes of this section, program means the Rural  
26 Health Opportunity Program that encourages students from rural  
27 communities to pursue health care professions and return to practice in  
28 those rural communities.

29 (2)(a) The Board of Trustees of the Nebraska State Colleges and the  
30 Board of Regents of the University of Nebraska shall enter into a  
31 memorandum of understanding to administer the program, including a joint



1 application and interview process to select students to participate in  
2 the program and be provisionally admitted into one of the eligible health  
3 care programs at the University of Nebraska Medical Center.

4 (b) To be eligible, students shall:

5 (i) Attend, or be a graduate of, an approved or accredited high  
6 school in Nebraska or receive an equivalent of a diploma of high school  
7 equivalency in Nebraska; and

8 (ii) Have lived in, or been a resident of, a rural area of Nebraska  
9 as determined by the Board of Trustees of the Nebraska State Colleges and  
10 the Board of Regents of the University of Nebraska.

11 (3) A student who participates in the program is entitled to a  
12 waiver of one hundred percent of the cost of tuition and fees per  
13 academic year for up to four years at a state college for the purpose of  
14 completing the established health care program coursework at such state  
15 college that is required for early admission and transfer to an eligible  
16 health care program at the University of Nebraska Medical Center.

17 (4) It is the intent of the Legislature to consider continued  
18 funding for the program in an appropriate amount equal to or more than  
19 one-half of the cost of the tuition waivers or fees granted pursuant to  
20 this section as part of the biennial budget process.

21 **Sec. 40.** Sections 1, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21,  
22 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39,  
23 and 41 of this act become operative three calendar months after the  
24 adjournment of this legislative session. The other sections of this act  
25 become operative on their effective date.

26 **Sec. 41.** Original sections 38-511, 38-1501, 38-1502, 38-1504,  
27 38-1505, 38-1506, 38-1508, 38-1510, 38-1511, 38-1514, 38-2849, and  
28 38-2884, Reissue Revised Statutes of Nebraska, and sections 38-1509,  
29 38-1512, 38-1513, 38-28,104, and 68-911, Revised Statutes Cumulative  
30 Supplement, 2024, are repealed.

31 **Sec. 42.** Original sections 38-1401, 38-1402, 38-1413, and 38-1424,

1 Reissue Revised Statutes of Nebraska, are repealed.

2       **Sec. 43.** Since an emergency exists, this act takes effect when  
3 passed and approved according to law.

4       2. On page 1, strike beginning with "the" in line 1 through line 5  
5 and insert "public health and welfare; to amend sections 38-511, 38-1401,  
6 38-1402, 38-1413, 38-1424, 38-1501, 38-1502, 38-1504, 38-1505, 38-1506,  
7 38-1508, 38-1510, 38-1511, 38-1514, 38-2849, and 38-2884, Reissue Revised  
8 Statutes of Nebraska, and sections 38-1509, 38-1512, 38-1513, 38-28,104,  
9 and 68-911, Revised Statutes Cumulative Supplement, 2024; to provide,  
10 change, and eliminate definitions; to provide for assistant funeral  
11 directors; to provide for credentialing, scope of practice, collaborative  
12 agreements, restrictions on practice, and disciplinary actions under the  
13 Funeral Directing and Embalming Practice Act; to change provisions  
14 relating to licensure and regulation of hearing instrument specialists  
15 under the Hearing Instrument Specialists Practice Act; to change  
16 membership requirements for the Board of Pharmacy; to change requirements  
17 relating to compounding and delegated dispensing permits; to provide  
18 requirements for certain prescription refills as prescribed; to require  
19 medicaid coverage for psychology services provided by certain  
20 practitioners as prescribed; to require a memorandum of understanding  
21 regarding a Rural Health Opportunity Program; to provide for tuition  
22 waivers for eligible students as prescribed; to state intent regarding  
23 appropriations; to harmonize provisions; to provide operative dates; to  
24 repeal the original sections; and to declare an emergency.".