

LEGISLATURE OF NEBRASKA  
ONE HUNDRED NINTH LEGISLATURE  
FIRST SESSION

**LEGISLATIVE BILL 376**

FINAL READING

Introduced by Health and Human Services Committee: Hardin, 48,  
Chairperson; Ballard, 21; Hansen, 16; Meyer, 17.

Read first time January 16, 2025

Committee: Health and Human Services

1 A BILL FOR AN ACT relating to government; to amend sections 28-3,107,  
2 43-512.11, 43-3301, 43-3342.04, 68-130, 68-158, 68-909, 68-912,  
3 68-1735.03, 68-1804, 69-2409.01, 71-2518, 71-4741, 81-132, 81-638,  
4 81-642, 81-643, 81-645, 81-648, 81-649, 81-649.02, 81-664, 81-6,116,  
5 81-1113, 83-102, 83-105, 83-4,134.01, and 83-1216.01, Reissue  
6 Revised Statutes of Nebraska, and sections 38-1130, 38-1208.01,  
7 38-1216, 43-4706, 68-974, 68-995, 68-9,109, 68-1530, 71-509,  
8 71-604.02, 71-2489, and 76-3507, Revised Statutes Cumulative  
9 Supplement, 2024; to change requirements for physicians performing  
10 or inducing an abortion, dental hygienists, and the paramedic  
11 practice of emergency medical care; to change and eliminate certain  
12 reporting requirements regarding licensed dental hygienists,  
13 assistance for dependent children, the License Suspension Act, the  
14 New Hire Reporting Act, the State Disbursement Unit, child-care  
15 institutions providing foster care, amino acid-based elemental  
16 formulas, the medical assistance program, program integrity  
17 contractors, at-risk managed care service delivery, the Nebraska  
18 Prenatal Plus Program, aging and disability resource centers, the  
19 family support program, self-sufficiency contracts, the ICF/DD  
20 Reimbursement Protection Fund, utilization controls, a database for  
21 firearm purchases, nursing faculty student loans, the Opioid

1       Prevention and Treatment Act, elevated blood-lead levels in  
2       children, hearing screening tests for newborns and infants, mental  
3       health first aid, health care facilities, radon measurements, the  
4       cancer registry, cancer research expenditures, hospitals, ambulatory  
5       surgical centers, youth rehabilitation and treatment centers,  
6       juvenile facilities, and services for persons with developmental  
7       disabilities; to change and eliminate requirements relating to  
8       certain office space maintained by counties; to change provisions  
9       regarding notification of certain test results and affidavits  
10      relating to acknowledgement of maternity; to change and eliminate  
11      powers and duties of the Board of Emergency Medical Services, the  
12      Division of Children and Family Services, the Department of Health  
13      and Human Services, the Nebraska State Patrol, and the Director of  
14      Motor Vehicles; to eliminate obsolete provisions; to harmonize  
15      provisions; to repeal the original sections; and to outright repeal  
16      sections 43-3326, 48-2307, 68-1118, 68-1518, 68-1735.02, 68-2004,  
17      71-17,115, 71-3005, 71-8313, 81-650, 81-1139.01, and 81-3133,  
18      Reissue Revised Statutes of Nebraska.

19   Be it enacted by the people of the State of Nebraska,

1           **Section 1.** Section 28-3,107, Reissue Revised Statutes of Nebraska,  
2 is amended to read:

3           28-3,107 (1) Any physician who performs or induces or attempts to  
4 perform or induce an abortion shall report to the Department of Health  
5 and Human Services, on a schedule and in accordance with forms and rules  
6 and regulations adopted and promulgated by the department:

7           (a) If a determination of probable postfertilization age was made,  
8 the probable postfertilization age determined and the method and basis of  
9 the determination;

10          (b) If a determination of probable postfertilization age was not  
11 made, the basis of the determination that a medical emergency existed;

12          (c) If the probable postfertilization age was determined to be  
13 consistent with the postfertilization age limits provided in section  
14 71-6915 ~~twenty or more weeks~~, the basis of the determination that the  
15 pregnant woman had a condition which so complicated her medical condition  
16 as to necessitate the abortion of her pregnancy to avert her death or to  
17 avert serious risk of substantial and irreversible physical impairment of  
18 a major bodily function, or the basis of the determination that it was  
19 necessary to preserve the life of an unborn child; and

20          (d) The method used for the abortion and, in the case of an abortion  
21 performed when the probable postfertilization age was determined to be  
22 consistent with the postfertilization age limits provided in section  
23 71-6915 ~~twenty or more weeks~~, whether the method of abortion used was one  
24 that, in reasonable medical judgment, provided the best opportunity for  
25 the unborn child to survive or, if such a method was not used, the basis  
26 of the determination that termination of the pregnancy in that manner  
27 would pose a greater risk either of the death of the pregnant woman or of  
28 the substantial and irreversible physical impairment of a major bodily  
29 function of the woman than would other available methods.

30          (2) By June 30 of each year, the department shall issue a public  
31 report providing statistics for the previous calendar year compiled from

1 all of the reports covering that year submitted in accordance with this  
2 section for each of the items listed in subsection (1) of this section.  
3 Each such report shall also provide the statistics for all previous  
4 calendar years during which this section was in effect, adjusted to  
5 reflect any additional information from late or corrected reports. The  
6 department shall take care to ensure that none of the information  
7 included in the public reports could reasonably lead to the  
8 identification of any pregnant woman upon whom an abortion was performed.

9 (3) Any physician who fails to submit a report by the end of thirty  
10 days following the due date shall be subject to a late fee of five  
11 hundred dollars for each additional thirty-day period or portion of a  
12 thirty-day period the report is overdue. Any physician required to report  
13 in accordance with the Pain-Capable Unborn Child Protection Act who has  
14 not submitted a report, or has submitted only an incomplete report, more  
15 than one year following the due date, may, in an action brought in the  
16 manner in which actions are brought to enforce the Uniform Credentialing  
17 Act pursuant to section 38-1,139, be directed by a court of competent  
18 jurisdiction to submit a complete report within a time period stated by  
19 court order or be subject to civil contempt. Failure by any physician to  
20 conform to any requirement of this section, other than late filing of a  
21 report, constitutes unprofessional conduct pursuant to section 38-2021.  
22 Failure by any physician to submit a complete report in accordance with a  
23 court order constitutes unprofessional conduct pursuant to section  
24 38-2021. Intentional or reckless falsification of any report required  
25 under this section is a Class V misdemeanor.

26 (4) Within ninety days after October 15, 2010, the department shall  
27 adopt and promulgate rules and regulations to assist in compliance with  
28 this section.

29 **Sec. 2.** Section 38-1130, Revised Statutes Cumulative Supplement,  
30 2024, is amended to read:

31 38-1130 (1) Except as otherwise provided in this section, a licensed

1 dental hygienist shall perform the dental hygiene functions listed in  
2 section 38-1131 only when authorized to do so by a licensed dentist who  
3 shall be responsible for the total oral health care of the patient.

4 (2) The department may authorize a licensed dental hygienist to  
5 perform the following functions in the conduct of public health-related  
6 services in a public health setting or in a health care or related  
7 facility: Preliminary charting and screening examinations; oral health  
8 education, including workshops and inservice training sessions on dental  
9 health; and all of the duties that a dental assistant who is not licensed  
10 is authorized to perform.

11 (3)(a) Except for periodontal scaling, root planing, and the  
12 administration of local anesthesia and nitrous oxide, the department may  
13 authorize a licensed dental hygienist to perform all of the authorized  
14 functions within the scope of practice of a licensed dental hygienist in  
15 the conduct of public health-related services in a public health setting  
16 or in a health care or related facility. In addition, the department may  
17 authorize a licensed dental hygienist to perform the following functions  
18 in such a setting or facility or for such a patient:

19 (i) Upon completion of education and testing approved by the board,  
20 writing prescriptions for mouth rinses and fluoride products that help  
21 decrease risk for tooth decay; and

22 (ii) Upon completion of education and testing approved by the board,  
23 minor denture adjustments.

24 (b) Authorization shall be granted by the department under this  
25 subsection upon (i) filing an application with the department and (ii)  
26 providing evidence of current licensure and professional liability  
27 insurance coverage. Authorization may be limited by the department as  
28 necessary to protect the public health and safety upon good cause shown  
29 and may be renewed in connection with renewal of the licensed dental  
30 hygienist's license.

31 (c) A licensed dental hygienist performing dental hygiene functions

1 as authorized under this subsection shall ~~(i) report authorized functions~~  
2 ~~performed by him or her to the department on a form developed and~~  
3 ~~provided by the department and (ii) advise the patient or recipient of~~  
4 services or his or her authorized representative that such services are  
5 preventive in nature and do not constitute a comprehensive dental  
6 diagnosis and care.

7 ~~(4) The department shall compile the data from the reports provided~~  
8 ~~under subdivision (3)(c)(i) of this section and provide an annual report~~  
9 ~~to the Board of Dentistry and the State Board of Health. The department~~  
10 ~~shall annually evaluate the delivery of dental hygiene services in the~~  
11 ~~state and, on or before September 15 of each year beginning in 2021,~~  
12 ~~provide a report electronically to the Clerk of the Legislature regarding~~  
13 ~~such evaluation. The Health and Human Services Committee of the~~  
14 ~~Legislature shall hold a hearing at least once every three years to~~  
15 ~~assess the reports submitted pursuant to this subsection.~~

16 ~~(4) (5)~~ For purposes of this section:

17 (a) Health care or related facility means a hospital, a nursing  
18 facility, an assisted-living facility, a correctional facility, a tribal  
19 clinic, or a school-based preventive health program; and

20 (b) Public health setting means a federal, state, or local public  
21 health department or clinic, community health center, rural health  
22 clinic, or other similar program or agency that serves primarily public  
23 health care program recipients.

24 **Sec. 3.** Section 38-1208.01, Revised Statutes Cumulative Supplement,  
25 2024, is amended to read:

26 38-1208.01 Paramedic practice of emergency medical care means care  
27 provided in accordance with the knowledge and skill acquired through  
28 successful completion of an approved program for a paramedic. Such care  
29 includes, but is not limited to, (1) all of the acts that an advanced  
30 emergency medical technician is authorized to ~~technician-intermediate can~~  
31 perform, and (2) visualized intubation, (3) surgical cricothyrotomy, and

1 (4) until December 31, 2025, all of the acts that an emergency medical  
2 technician-intermediate is authorized to perform.

3 **Sec. 4.** Section 38-1216, Revised Statutes Cumulative Supplement,  
4 2024, is amended to read:

5 38-1216 In addition to any other responsibilities prescribed by the  
6 Emergency Medical Services Practice Act, the board shall:

7 (1) Promote the dissemination of public information and education  
8 programs to inform the public about emergency medical service and other  
9 medical information, including appropriate methods of medical self-help,  
10 first aid, and the availability of emergency medical services training  
11 programs in the state;

12 (2) Provide for the collection of information for evaluation of the  
13 availability and quality of emergency medical care, evaluate the  
14 availability and quality of emergency medical care, and serve as a focal  
15 point for discussion of the provision of emergency medical care;

16 (3) Establish model procedures for patient management in medical  
17 emergencies that do not limit the authority of law enforcement and fire  
18 protection personnel to manage the scene during a medical emergency; and

19 ~~(4) Not less than once each five years, undertake a review and~~  
20 ~~evaluation of the act and its implementation together with a review of~~  
21 ~~the emergency medical care needs of the residents of the State of~~  
22 ~~Nebraska and submit electronically a report to the Legislature with any~~  
23 ~~recommendations which it may have; and~~

24 (4) (5) Identify communication needs of emergency medical services  
25 and make recommendations for development of a communications plan for a  
26 communications network for emergency care providers and emergency medical  
27 services.

28 **Sec. 5.** Section 43-512.11, Reissue Revised Statutes of Nebraska, is  
29 amended to read:

30 43-512.11 The Department of Health and Human Services shall submit  
31 electronically an annual report, not later than December February 1 of

1 each year, to the Legislature regarding the effectiveness of programs  
2 established pursuant to subdivision (5)(a) of section 43-512. The report  
3 shall include, but not be limited to:

4 (1) The number of program participants;

5 (2) The number of program participants who become employed, whether  
6 such employment is full time or part time or subsidized or unsubsidized,  
7 and whether the employment was retained for at least thirty days;

8 (3) Supportive services provided to participants in the program;

9 (4) Grant reductions realized; and

10 (5) A cost and benefit statement for the program.

11 **Sec. 6.** Section 43-3301, Reissue Revised Statutes of Nebraska, is  
12 amended to read:

13 43-3301 Sections 43-3301 to 43-3325 ~~43-3326~~ shall be known and may  
14 be cited as the License Suspension Act.

15 **Sec. 7.** Section 43-3342.04, Reissue Revised Statutes of Nebraska, is  
16 amended to read:

17 43-3342.04 (1) The Title IV-D Division shall establish a Customer  
18 Service Unit. In hiring the initial staff for the unit, a hiring  
19 preference shall be given to employees of the clerks of the district  
20 court. The duties of the Customer Service Unit include, but are not  
21 limited to:

22 (a) Providing account information as well as addressing inquiries  
23 made by customers of the State Disbursement Unit; and

24 (b) Administering two statewide toll-free telephone systems, one for  
25 use by employers and one for use by all other customers, to provide  
26 responses to inquiries regarding income withholding, the collection and  
27 disbursement of support order payments made to the State Disbursement  
28 Unit, and other child support enforcement issues, including establishing  
29 a call center with sufficient telephone lines, a voice response unit, and  
30 adequate personnel available during normal business hours to ensure that  
31 responses to inquiries are made by the division's personnel or the



1 division's designee.

2 (2) The physical location of the Customer Service Unit shall be in  
3 Nebraska and shall result in the hiring of a number of new employees or  
4 contractor's staff equal to at least one-fourth of one percent of the  
5 labor force in the county or counties in which the Customer Service Unit  
6 is located. Customer service staff responsible for providing account  
7 information related to the State Disbursement Unit may be located at the  
8 same location as the State Disbursement Unit.

9 ~~(3) The department shall issue a report to the Governor and to the~~  
10 ~~Legislature on or before January 31 of each year which discloses~~  
11 ~~information relating to the operation of the State Disbursement Unit for~~  
12 ~~the preceding calendar year including, but not limited to:~~

13 ~~(a) The number of transactions processed by the State Disbursement~~  
14 ~~Unit;~~

15 ~~(b) The dollar amount collected by the State Disbursement Unit;~~

16 ~~(c) The dollar amount disbursed by the State Disbursement Unit;~~

17 ~~(d) The percentage of identifiable collections disbursed within two~~  
18 ~~business days;~~

19 ~~(e) The percentage of identifiable collections that are matched to~~  
20 ~~the correct case;~~

21 ~~(f) The number and dollar amount of insufficient funds checks~~  
22 ~~received by the State Disbursement Unit;~~

23 ~~(g) The number and dollar amount of insufficient funds checks~~  
24 ~~received by the State Disbursement Unit for which restitution is~~  
25 ~~subsequently made to the State Disbursement Unit;~~

26 ~~(h) The number of incoming telephone calls processed through the~~  
27 ~~Customer Service Unit;~~

28 ~~(i) The average length of incoming calls from employers;~~

29 ~~(j) The average length of incoming calls from all other customers;~~

30 ~~(k) The percentage of incoming calls resulting in abandonment by the~~  
31 ~~customer;~~

1       ~~(l) The percentage of incoming calls resulting in a customer~~  
2       ~~receiving a busy signal;~~

3       ~~(m) The average holding time for all incoming calls; and~~

4       ~~(n) The percentage of calls handled by employees of the Customer~~  
5       ~~Service Unit that are resolved within twenty-four hours.~~

6       ~~(4) The report issued to the Legislature pursuant to subsection (3)~~  
7       ~~of this section shall be issued electronically.~~

8       **Sec. 8.** Section 43-4706, Revised Statutes Cumulative Supplement,  
9       2024, is amended to read:

10       43-4706 (1) The department shall ensure that each foster family home  
11       and child-care institution has policies consistent with this section and  
12       that such foster family home and child-care institution promote and  
13       protect the ability of children to participate in age or developmentally  
14       appropriate extracurricular, enrichment, cultural, and social activities.

15       (2) A caregiver shall use a reasonable and prudent parent standard  
16       in determining whether to give permission for a child to participate in  
17       extracurricular, enrichment, cultural, and social activities. The  
18       caregiver shall take reasonable steps to determine the appropriateness of  
19       the activity in consideration of the child's age, maturity, and  
20       developmental level.

21       (3) The department shall require, as a condition of each contract  
22       entered into by a child-care institution to provide foster care, the  
23       presence onsite of at least one official who, with respect to any child  
24       placed at the child-care institution, is designated to be the caregiver  
25       who is (a) authorized to apply the reasonable and prudent parent standard  
26       to decisions involving the participation of the child in age or  
27       developmentally appropriate activities, (b) provided with training in how  
28       to use and apply the reasonable and prudent parent standard in the same  
29       manner as foster parents are provided training in section 43-4707, and  
30       (c) required to consult whenever possible with the child and staff  
31       members identified by the child in applying the reasonable and prudent

1 parent standard.

2 (4) The department shall also require, as a condition of each  
3 contract entered into by a child-care institution to provide foster care,  
4 that all children placed at the child-care institution be notified  
5 verbally and in writing, in an age or developmentally appropriate manner,  
6 of the process for making a request to participate in age or  
7 developmentally appropriate activities and that a written notice of this  
8 process be posted in an accessible, public place in the child-care  
9 institution.

10 (5)(a) The department shall also require, as a condition of each  
11 contract entered into by a child-care institution to provide foster care,  
12 a written normalcy plan describing how the child-care institution will  
13 ensure that all children have access to age or developmentally  
14 appropriate activities to be filed with the department and a normalcy  
15 report regarding the implementation of the normalcy plan to be filed with  
16 the department annually by July 15 ~~June 30~~. Such plans and reports shall  
17 not be required to be provided by child-care institutions physically  
18 located outside the State of Nebraska or psychiatric residential  
19 treatment facilities.

20 (b) The normalcy plan shall specifically address:

21 (i) Efforts to address barriers to normalcy that are inherent in a  
22 child-care institution setting;

23 (ii) Normalcy efforts for all children placed at the child-care  
24 institution, including, but not limited to, relationships with family,  
25 age or developmentally appropriate access to technology and technological  
26 skills, education and school stability, access to health care and  
27 information, and access to a sustainable and durable routine;

28 (iii) Procedures for developing goals and action steps in the child-  
29 care institution's case plan and case planning process related to  
30 participation in age or developmentally appropriate activities for each  
31 child placed at the child-care institution;

1 (iv) Policies on staffing, supervision, permission, and consent to  
2 age or developmentally appropriate activities consistent with the  
3 reasonable and prudent parent standard;

4 (v) A list of activities that the child-care institution provides  
5 onsite and a list of activities in the community regarding which the  
6 child-care institution will make children aware, promote, and support  
7 access;

8 (vi) Identified accommodations and support services so that children  
9 with disabilities and special needs can participate in age or  
10 developmentally appropriate activities to the same extent as their peers;

11 (vii) The individualized needs of all children involved in the  
12 system;

13 (viii) Efforts to reduce disproportionate impact of the system and  
14 services on families and children of color and other populations; and

15 (ix) Efforts to develop a youth board to assist in implementing the  
16 reasonable and prudent parent standard in the child-care institution and  
17 promoting and supporting normalcy.

18 (c) The normalcy report shall specifically address:

19 (i) Compliance with each of the plan requirements set forth in  
20 subdivisions (b)(i) through (ix) of this subsection; and

21 (ii) Compliance with subsections (3) and (4) of this section.

22 (6) The department shall make normalcy plans and reports received  
23 from contracting child-care institutions pursuant to subsection (5) of  
24 this section and plans and reports from all youth rehabilitation and  
25 treatment centers pursuant to subsection (7) of this section available  
26 annually upon request to the Nebraska Strengthening Families Act  
27 Committee, the Nebraska Children's Commission, probation, the Governor,  
28 and electronically to the Health and Human Services Committee of the  
29 Legislature, by September 30 ~~1~~ of each year.

30 (7) All youth rehabilitation and treatment centers shall meet the  
31 requirements of subsection (5) of this section.

1       **Sec. 9.** Section 68-130, Reissue Revised Statutes of Nebraska, is  
2 amended to read:

3       68-130 (1) Until June 30, 2028, counties ~~Counties~~ shall maintain, at  
4 no additional cost to the Department of Health and Human Services, office  
5 and service facilities used for the administration of the public  
6 assistance programs as such facilities existed on April 1, 1983.

7       (2) The county board of any county may request in writing that the  
8 department review office and service facilities provided by the county  
9 for the department to determine if the department is able to reduce or  
10 eliminate office and service facilities within the county. The department  
11 shall respond in writing to such request within thirty days after  
12 receiving the request. The final decision with respect to maintaining,  
13 reducing, or eliminating office and service facilities in such county  
14 shall be made by the department, and the county may reduce or eliminate  
15 office and service facilities if authorized by such final decision.

16       **Sec. 10.** Section 68-158, Reissue Revised Statutes of Nebraska, is  
17 amended to read:

18       68-158 The Department of Health and Human Services shall establish a  
19 program to provide amino acid-based elemental formulas for the diagnosis  
20 and treatment of Immunoglobulin E and non-Immunoglobulin E mediated  
21 allergies to multiple food proteins, food-protein-induced enterocolitis  
22 syndrome, eosinophilic disorders, and impaired absorption of nutrients  
23 caused by disorders affecting the absorptive surface, functional length,  
24 and motility of the gastrointestinal tract, when the ordering physician  
25 has issued a written order stating that the amino acid-based elemental  
26 formula is medically necessary for the treatment of a disease or  
27 disorder. Up to fifty percent of the actual out-of-pocket cost, not to  
28 exceed twelve thousand dollars, for amino acid-based elemental formulas  
29 shall be available to an individual without fees each twelve-month  
30 period. The department shall distribute funds on a first-come, first-  
31 served basis. Nothing in this section is deemed to be an entitlement. The

~~1 maximum total General Fund expenditures per year for amino acid-based  
2 elemental formulas shall not exceed two hundred fifty thousand dollars  
3 each fiscal year in FY2014-15 and FY2015-16. The Department of Health and  
4 Human Services shall provide an electronic report on the program to the  
5 Legislature annually on or before December 15 of each year.~~

6       **Sec. 11.** Section 68-909, Reissue Revised Statutes of Nebraska, is  
7 amended to read:

8       68-909 (1) All contracts, agreements, rules, and regulations  
9 relating to the medical assistance program as entered into or adopted and  
10 promulgated by the department prior to July 1, 2006, and all provisions  
11 of the medicaid state plan and waivers adopted by the department prior to  
12 July 1, 2006, shall remain in effect until revised, amended, repealed, or  
13 nullified pursuant to law.

14       ~~(2) Prior to the adoption and promulgation of proposed rules and  
15 regulations under section 68-912 or relating to the implementation of  
16 medicaid state plan amendments or waivers, the department shall provide a  
17 report to the Governor and the Legislature no later than December 1  
18 before the next regular session of the Legislature summarizing the  
19 purpose and content of such proposed rules and regulations and the  
20 projected impact of such proposed rules and regulations on recipients of  
21 medical assistance and medical assistance expenditures. The report  
22 submitted to the Legislature shall be submitted electronically. Any  
23 changes in medicaid copayments in fiscal year 2011-12 are exempt from the  
24 reporting requirement of this subsection and the requirements of section  
25 68-912.~~

26       (2) ~~(3)~~ The department shall monitor the implementation of rules and  
27 regulations, medicaid state plan amendments, and waivers adopted under  
28 the Medical Assistance Act and the effect of such rules and regulations,  
29 amendments, or waivers on eligible recipients of medical assistance and  
30 medical assistance expenditures.

31       **Sec. 12.** Section 68-912, Reissue Revised Statutes of Nebraska, is

1 amended to read:

2 68-912 (1) The department may establish (a) premiums, copayments,  
3 and deductibles for goods and services provided under the medical  
4 assistance program, (b) limits on the amount, duration, and scope of  
5 goods and services that recipients may receive under the medical  
6 assistance program subject to subsection (5) of this section, and (c)  
7 requirements for recipients of medical assistance as a necessary  
8 condition for the continued receipt of such assistance, including, but  
9 not limited to, active participation in care coordination and appropriate  
10 disease management programs and activities.

11 (2) In establishing and limiting coverage for services under the  
12 medical assistance program, the department shall consider (a) the effect  
13 of such coverage and limitations on recipients of medical assistance and  
14 medical assistance expenditures, (b) the public policy in section 68-905,  
15 (c) the experience and outcomes of other states, (d) the nature and scope  
16 of benchmark or benchmark-equivalent health insurance coverage as  
17 recognized under federal law, and (e) other relevant factors as  
18 determined by the department.

19 (3) Coverage for mandatory and optional services and limitations on  
20 covered services as established by the department prior to July 1, 2006,  
21 shall remain in effect until revised, amended, repealed, or nullified  
22 pursuant to law. Any proposed reduction or expansion of services or  
23 limitation of covered services by the department under this section shall  
24 be subject to the ~~reporting and~~ review requirements of section 68-909.

25 (4) Except as otherwise provided in this subsection, proposed rules  
26 and regulations under this section relating to the establishment of  
27 premiums, copayments, or deductibles for eligible recipients or limits on  
28 the amount, duration, or scope of covered services for eligible  
29 recipients shall not become effective until the conclusion of the  
30 earliest regular session of the Legislature in which there has been a  
31 reasonable opportunity for legislative consideration of such rules and

1 regulations. This subsection does not apply to rules and regulations that  
2 are (a) required by federal or state law, (b) related to a waiver in  
3 which recipient participation is voluntary, or (c) proposed due to a loss  
4 of federal matching funds relating to a particular covered service or  
5 eligibility category. Legislative consideration includes, but is not  
6 limited to, the introduction of a legislative bill, a legislative  
7 resolution, or an amendment to pending legislation relating to such rules  
8 and regulations.

9 (5) Any limitation on the amount, duration, or scope of goods and  
10 services that recipients may receive under the medical assistance program  
11 shall give full and deliberate consideration to the role of home health  
12 services from private duty nurses in meeting the needs of a disabled  
13 family member or disabled person.

14 **Sec. 13.** Section 68-974, Revised Statutes Cumulative Supplement,  
15 2024, is amended to read:

16 68-974 (1) One or more program integrity contractors may be used to  
17 promote the integrity of the medical assistance program, to assist with  
18 investigations and audits, or to investigate the occurrence of fraud,  
19 waste, or abuse. The contract or contracts may include services for (a)  
20 cost-avoidance through identification of third-party liability, (b) cost  
21 recovery of third-party liability through postpayment reimbursement, (c)  
22 casualty recovery of payments by identifying and recovering costs for  
23 claims that were the result of an accident or neglect and payable by a  
24 casualty insurer, and (d) reviews of claims submitted by providers of  
25 services or other individuals furnishing items and services for which  
26 payment has been made to determine whether providers have been underpaid  
27 or overpaid, and to take actions to recover any overpayments identified  
28 or make payment for any underpayment identified.

29 (2) Notwithstanding any other provision of law, all program  
30 integrity contractors when conducting a program integrity audit,  
31 investigation, or review shall:



1 (a) Review claims within four years from the date of the payment;

2 (b) Send a determination letter concluding an audit within one  
3 hundred eighty days after receipt of all requested material from a  
4 provider;

5 (c) In any records request to a provider, furnish information  
6 sufficient for the provider to identify the patient, procedure, or  
7 location;

8 (d) Develop and implement with the department a procedure in which  
9 an improper payment identified by an audit may be resubmitted as a claims  
10 adjustment, including (i) the resubmission of claims denied as a result  
11 of an interpretation of scope of services not previously held by the  
12 department, (ii) the resubmission of documentation when the document  
13 provided is incomplete, illegible, or unclear, and (iii) the resubmission  
14 of documentation when clerical errors resulted in a denial of claims for  
15 services actually provided. If a service was provided and sufficiently  
16 documented but denied because it was determined by the department or the  
17 contractor that a different service should have been provided, the  
18 department or the contractor shall disallow the difference between the  
19 payment for the service that was provided and the payment for the service  
20 that should have been provided;

21 (e) Utilize a licensed health care professional from the specialty  
22 area of practice being audited to establish relevant audit methodology  
23 consistent with (i) state-issued medicaid provider handbooks and (ii)  
24 established clinical practice guidelines and acceptable standards of care  
25 established by professional or specialty organizations responsible for  
26 setting such standards of care;

27 (f) Provide a written notification and explanation of an adverse  
28 determination that includes the reason for the adverse determination, the  
29 medical criteria on which the adverse determination was based, an  
30 explanation of the provider's appeal rights, and, if applicable, the  
31 appropriate procedure to submit a claims adjustment in accordance with

1 subdivision (2)(d) of this section; and

2 (g) Schedule any onsite audits with advance notice of not less than  
3 ten business days and make a good faith effort to establish a mutually  
4 agreed-upon time and date for the onsite audit.

5 (3) A program integrity contractor retained by the department or the  
6 federal Centers for Medicare and Medicaid Services shall work with the  
7 department at the start of a recovery audit to review this section and  
8 section 68-973 and any other relevant state policies, procedures,  
9 regulations, and guidelines regarding program integrity audits. The  
10 program integrity contractor shall comply with this section regarding  
11 audit procedures. A copy of the statutes, policies, and procedures shall  
12 be specifically maintained in the audit records to support the audit  
13 findings.

14 (4) The department shall exclude from the scope of review of  
15 recovery audit contractors any claim processed or paid through a  
16 capitated medicaid managed care program. The department shall exclude  
17 from the scope of review of program integrity contractors any claims that  
18 are currently being audited or that have been audited by a program  
19 integrity contractor, by the department, or by another entity. Claims  
20 processed or paid through a capitated medicaid managed care program shall  
21 be coordinated between the department, the contractor, and the managed  
22 care organization. All such audits shall be coordinated as to scope,  
23 method, and timing. The contractor and the department shall avoid  
24 duplication or simultaneous audits. No payment shall be recovered in a  
25 medical necessity review in which the provider has obtained prior  
26 authorization for the service and the service was performed as  
27 authorized.

28 (5) Extrapolated overpayments are not allowed under the Medical  
29 Assistance Act without evidence of a sustained pattern of error, an  
30 excessively high error rate, or the agreement of the provider.

31 (6) The department may contract with one or more persons to support

1 a health insurance premium assistance payment program.

2 (7) The department may enter into any other contracts deemed to  
3 increase the efforts to promote the integrity of the medical assistance  
4 program.

5 (8) Contracts entered into under the authority of this section may  
6 be on a contingent fee basis. Contracts entered into on a contingent fee  
7 basis shall provide that contingent fee payments are based upon amounts  
8 recovered, not amounts identified. Whether the contract is a contingent  
9 fee contract or otherwise, the contractor shall not recover overpayments  
10 by the department until all appeals have been completed unless there is a  
11 credible allegation of fraudulent activity by the provider, the  
12 contractor has referred the claims to the department for investigation,  
13 and an investigation has commenced. In that event, the contractor may  
14 recover overpayment prior to the conclusion of the appeals process. In  
15 any contract between the department and a program integrity contractor,  
16 the payment or fee provided for identification of overpayments shall be  
17 the same provided for identification of underpayments. Contracts shall be  
18 in compliance with federal law and regulations when pertinent, including  
19 a limit on contingent fees of no more than twelve and one-half percent of  
20 amounts recovered, and initial contracts shall be entered into as soon as  
21 practicable under such federal law and regulations.

22 (9) All amounts recovered and savings generated as a result of this  
23 section shall be returned to the medical assistance program.

24 (10) Records requests made by a program integrity contractor in any  
25 one-hundred-eighty-day period shall be limited to not more than two  
26 hundred records for the specific service being reviewed. The contractor  
27 shall allow a provider no less than forty-five days to respond to and  
28 comply with a records request. If the contractor can demonstrate a  
29 significant provider error rate relative to an audit of records, the  
30 contractor may make a request to the department to initiate an additional  
31 records request regarding the subject under review for the purpose of

1 further review and validation. The contractor shall not make the request  
2 until the time period for the appeals process has expired.

3 (11) On an annual basis, the department shall require the recovery  
4 audit contractor to compile and publish on the department's Internet  
5 website metrics related to the performance of each recovery audit  
6 contractor. Such metrics shall include: (a) The number and type of issues  
7 reviewed; (b) the number of medical records requested; (c) the number of  
8 overpayments and the aggregate dollar amounts associated with the  
9 overpayments identified by the contractor; (d) the number of  
10 underpayments and the aggregate dollar amounts associated with the  
11 identified underpayments; (e) the duration of audits from initiation to  
12 time of completion; (f) the number of adverse determinations and the  
13 overturn rating of those determinations in the appeal process; (g) the  
14 number of appeals filed by providers and the disposition status of such  
15 appeals; (h) the contractor's compensation structure and dollar amount of  
16 compensation; and (i) a copy of the department's contract with the  
17 recovery audit contractor.

18 (12) The program integrity contractor, in conjunction with the  
19 department, shall perform educational and training programs for providers  
20 that encompass a summary of audit results, a description of common  
21 issues, problems, and mistakes identified through audits and reviews, and  
22 opportunities for improvement.

23 (13) Providers shall be allowed to submit records requested as a  
24 result of an audit in electronic format, including compact disc, digital  
25 versatile disc, or other electronic format deemed appropriate by the  
26 department or via facsimile transmission, at the request of the provider.

27 (14)(a) A provider shall have the right to appeal a determination  
28 made by the program integrity contractor.

29 (b) The contractor shall establish an informal consultation process  
30 to be utilized prior to the issuance of a final determination. Within  
31 thirty days after receipt of notification of a preliminary finding from

1 the contractor, the provider may request an informal consultation with  
2 the contractor to discuss and attempt to resolve the findings or portion  
3 of such findings in the preliminary findings letter. The request shall be  
4 made to the contractor. The consultation shall occur within thirty days  
5 after the provider's request for informal consultation, unless otherwise  
6 agreed to by both parties.

7 (c) Within thirty days after notification of an adverse  
8 determination, a provider may request an administrative appeal of the  
9 adverse determination as set forth in the Administrative Procedure Act.

10 ~~(15) The department shall by December 1 of each year report to the~~  
11 ~~Legislature the status of the contracts, including the parties, the~~  
12 ~~programs and issues addressed, the estimated cost recovery, and the~~  
13 ~~savings accrued as a result of the contracts. Such report shall be filed~~  
14 ~~electronically.~~

15 (15) ~~(16)~~ For purposes of this section:

16 (a) Adverse determination means any decision rendered by a program  
17 integrity contractor or recovery audit contractor that results in a  
18 payment to a provider for a claim for service being reduced or rescinded;

19 (b) Extrapolated overpayment means an overpayment amount obtained by  
20 calculating claims denials and reductions from a medical records review  
21 based on a statistical sampling of a claims universe;

22 (c) Person means bodies politic and corporate, societies,  
23 communities, the public generally, individuals, partnerships, limited  
24 liability companies, joint-stock companies, and associations;

25 (d) Program integrity audit means an audit conducted by the federal  
26 Centers for Medicare and Medicaid Services, the department, or the  
27 federal Centers for Medicare and Medicaid Services with the coordination  
28 and cooperation of the department;

29 (e) Program integrity contractor means private entities with which  
30 the department or the federal Centers for Medicare and Medicaid Services  
31 contracts to carry out integrity responsibilities under the medical

1 assistance program, including, but not limited to, recovery audits,  
2 integrity audits, and unified program integrity audits, in order to  
3 identify underpayments and overpayments and recoup overpayments; and

4 (f) Recovery audit contractor means private entities with which the  
5 department contracts to audit claims for medical assistance, identify  
6 underpayments and overpayments, and recoup overpayments.

7 **Sec. 14.** Section 68-995, Revised Statutes Cumulative Supplement,  
8 2024, is amended to read:

9 68-995 All contracts and agreements relating to the medical  
10 assistance program governing at-risk managed care service delivery for  
11 health services entered into by the department and existing on or after  
12 August 11, 2020, shall:

13 (1) Provide a definition and cap on administrative spending such  
14 that (a) administrative expenditures do not include profit greater than  
15 the contracted amount, (b) any administrative spending is necessary to  
16 improve the health status of the population to be served, and (c)  
17 administrative expenditures do not include contractor incentives.  
18 Administrative spending shall not under any circumstances exceed twelve  
19 percent . ~~Such spending shall be tracked by the contractor and reported~~  
20 ~~quarterly to the department and electronically to the Clerk of the~~  
21 ~~Legislature;~~

22 (2) Provide a definition of annual contractor profits and losses and  
23 restrict such profits and losses under the contract so that profit shall  
24 not exceed a percentage specified by the department but not more than  
25 three percent per year as a percentage of the aggregate of all income and  
26 revenue earned by the contractor and related parties, including parent  
27 and subsidiary companies and risk-bearing partners, under the contract;

28 (3) Provide for return of (a) any remittance if the contractor does  
29 not meet the minimum medical loss ratio, (b) any unearned incentive  
30 funds, and (c) any other funds in excess of the contractor limitations  
31 identified in state or federal statute or contract to the State Treasurer

1 for credit to the Medicaid Managed Care Excess Profit Fund;

2 (4) Provide for a minimum medical loss ratio of eighty-five percent  
3 of the aggregate of all income and revenue earned by the contractor and  
4 related parties under the contract;

5 (5) Provide that contractor incentives, in addition to potential  
6 profit, be up to two percent of the aggregate of all income and revenue  
7 earned by the contractor and related parties under the contract; and

8 (6) Be reviewed and awarded competitively and in full compliance  
9 with the procurement requirements of the State of Nebraska.

10 **Sec. 15.** Section 68-9,109, Revised Statutes Cumulative Supplement,  
11 2024, is amended to read:

12 68-9,109 The Department of Health and Human Services shall  
13 electronically submit a report to the Legislature on or before December  
14 15 of each year beginning December 15, 2024, through December 15, 2029,  
15 on the Nebraska Prenatal Plus Program which includes (1) the number of  
16 mothers served, (2) the services offered, and (3) the birth outcomes for  
17 each mother served.

18 **Sec. 16.** Section 68-1530, Revised Statutes Cumulative Supplement,  
19 2024, is amended to read:

20 68-1530 (1) The Department of Health and Human Services shall apply  
21 for a three-year medicaid waiver under section 1915(c) of the federal  
22 Social Security Act to administer a family support program which is a  
23 home and community-based services program as provided in this section.

24 (2)(a) The Advisory Committee on Developmental Disabilities created  
25 in section 83-1212.01 shall assist in the development and guide the  
26 implementation of the family support program. The family support program  
27 shall be administered by the Division of Developmental Disabilities of  
28 the Department of Health and Human Services.

29 (b) It is the intent of the Legislature that any funds distributed  
30 to Nebraska pursuant to section 9817 of the federal American Rescue Plan  
31 Act of 2021, Public Law 117-2, be used to eliminate unmet needs relating

1 to home and community-based services for persons with developmental  
2 disabilities as much as is possible.

3 (c) If funds are distributed to Nebraska pursuant to section 9817 of  
4 the federal American Rescue Plan Act of 2021, it is the intent of the  
5 Legislature that such funds distributed to Nebraska should at least  
6 partially fund the family support program if doing so is in accordance  
7 with federal law, rules, regulations, or guidance.

8 (3) The family support program shall:

9 (a) Offer an annual capped budget for long-term services and  
10 supports of ten thousand dollars for each eligible applicant;

11 (b) Offer a pathway for medicaid eligibility for disabled children  
12 by disregarding parental income and establishing eligibility based on a  
13 child's income and assets;

14 (c) Allow a family to self-direct services, including contracting  
15 for services and supports approved by the division; and

16 (d) Not exceed eight hundred fifty participants.

17 (4) The department, in consultation with the advisory committee,  
18 shall adopt and promulgate rules and regulations for the implementation  
19 of the family support program to be set at an intermediate care facility  
20 institutional level of care to support children with intellectual and  
21 developmental disabilities and their families. Such rules and regulations  
22 shall include, but not be limited to:

23 (a) Criteria for and types of long-term services and supports to be  
24 provided by the family support program;

25 (b) The method, as provided in section 68-1532, for allocating  
26 resources to family units participating in the family support program;

27 (c) Eligibility determination, including, but not limited to, a  
28 child's maximum income and assets;

29 (d) The enrollment process;

30 (e) Limits on benefits; and

31 (f) Processes to establish quality assurance, including, but not



1 limited to, measures of family satisfaction.

2 (5) The division shall administer the family support program within  
3 the limits of the appropriations by the Legislature for such program.

4 (6) Until December 31, 2027, the ~~The~~ division shall submit an annual  
5 report electronically to the Legislature on the family support program.  
6 The report shall include:

7 (a) The distribution of available funds, the total number of  
8 children and families served, and the status of the waiting list for the  
9 comprehensive waiver and other applicable waivers;

10 (b) A summary of any grievances filed by family units pertaining to  
11 the family support program, including any appeals and a description of  
12 how such grievances were resolved;

13 (c) The number and demographics of children with disabilities and  
14 their families who applied under the family support program but who were  
15 not found eligible and the reason such children and their families were  
16 not found eligible;

17 (d) Quality assurance activities and the results of annual measures  
18 of family satisfaction; and

19 (e) Recommendations to innovate the family support program, improve  
20 current programming, and maximize limited funding, including, but not  
21 limited to, the potential utilization of other medicaid pathways or  
22 medicaid waivers that could help increase access to medicaid and long-  
23 term services and supports for children with disabilities or special  
24 health care needs.

25 **Sec. 17.** Section 68-1735.03, Reissue Revised Statutes of Nebraska,  
26 is amended to read:

27 68-1735.03 It is the intent of the Legislature that the Department  
28 of Health and Human Services carry out the requirements of sections  
29 68-1735 and 68-1735.01 ~~to 68-1735.02~~ within the limits of its annual  
30 appropriation.

31 **Sec. 18.** Section 68-1804, Reissue Revised Statutes of Nebraska, is

1 amended to read:

2 68-1804 (1) The ICF/DD Reimbursement Protection Fund is created. Any  
3 money in the fund available for investment shall be invested by the state  
4 investment officer pursuant to the Nebraska Capital Expansion Act and the  
5 Nebraska State Funds Investment Act. Interest and income earned by the  
6 fund shall be credited to the fund.

7 (2) Beginning July 1, 2014, the department shall use the ICF/DD  
8 Reimbursement Protection Fund, including the matching federal financial  
9 participation under Title XIX of the Social Security Act, as amended, for  
10 purposes of enhancing rates paid under the medical assistance program to  
11 intermediate care facilities for persons with developmental disabilities  
12 and for an annual contribution to community-based programs for persons  
13 with developmental disabilities as specified in subsection (4) of this  
14 section, exclusive of the reimbursement paid under the medical assistance  
15 program and any other state appropriations to intermediate care  
16 facilities for persons with developmental disabilities.

17 (3) For FY2011-12 through FY2013-14, proceeds from the tax imposed  
18 pursuant to section 68-1803 shall be remitted to the State Treasurer for  
19 credit to the ICF/DD Reimbursement Protection Fund for allocation as  
20 follows:

21 (a) First, fifty-five thousand dollars for administration of the  
22 fund;

23 (b) Second, the amount needed to reimburse intermediate care  
24 facilities for persons with developmental disabilities for the cost of  
25 the tax;

26 (c) Third, three hundred twelve thousand dollars for community-based  
27 services for persons with developmental disabilities;

28 (d) Fourth, six hundred thousand dollars or such lesser amount as  
29 may be available in the fund for non-state-operated intermediate care  
30 facilities for persons with developmental disabilities, in addition to  
31 any continuation appropriations percentage increase provided by the

1 Legislature to nongovernmental intermediate care facilities for persons  
2 with developmental disabilities under the medical assistance program,  
3 subject to approval by the federal Centers for Medicare and Medicaid  
4 Services of the department's annual application amending the medicaid  
5 state plan reimbursement methodology for intermediate care facilities for  
6 persons with developmental disabilities; and

7 (e) Fifth, the remainder of the proceeds to the General Fund.

8 (4) For FY2016-17 and each fiscal year thereafter, the ICF/DD  
9 Reimbursement Protection Fund shall be used as follows:

10 (a) First, fifty-five thousand dollars to the department for  
11 administration of the fund;

12 (b) Second, payment to the intermediate care facilities for persons  
13 with developmental disabilities for the cost of the tax;

14 (c) Third, three hundred twelve thousand dollars, in addition to any  
15 federal medicaid matching funds, for payment to providers of community-  
16 based services for persons with developmental disabilities;

17 (d) Fourth, one million dollars to the General Fund; and

18 (e) Fifth, rebase rates under the medical assistance program in  
19 accordance with the medicaid state plan as defined in section 68-907. In  
20 calculating rates, the proceeds of the tax provided for in section  
21 68-1803 and not utilized under subdivisions (a), (b), (c), and (d) of  
22 this subsection shall be used to enhance rates in non-state-operated  
23 intermediate care facilities for persons with developmental disabilities  
24 by increasing the annual inflation factor to the extent allowed to ensure  
25 federal financial participation for the department's payments to  
26 intermediate care facilities for persons with developmental disabilities.

27 ~~(5) The Division of Medicaid and Long-Term Care of the Department of~~  
28 ~~Health and Human Services shall report electronically, no later than~~  
29 ~~December 1 of each year, to the Health and Human Services Committee of~~  
30 ~~the Legislature and the Revenue Committee of the Legislature the amounts~~  
31 ~~collected from each payer of the tax pursuant to section 68-1803 and the~~

1 ~~amount of each disbursement from the ICF/DD Reimbursement Protection~~  
2 ~~Fund.~~

3       **Sec. 19.** Section 69-2409.01, Reissue Revised Statutes of Nebraska,  
4 is amended to read:

5       69-2409.01 (1) For purposes of sections 69-2401 to 69-2425, the  
6 Nebraska State Patrol shall be furnished with only such information as  
7 may be necessary for the sole purpose of determining whether an  
8 individual is disqualified from purchasing or possessing a handgun  
9 pursuant to state law or is subject to the disability provisions of 18  
10 U.S.C. 922(d)(4) and (g)(4). Such information shall be furnished by the  
11 Department of Health and Human Services. The clerks of the various courts  
12 shall furnish to the Department of Health and Human Services and Nebraska  
13 State Patrol, as soon as practicable but within thirty days after an  
14 order of commitment or discharge is issued or after removal of firearm-  
15 related disabilities pursuant to section 71-963, all information  
16 necessary to set up and maintain the database required by this section.  
17 This information shall include (a) information regarding those persons  
18 who are currently receiving mental health treatment pursuant to a  
19 commitment order of a mental health board or who have been discharged,  
20 (b) information regarding those persons who have been committed to  
21 treatment pursuant to section 29-3702, and (c) information regarding  
22 those persons who have had firearm-related disabilities removed pursuant  
23 to section 71-963. The mental health board shall notify the Department of  
24 Health and Human Services and the Nebraska State Patrol when such  
25 disabilities have been removed. The Department of Health and Human  
26 Services shall also maintain in the database a listing of persons  
27 committed to treatment pursuant to section 29-3702. To ensure the  
28 accuracy of the database, any information maintained or disclosed under  
29 this subsection shall be updated, corrected, modified, or removed, as  
30 appropriate, and as soon as practicable, from any database that the state  
31 or federal government maintains and makes available to the National

1 Instant Criminal Background Check System. The procedures for furnishing  
2 the information shall guarantee that no information is released beyond  
3 what is necessary for purposes of this section.

4 (2) In order to comply with sections 69-2401 and 69-2403 to 69-2408  
5 and this section, the Nebraska State Patrol shall provide to the chief of  
6 police or sheriff of an applicant's place of residence or a licensee in  
7 the process of a criminal history record check pursuant to section  
8 69-2411 only the information regarding whether or not the applicant is  
9 disqualified from purchasing or possessing a handgun.

10 (3) Any person, agency, or mental health board participating in good  
11 faith in the reporting or disclosure of records and communications under  
12 this section is immune from any liability, civil, criminal, or otherwise,  
13 that might result by reason of the action.

14 (4) Any person who intentionally causes the Nebraska State Patrol to  
15 request information pursuant to this section without reasonable belief  
16 that the named individual has submitted a written application under  
17 section 69-2404 or has completed a consent form under section 69-2410  
18 shall be guilty of a Class II misdemeanor in addition to other civil or  
19 criminal liability under state or federal law.

20 ~~(5) The Nebraska State Patrol and the Department of Health and Human~~  
21 ~~Services shall report electronically to the Clerk of the Legislature on a~~  
22 ~~biannual basis the following information about the database: (a) The~~  
23 ~~number of total records of persons unable to purchase or possess firearms~~  
24 ~~because of disqualification or disability shared with the National~~  
25 ~~Instant Criminal Background Check System; (b) the number of shared~~  
26 ~~records by category of such persons; (c) the change in number of total~~  
27 ~~shared records and change in number of records by category from the~~  
28 ~~previous six months; (d) the number of records existing but not able to~~  
29 ~~be shared with the National Instant Criminal Background Check System~~  
30 ~~because the record was incomplete and unable to be accepted by the~~  
31 ~~National Instant Criminal Background Check System; and (e) the number of~~

~~1 hours or days, if any, during which the database was unable to share  
2 records with the National Instant Criminal Background Check System and  
3 the reason for such inability. The report shall also be published on the  
4 websites of the Nebraska State Patrol and the Department of Health and  
5 Human Services.~~

6       **Sec. 20.** Section 71-509, Revised Statutes Cumulative Supplement,  
7 2024, is amended to read:

8       71-509 (1) If a health care facility or alternate facility  
9 determines that a patient treated or transported by an emergency services  
10 provider has been diagnosed or detected with an infectious airborne  
11 disease, the health care facility or alternate facility shall notify the  
12 department as soon as practical but not later than forty-eight hours  
13 after the determination has been made. The department shall investigate  
14 all notifications from health care facilities and alternate facilities  
15 and notify as soon as practical the physician medical director of each  
16 emergency medical service with an affected emergency medical care  
17 provider employed by or associated with the service, the fire chief of  
18 each fire department with an affected firefighter employed by or  
19 associated with the department, the head of each law enforcement agency  
20 with an affected peace officer employed by or associated with the agency,  
21 the funeral director of each funeral establishment with an affected  
22 individual employed by or associated with the funeral establishment, and  
23 any emergency services provider known to the department with a  
24 significant exposure who is not employed by or associated with an  
25 emergency medical service, a fire department, a law enforcement agency,  
26 or a funeral establishment. Notification of affected individuals shall be  
27 made as soon as practical.

28       (2) Whenever an emergency services provider believes he or she has  
29 had a significant exposure while acting as an emergency services  
30 provider, he or she may complete a significant exposure report form. A  
31 copy of the completed form shall be given by the emergency services

1 provider to the health care facility or alternate facility, to the  
2 emergency services provider's supervisor, and to the designated  
3 physician.

4 (3) Upon receipt of the significant exposure form, if a patient has  
5 been diagnosed during the normal course of treatment as having an  
6 infectious disease or condition or information is received from which it  
7 may be concluded that a patient has an infectious disease or condition,  
8 the health care facility or alternate facility receiving the form shall  
9 notify the designated physician pursuant to subsection (5) of this  
10 section. If the patient has not been diagnosed as having an infectious  
11 disease or condition and upon the request of the designated physician,  
12 the health care facility or alternate facility shall request the  
13 patient's attending physician or other responsible person to order the  
14 necessary diagnostic testing of the patient to determine the presence of  
15 an infectious disease or condition. Upon such request, the patient's  
16 attending physician or other responsible person shall order the necessary  
17 diagnostic testing subject to section 71-510. Each health care facility  
18 shall develop a policy or protocol to administer such testing and assure  
19 confidentiality of such testing.

20 (4) Results of tests conducted under this section and section 71-510  
21 shall be reported by the health care facility or alternate facility that  
22 conducted the test to the designated physician and to the patient's  
23 attending physician, if any.

24 (5) Notification of the patient's diagnosis of infectious disease or  
25 condition, including the results of any tests, shall be made orally to  
26 the designated physician within forty-eight hours of confirmed diagnosis.  
27 A written report shall be forwarded to the designated physician within  
28 seventy-two hours of confirmed diagnosis.

29 (6) Upon receipt of notification under subsection (5) of this  
30 section, the designated physician shall notify the emergency services  
31 provider of the exposure to infectious disease or condition and the

1 results of any tests conducted under this section and section 71-510.

2 (7) The notification to the emergency services provider shall  
3 include the name of the infectious disease or condition diagnosed but  
4 shall not contain the patient's name or any other identifying  
5 information. Any person receiving such notification shall treat the  
6 information received as confidential and shall not disclose the  
7 information except as provided in sections 71-507 to 71-513.

8 (8) The provider agency shall be responsible for the costs of  
9 diagnostic testing required under this section and section 71-510, except  
10 that if a person renders emergency care gratuitously as described in  
11 section 25-21,186, such person shall be responsible for the costs.

12 (9) The patient's attending physician shall inform the patient of  
13 test results for all tests conducted under this section and section  
14 71-510 ~~such sections~~.

15 **Sec. 21.** Section 71-604.02, Revised Statutes Cumulative Supplement,  
16 2024, is amended to read:

17 71-604.02 (1) For purposes of this section:

18 (a) Biological mother means a person who is related to a child as  
19 the source of the egg that resulted in the conception of the child; and

20 (b) Birth mother means the person who gave birth to the child.

21 (2) During the period immediately before or after the in-hospital  
22 birth of a child whose biological mother is not the same as the birth  
23 mother, the person in charge of such hospital or such person's designated  
24 representative shall provide to the child's biological mother and birth  
25 mother the documents and written instructions for such biological mother  
26 and birth mother to complete a notarized acknowledgment of maternity.  
27 Such acknowledgment, if signed by both parties and notarized, shall be  
28 filed with the department at the same time at which the certificate of  
29 live birth is filed.

30 (3) Nothing in this section shall be deemed to require the person in  
31 charge of such hospital or such person's designee to seek out or



1 otherwise locate an alleged mother who is not readily identifiable or  
2 available.

3 (4) The acknowledgment shall be executed on a form prepared by the  
4 department. Such form shall be in essentially the same form provided by  
5 the department. The acknowledgment shall include, but not be limited to,  
6 (a) a statement by the birth mother consenting to the acknowledgment of  
7 maternity and a statement that the biological mother is the legal mother  
8 of the child, (b) a statement by the biological mother that she is the  
9 biological mother of the child, (c) written information regarding  
10 parental rights and responsibilities, and (d) the social security numbers  
11 of the mothers.

12 (5) The form provided for in subsection (4) of this section shall  
13 also contain instructions for completion and filing with the department  
14 if it is not completed and filed with a birth certificate as provided in  
15 subsection (2) of this section.

16 (6) The department shall accept completed acknowledgment forms. The  
17 department may prepare photographic, electronic, or other reproductions  
18 of acknowledgments. Such reproductions, when certified and approved by  
19 the department, shall be accepted as the original records, and the  
20 documents from which permanent reproductions have been made may be  
21 disposed of as provided by rules and regulations of the department.

22 (7) The department shall enter on the birth certificate of any child  
23 described in subsection (2) of this section the name of the biological  
24 mother of the child upon receipt of an acknowledgment of maternity as  
25 provided in this section signed by the biological mother of the child and  
26 the birth mother of the child. The name of the birth mother shall not be  
27 entered on the birth certificate. If the birth mother is married, the  
28 name of the birth mother's spouse shall not be entered on the birth  
29 certificate unless paternity for such spouse is otherwise established by  
30 law.

31 (8)(a) The signing of a notarized acknowledgment of maternity,

1 whether under this section or otherwise, by the biological mother shall  
2 create a rebuttable presumption of maternity as against the biological  
3 mother. The signed, notarized acknowledgment is subject to the right of  
4 any signatory to rescind the acknowledgment at any time prior to the  
5 earlier of:

6 (i) Sixty days after the acknowledgment; or

7 (ii) The date of an administrative or judicial proceeding relating  
8 to the child, including a proceeding to establish a support order in  
9 which the signatory is a party.

10 (b) After the rescission period provided for in subdivision (8)(a)  
11 of this section, a signed, notarized acknowledgment is considered a legal  
12 finding which may be challenged only on the basis of fraud, duress, or  
13 material mistake of fact with the burden of proof upon the challenger,  
14 and the legal responsibilities, including the child support obligation,  
15 of any signatory arising from the acknowledgment shall not be suspended  
16 during the challenge, except for good cause shown. Such a signed and  
17 notarized acknowledgment or a certified copy or certified reproduction  
18 thereof shall be admissible in evidence in any proceeding to establish  
19 support.

20 (9)(a) If the biological mother was married at the time of either  
21 conception or birth or at any time between conception and birth of a  
22 child described in subsection (2) of this section, the name of the  
23 biological mother's spouse shall be entered on the certificate as the  
24 other parent of the child unless:

25 (i) Paternity has been determined otherwise by a court of competent  
26 jurisdiction;

27 (ii) The biological mother and the biological mother's spouse  
28 execute affidavits attesting that the biological mother's spouse is not  
29 the biological parent of the child, in which case information about the  
30 other parent shall be omitted from the certificate; or

31 (iii) The biological mother executes an affidavit attesting that her

1 spouse is not the biological father and naming the biological father; the  
2 biological father executes an affidavit attesting that he is the  
3 biological father; and the biological mother's spouse executes an  
4 affidavit attesting that such spouse is not the biological parent of the  
5 child. In such case the biological father shall be shown as the other  
6 parent on the certificate.

7 (b) For affidavits executed under subdivision (9)(a)(ii) ~~(8)(a)(ii)~~  
8 or (iii) of this section, each signature shall be individually notarized.

9 (10) If the biological mother was not married at the time of either  
10 conception or birth or at any time between conception and birth, the name  
11 of the biological father shall not be entered on the certificate as the  
12 other parent without the written consent of the biological mother and the  
13 person named as the biological father.

14 (11) In any case in which paternity of a child is determined by a  
15 court of competent jurisdiction, the name of the adjudicated father shall  
16 be entered on the certificate as the other parent in accordance with the  
17 finding of the court.

18 (12) If the other parent is not named on the certificate, no other  
19 information about the other parent shall be entered thereon.

20 (13) The identification of the father as provided in this section  
21 shall not be deemed to affect the legitimacy of the child or the duty to  
22 support as set forth in sections 42-377 and 43-1401 to 43-1418.

23 (14) The department may adopt and promulgate rules and regulations  
24 as necessary and proper to assist it in the implementation and  
25 administration of this section and to establish a nominal payment and  
26 procedure for payment for each acknowledgment filed with the department.

27 **Sec. 22.** Section 71-2489, Revised Statutes Cumulative Supplement,  
28 2024, is amended to read:

29 71-2489 The regional behavioral health authorities and local public  
30 health departments shall report on or before November 1 ~~30~~ of each even-  
31 numbered year to the division regarding the use of funds distributed for

1 purposes of the Opioid Prevention and Treatment Act and the outcomes  
2 achieved from the use of such funds. The division shall report annually  
3 on or before December 31 ~~15~~ to the Legislature, the Governor, and the  
4 Attorney General regarding the use of funds appropriated and distributed  
5 under the Opioid Prevention and Treatment Act and the outcomes achieved  
6 from the use of such funds. The reports submitted to the Legislature  
7 shall be submitted electronically.

8 **Sec. 23.** Section 71-2518, Reissue Revised Statutes of Nebraska, is  
9 amended to read:

10 71-2518 (1) The Division of Public Health of the Department of  
11 Health and Human Services shall establish a lead poisoning prevention  
12 program that has the following components:

13 (a) A coordinated plan to prevent childhood lead poisoning and to  
14 minimize exposure of the general public to lead-based paint hazards. Such  
15 plan shall:

16 (i) Provide a standard, stated in terms of micrograms of lead per  
17 deciliter of whole blood, to be used in identifying elevated blood-lead  
18 levels;

19 (ii) Require that a child be tested for an elevated blood-lead level  
20 in accordance with the medicaid state plan as defined in section 68-907  
21 if the child is a participant in the medical assistance program  
22 established pursuant to the Medical Assistance Act; and

23 (iii) Recommend that a child be tested for elevated blood-lead  
24 levels if the child resides in a zip code with a high prevalence of  
25 children with elevated blood-lead levels as demonstrated by previous  
26 testing data or if the child meets one of the criteria included in a lead  
27 poisoning prevention screening questionnaire developed by the department;  
28 and

29 (b) An educational and community outreach plan regarding lead  
30 poisoning prevention that shall, at a minimum, include the development of  
31 appropriate educational materials targeted to health care providers,

1 child care providers, public school personnel, owners and tenants of  
2 residential dwellings, and parents of young children. Such educational  
3 materials shall be made available to the general public via the  
4 department's website.

5 (2) The results of all blood-lead level tests conducted in Nebraska  
6 shall be reported to the department. When the department receives notice  
7 of a child with an elevated blood-lead level as stated in the plan  
8 required pursuant to subdivision (1)(a) of this section, it shall  
9 initiate contact with the local public health department or the  
10 physician, or both, of such child and offer technical assistance, if  
11 necessary.

12 ~~(3) The department shall report electronically to the Legislature by~~  
13 ~~January 1, 2013, and each January 1 thereafter, the number of children~~  
14 ~~from birth through age six who were screened for elevated blood-lead~~  
15 ~~levels during the preceding fiscal year and who were confirmed to have~~  
16 ~~elevated blood-lead levels as stated in the plan required pursuant to~~  
17 ~~subdivision (1)(a) of this section. The report shall compare such results~~  
18 ~~with those of previous fiscal years and shall identify any revisions to~~  
19 ~~the plan required by subdivision (1)(a) of this section.~~

20 ~~(3) (4)~~ This section does not require the department to pay the cost  
21 of elevated-blood-lead-level testing in accordance with this section  
22 except in cases described in subdivision (1)(a)(ii) of this section.

23 **Sec. 24.** Section 71-4741, Reissue Revised Statutes of Nebraska, is  
24 amended to read:

25 71-4741 ~~(1) The Department of Health and Human Services shall~~  
26 ~~determine which birthing facilities are administering hearing screening~~  
27 ~~tests to newborns and infants on a voluntary basis and the number of~~  
28 ~~newborns and infants screened. The department shall submit electronically~~  
29 ~~an annual report to the Legislature stating the number of:~~

30 ~~(a) Birthing facilities administering voluntary hearing screening~~  
31 ~~tests during birth admission;~~

1       ~~(b) Newborns screened as compared to the total number of newborns~~  
2 ~~born in such facilities;~~

3       ~~(c) Newborns who passed a hearing screening test during birth~~  
4 ~~admission if administered;~~

5       ~~(d) Newborns who did not pass a hearing screening test during birth~~  
6 ~~admission if administered; and~~

7       ~~(e) Newborns recommended for followup care.~~

8       ~~(2)~~The Department of Health and Human Services, in consultation  
9 with the State Department of Education, birthing facilities, and other  
10 providers, shall develop approved screening methods and protocol for  
11 statewide hearing screening tests of substantially all newborns and  
12 infants.

13       ~~(3) Subject to available appropriations, the Department of Health~~  
14 ~~and Human Services shall make the report described in this section~~  
15 ~~available.~~

16       **Sec. 25.** Section 76-3507, Revised Statutes Cumulative Supplement,  
17 2024, is amended to read:

18       76-3507 On or before January 1, 2020, and on or before January 1 of  
19 each year thereafter, the department shall compile the results of the  
20 radon measurements performed in the past five years that were reported to  
21 the department pursuant to the rules and regulations adopted and  
22 promulgated by the department regarding the control of radiation and  
23 ~~report such compilation electronically to the Clerk of the Legislature.~~  
24 The department ~~Such report~~ shall determine the average radon  
25 concentration in Nebraska by county and identify each county in which  
26 such average concentration exceeds two and seven-tenths picocuries per  
27 liter of air.

28       **Sec. 26.** Section 81-132, Reissue Revised Statutes of Nebraska, is  
29 amended to read:

30       81-132 (1) All departments, offices, institutions, and expending  
31 agencies of the state government requesting appropriations for the next

1 biennium shall file in the office of the Director of Administrative  
2 Services the budget forms furnished them by the director under the  
3 provisions of sections 81-1113 and 81-1113.01. Such budget forms shall be  
4 filed on or before September 15 of each even-numbered year. The forms  
5 shall show their total estimated requirements for the next biennium for  
6 each unit of their organization and activity classified as to object of  
7 expenditure. With such forms, each department, office, institution, and  
8 expending agency shall file a report showing all money received by such  
9 department, office, institution, or expending agency together with the  
10 estimated receipts for the next biennium. Such estimates shall be  
11 accompanied by a statement in writing giving facts and explanations of  
12 reasons for each item of increased appropriation requested. The report  
13 submitted by the Department of Health and Human Services shall include,  
14 but not be limited to, the key goals, benchmarks, and progress reports  
15 required pursuant to sections 81-3133.01 ~~81-3133~~ to 81-3133.03.

16 (2) Any department, office, institution, or expending agency  
17 proposing changes to its appropriation for the biennium in progress shall  
18 file in the office of the Director of Administrative Services the budget  
19 forms for requesting such changes furnished by the director under the  
20 provisions of sections 81-1113 and 81-1113.01. Such forms shall be filed  
21 on or before October 24 of each odd-numbered year.

22 **Sec. 27.** Section 81-638, Reissue Revised Statutes of Nebraska, is  
23 amended to read:

24 81-638 (1) Subject to subsection (4) of this section, the  
25 Legislature shall appropriate for each year from the Health and Human  
26 Services Cash Fund to the department an amount derived from one cent of  
27 the cigarette tax imposed by section 77-2602, less any amount  
28 appropriated from the fund specifically to the University of Nebraska  
29 Eppley Institute for Research in Cancer and Allied Diseases. The  
30 department shall, after deducting expenses incurred in the administration  
31 of such funds, distribute such funds exclusively for grants and contracts

1 for research of cancer and smoking diseases, for funding the cancer  
2 registry prescribed in sections 81-642 to 81-649.02 ~~81-650~~, and for  
3 associated expenses due to the establishment and maintenance of such  
4 cancer registry. Not more than two hundred thousand dollars shall be  
5 appropriated for funding the cancer registry and associated expenses. The  
6 University of Nebraska may receive such grants and contracts, and other  
7 postsecondary institutions having colleges of medicine located in the  
8 State of Nebraska may receive such contracts.

9 (2) Subject to subsection (4) of this section, the Legislature shall  
10 appropriate for each year from the Health and Human Services Cash Fund to  
11 the department for cancer research an amount derived from two cents of  
12 the cigarette tax imposed by section 77-2602 to be used exclusively for  
13 grants and contracts for research on cancer and smoking diseases. No  
14 amount shall be appropriated or used pursuant to this subsection for the  
15 operation and associated expenses of the cancer registry. Not more than  
16 one-half of the funds appropriated pursuant to this subsection shall be  
17 distributed to the University of Nebraska Medical Center for research in  
18 cancer and allied diseases and the University of Nebraska Eppler  
19 Institute for Research in Cancer and Allied Diseases. The remaining funds  
20 available pursuant to this subsection shall be distributed for contracts  
21 with other postsecondary educational institutions having colleges of  
22 medicine located in Nebraska which have cancer research programs for the  
23 purpose of conducting research in cancer and allied diseases.

24 (3) Any contract between the department and another postsecondary  
25 educational institution for cancer research under subsection (2) of this  
26 section shall provide that:

27 (a) Any money appropriated for such contract shall only be used for  
28 cancer research and shall not be used to support any other program in the  
29 institution; and

30 ~~(b) Full and detailed reporting of the expenditure of all funds~~  
31 ~~under the contract is required. The report shall include, but not be~~



1 ~~limited to, separate accounting for personal services, equipment~~  
2 ~~purchases or leases, and supplies. Such reports shall be made available~~  
3 ~~electronically to the Legislature; and~~

4 (b) {e} No money appropriated for such contract shall be spent for  
5 travel, building construction, or any other purpose not directly related  
6 to the research that is the subject of the contract.

7 (4) The State Treasurer shall transfer seven million dollars from  
8 the Health and Human Services Cash Fund to the General Fund on or before  
9 June 30, 2018, on such dates and in such amounts as directed by the  
10 budget administrator of the budget division of the Department of  
11 Administrative Services. It is the intent of the Legislature that the  
12 transfer to the General Fund in this subsection be from funds credited to  
13 the Cancer Research subfund of the Health and Human Services Cash Fund  
14 which were in excess of appropriations established in subsections (1) and  
15 (2) of this section.

16 **Sec. 28.** Section 81-642, Reissue Revised Statutes of Nebraska, is  
17 amended to read:

18 81-642 It is the intent of the Legislature to require the  
19 establishment and maintenance of a cancer registry for the State of  
20 Nebraska. This responsibility is delegated to the Department of Health  
21 and Human Services along with the authority to exercise the necessary  
22 powers to implement sections 81-642 to 81-649.02 ~~81-650~~. To insure an  
23 accurate and continuing source of data concerning cancer, all hospitals  
24 within the state shall make available to the department upon its request,  
25 at least once a year, information contained in the medical records of  
26 patients who have cancer within such time following its diagnosis as the  
27 department shall require. Any medical doctor, osteopathic physician, or  
28 dentist within the state shall make such information available to the  
29 department upon request by the department. This cancer registry should  
30 provide a central data bank of accurate, precise, and current information  
31 which medical authorities state will assist in the research for the

1 prevention, cure, and control of cancer. The information contained in the  
2 cancer registry may be used as a source of data for scientific and  
3 medical research. Any information released from the cancer registry shall  
4 be disclosed as Class I, Class II, Class III, or Class IV data as  
5 provided in sections 81-663 to 81-675.

6 **Sec. 29.** Section 81-643, Reissue Revised Statutes of Nebraska, is  
7 amended to read:

8 81-643 As used in sections 81-642 to 81-649.02 ~~81-650~~, unless the  
9 context otherwise requires, the definitions in section 81-664 shall be  
10 used and:

11 (1) Cancer shall mean: (a) A large group of diseases characterized  
12 by an uncontrolled growth and spread of abnormal cells; (b) any condition  
13 of tumors having the properties of anaplasia, invasion, and metastasis;  
14 (c) a cellular tumor the natural course of which is fatal; and (d)  
15 malignant neoplasm. Cancer shall be deemed to include, but not be limited  
16 to, carcinoma, sarcoma, melanoma, lymphoma, Hodgkin's disease, and  
17 myeloma, but shall not include precancerous conditions, benign polyps, or  
18 benign tumors; and

19 (2) Cancer registry shall mean the system of reporting established  
20 by sections 81-642 to 81-649.02 ~~81-650~~ in which the cases of cancer in  
21 this state are reported and recorded in order to achieve the goals of  
22 prevention, cure, and control of cancer through research and education.

23 **Sec. 30.** Section 81-645, Reissue Revised Statutes of Nebraska, is  
24 amended to read:

25 81-645 In order to implement the intent and purposes of sections  
26 81-642 to 81-649.02 ~~81-650~~, the department shall:

27 (1) Compile and publish a statistical report annually or at  
28 reasonable intervals containing information obtained from patient data  
29 pursuant to such sections in order to provide accessible information  
30 useful to physicians, medical personnel, and the public. Such report  
31 shall comply with sections 81-663 to 81-675;

1           (2) Comply with all necessary requirements in order to obtain funds  
2 or grants;

3           (3) Coordinate with existing statewide cancer registry programs to  
4 the extent feasible; and

5           (4) Consult with medical professionals, hospital tumor registries,  
6 and medical records representatives in formulating the plans and policies  
7 of the cancer registry program.

8           **Sec. 31.** Section 81-648, Reissue Revised Statutes of Nebraska, is  
9 amended to read:

10           81-648 No hospital, medical doctor, osteopathic physician, or  
11 dentist nor any administrator, officer, or employee of such hospital or  
12 office in which any such professional practices take place who is in  
13 compliance with sections 81-642 to 81-649.02 ~~81-650~~ and 81-663 to 81-675  
14 shall be civilly or criminally liable for divulging the information  
15 required pursuant to such sections. The department or any of its  
16 officials or employees shall not be liable civilly or criminally for the  
17 release of information contained in the cancer registry or for the  
18 conduct or activities of any individual or entity permitted access to  
19 data of the cancer registry if done pursuant to sections 81-663 to  
20 81-675.

21           **Sec. 32.** Section 81-649, Reissue Revised Statutes of Nebraska, is  
22 amended to read:

23           81-649 Sections 81-642 to 81-649.02 ~~81-650~~ shall not be deemed to  
24 compel any individual to submit to any medical examination or supervision  
25 by the department, any of its authorized representatives, or an approved  
26 researcher. No person who seeks information or obtains registry data  
27 pursuant to such sections or sections 81-663 to 81-675 shall contact a  
28 patient on the registry or such patient's family unless the registry has  
29 first obtained the permission of such patient or patient's family. The  
30 registry shall coordinate its activities with the person desiring such  
31 contact and may authorize the person desiring such contact to perform

1 these contacts under the direction of the registry.

2 **Sec. 33.** Section 81-649.02, Reissue Revised Statutes of Nebraska, is  
3 amended to read:

4 81-649.02 Any hospital which fails to make reports as provided in  
5 sections 81-642 to 81-649.02 ~~81-650~~ shall be guilty of a Class V  
6 misdemeanor for each offense.

7 **Sec. 34.** Section 81-664, Reissue Revised Statutes of Nebraska, is  
8 amended to read:

9 81-664 For purposes of sections 81-663 to 81-675:

10 (1) Aggregate data means data contained in the medical record and  
11 health information registries maintained by the department which is  
12 compiled in a statistical format and which does not include patient-  
13 identifying data;

14 (2) Approved researcher means an individual or entity which is  
15 approved by the department pursuant to section 81-666 to obtain access to  
16 data contained in the medical record and health information registries  
17 maintained by the department to assist in the scientific or medical  
18 research for the prevention, cure, or control of a disease or injury  
19 process;

20 (3) Case-specific data means data contained in the medical record  
21 and health information registries concerning a specific individual other  
22 than patient-identifying data;

23 (4) Department means the Department of Health and Human Services;

24 (5) Medical record and health information registry means the system  
25 of reporting certain medical conditions occurring in this state, as  
26 prescribed by law, which are reported and recorded in order to achieve  
27 the goals of prevention, cure, and control through research and  
28 education, and includes the birth defects registry established in section  
29 71-646, the cancer registry established in sections 81-642 to 81-649.02  
30 ~~81-650~~, the brain injury registry established in the Brain Injury  
31 Registry Act, the Parkinson's Disease Registry established in the

1    Parkinson's Disease Registry Act, and the statewide stroke data registry  
2    established in the Stroke System of Care Act;

3            (6) Patient-identifying data means the patient's name, address,  
4    record number, symbol, or other identifying particular assigned to or  
5    related to an individual patient; and

6            (7) Research means study specific to the diseases or injuries for  
7    which access to data is requested and which is dedicated to the  
8    prevention, cure, or control of the diseases or injuries.

9            **Sec. 35.** Section 81-6,116, Reissue Revised Statutes of Nebraska, is  
10    amended to read:

11            81-6,116    ~~(1)~~—Information reported under section 81-6,114 may be  
12    used by the department for statistical and public health planning  
13    purposes and for other public health purposes as identified by the  
14    department in rule and regulation.

15            ~~(2) The department shall periodically review information collected~~  
16    ~~under section 81-6,114 for the purpose of identifying potential policies~~  
17    ~~or practices of any reporting facility which may be detrimental to the~~  
18    ~~public health, including, but not limited to, policies and practices~~  
19    ~~which may have the effect of limiting access to needed health care~~  
20    ~~services for Nebraska residents. The department shall provide~~  
21    ~~electronically recommendations to the Health and Human Services Committee~~  
22    ~~of the Legislature relating to appropriate administrative and legislative~~  
23    ~~responses to such policies and practices and shall provide electronically~~  
24    ~~an annual report to the chairperson of such committee of its findings and~~  
25    ~~its current or planned activities under this section, if any.~~

26            **Sec. 36.** Section 81-1113, Reissue Revised Statutes of Nebraska, is  
27    amended to read:

28            81-1113 The budget division shall prepare the executive budget in  
29    accordance with the wishes and policies of the Governor. The budget  
30    division shall have the following duties, powers, and responsibilities:

31            (1) Shall prescribe the forms and procedures to be employed by all

1 departments and agencies of the state in compiling and submitting their  
2 individual budget requests and shall set up a budget calendar which shall  
3 provide for (a) the date, not later than July 15 of each even-numbered  
4 year, for distribution of instructions, (b) the date by which time  
5 requests for appropriations by each agency shall be submitted, and (c)  
6 the period during which such public hearings as the Governor may elect  
7 shall be held for each department and agency. The budget request shall be  
8 submitted each even-numbered year no later than the date provided in  
9 subsection (1) of section 81-132, shall include the intended receipts and  
10 expenditures by programs, subprograms, and activities and such additional  
11 information as the administrator may deem appropriate for each fiscal  
12 year, including the certification described in subdivision (4) of this  
13 section, shall be made upon a biennial basis, and shall include actual  
14 receipts and actual expenditures for each fiscal year of the most  
15 recently completed biennium and the first year of the current biennium  
16 and estimates for the second year of the current biennium and each year  
17 of the next ensuing biennium;

18 (2) Shall prescribe the forms and procedures to be employed by all  
19 departments and agencies of the state in compiling and submitting their  
20 proposed changes to existing appropriations for the biennium in progress.  
21 The budget division shall distribute instructions and forms to all  
22 departments and agencies no later than September 15 of each odd-numbered  
23 year. Departments and agencies shall submit their proposed changes no  
24 later than the date provided in subsection (2) of section 81-132;

25 (3) Shall work with each governmental department and agency in  
26 developing performance standards for each program, subprogram, and  
27 activity to measure and evaluate present as well as projected levels of  
28 expenditures. The budget division shall also work with the Department of  
29 Health and Human Services to develop key goals, benchmarks, and methods  
30 of quantification of progress required pursuant to sections 81-3133.01  
31 ~~81-3133~~ to 81-3133.03;

1           (4)(a) Shall develop a certification form and procedure to be  
2 included in each budget request under subdivision (1) of this section  
3 through which each department and agency shall certify, for each program  
4 or practice it administers, whether such program or practice is an  
5 evidence-based program or practice, or, if not, whether such program or  
6 practice is reasonably capable of becoming an evidence-based program or  
7 practice;

8           (b) For purposes of this subdivision (4):

9           (i) Evidence-based means that a program or practice (A) offers a  
10 high level of research on effectiveness, determined as a result of  
11 multiple rigorous evaluations, such as randomized controlled trials and  
12 evaluations that incorporate strong comparison group designs or a single  
13 large multisite randomized study and (B) to the extent practicable, has  
14 specified procedures that allow for successful replication;

15          (ii) Program or practice means a function or activity that is  
16 sufficiently identifiable as a discrete unit of service; and

17          (iii) Reasonably capable of becoming an evidence-based program or  
18 practice means the program or practice is susceptible to quantifiable  
19 benchmarks that measure service delivery, client or customer  
20 satisfaction, or efficiency;

21          (5) Shall, following passage of legislative appropriations, be  
22 responsible for the administration of the approved budget through  
23 budgetary allotments;

24          (6) Shall be responsible for a monthly budgetary report for each  
25 department and agency showing comparisons between actual expenditures and  
26 allotments, which report shall be subject to review by the director and  
27 budget administrator; and

28          (7) Shall be responsible for the authorization of employee  
29 positions. Such authorizations shall be based on the following:

30          (a) A requirement that a sufficient budget program appropriation and  
31 salary limitation exist to fully fund all authorized positions;

1 (b) A requirement that permanent full-time positions which have been  
2 vacant for ninety days or more be reviewed and reauthorized prior to  
3 being filled. If requested by the budget division, the personnel division  
4 of the Department of Administrative Services shall review such vacant  
5 position to determine the proper classification for the position;

6 (c) A requirement that authorized positions accurately reflect  
7 legislative intent contained in legislative appropriation and intent  
8 bills; and

9 (d) Other relevant criteria as determined by the budget  
10 administrator.

11 **Sec. 37.** Section 83-102, Reissue Revised Statutes of Nebraska, is  
12 amended to read:

13 83-102 (1) Youth rehabilitation and treatment centers shall be  
14 operated to provide programming and services to rehabilitate and treat  
15 juveniles committed under the Nebraska Juvenile Code. Each youth  
16 rehabilitation and treatment center shall be considered a separate  
17 placement. Each youth rehabilitation and treatment center shall provide:

18 (a) Safe and sanitary space for sleeping, hygiene, education,  
19 programming, treatment, recreation, and visitation for each juvenile;

20 (b) Health care and medical services;

21 (c) Appropriate physical separation and segregation of juveniles  
22 based on gender;

23 (d) Sufficient staffing to comply with state and federal law and  
24 protect the safety and security of each juvenile;

25 (e) Training that is specific to the population being served at the  
26 youth rehabilitation and treatment center;

27 (f) A facility administrator for each youth rehabilitation and  
28 treatment center who has the sole responsibility for administration of a  
29 single youth rehabilitation and treatment center;

30 (g) An evaluation process for the development of an individualized  
31 treatment plan within fourteen days after admission to the youth



1 rehabilitation and treatment center;

2 (h) An age-appropriate and developmentally appropriate education  
3 program for each juvenile that can award relevant and necessary credits  
4 toward high school graduation that will be accepted by any public school  
5 district in the State of Nebraska. Juveniles committed to the youth  
6 rehabilitation and treatment centers are entitled to receive an  
7 appropriate education equivalent to educational opportunities offered  
8 within the regular settings of public school districts across the State  
9 of Nebraska;

10 (i) A case management and coordination process, designed to assure  
11 appropriate reintegration of the juvenile with his or her family, school,  
12 and community;

13 (j) Compliance with the requirements stated in Title XIX and Title  
14 IV-E of the federal Social Security Act, as such act existed on January  
15 1, 2020, the Special Education Act, or other funding guidelines as  
16 appropriate;

17 (k) Research-based or evidence-based programming for all juveniles  
18 that includes a strong academic program and classes in health education,  
19 living skills, vocational training, behavior management and modification,  
20 money management, family and parent responsibilities, substance use  
21 awareness, physical education, job skills training, and job placement  
22 assistance; and

23 (1) Research-based or evidence-based treatment service for  
24 behavioral impairment, severe emotional disturbance, sex offender  
25 behavior, other mental health or psychiatric disorder, drug and alcohol  
26 addiction, physical or sexual abuse, and any other treatment indicated by  
27 a juvenile's individualized treatment plan.

28 (2) Each youth rehabilitation and treatment center shall be  
29 accredited by a nationally recognized entity that provides accreditation  
30 for juvenile facilities and shall maintain accreditation as provided in  
31 section 79-703 to provide an age-appropriate and developmentally

1 appropriate education program.

2 ~~(3) Each youth rehabilitation and treatment center shall~~  
3 ~~electronically submit a report of its activities for the preceding fiscal~~  
4 ~~year to the Clerk of the Legislature on or before July 15 of each year~~  
5 ~~beginning on July 15, 2021. The annual report shall include, but not be~~  
6 ~~limited to, the following information:~~

7 ~~(a) Data on the population served, including, but not limited to,~~  
8 ~~admissions, average daily census, average length of stay, race, and~~  
9 ~~ethnicity;~~

10 ~~(b) An overview of programming and services; and~~

11 ~~(c) An overview of any facility issues or facility improvements.~~

12 **Sec. 38.** Section 83-105, Reissue Revised Statutes of Nebraska, is  
13 amended to read:

14 83-105 (1) It is the intent of the Legislature to establish a  
15 reporting system in order to provide increased accountability and  
16 oversight regarding the treatment of juveniles in youth rehabilitation  
17 and treatment centers.

18 (2) Beginning on January 1, 2021, the Department of Health and Human  
19 Services shall submit a report electronically to the office of Inspector  
20 General of Nebraska Child Welfare each February 15, May 15, August 15,  
21 and November 15 ~~January 1, April 1, July 1, and October 1.~~ Such report  
22 shall include the following information for the prior calendar quarter:

23 (a) The number of grievances filed at each youth rehabilitation and  
24 treatment center separated by facility;

25 (b) A categorization of the issues to which each grievance relates  
26 and the number of grievances received in each category;

27 (c) The process for addressing such grievances; and

28 (d) Any actions or changes made as a result of such grievances.

29 **Sec. 39.** Section 83-4,134.01, Reissue Revised Statutes of Nebraska,  
30 is amended to read:

31 83-4,134.01 (1) It is the intent of the Legislature to establish a

1 system of investigation and performance review in order to provide  
2 increased accountability and oversight regarding the use of room  
3 confinement for juveniles in a juvenile facility.

4 (2) The following shall apply regarding placement in room  
5 confinement of a juvenile in a juvenile facility:

6 (a) Room confinement of a juvenile for longer than one hour during a  
7 twenty-four-hour period shall be documented and approved in writing by a  
8 supervisor in the juvenile facility. Documentation of the room  
9 confinement shall include the date of the occurrence; the race,  
10 ethnicity, age, and gender of the juvenile; the reason for placement of  
11 the juvenile in room confinement; an explanation of why less restrictive  
12 means were unsuccessful; the ultimate duration of the placement in room  
13 confinement; facility staffing levels at the time of confinement; and any  
14 incidents of self-harm or suicide committed by the juvenile while he or  
15 she was isolated;

16 (b) If any physical or mental health clinical evaluation was  
17 performed during the time the juvenile was in room confinement for longer  
18 than one hour, the results of such evaluation shall be considered in any  
19 decision to place a juvenile in room confinement or to continue room  
20 confinement;

21 (c) The juvenile facility shall submit a report quarterly to the  
22 Legislature on the juveniles placed in room confinement; the length of  
23 time each juvenile was in room confinement; the race, ethnicity, age, and  
24 gender of each juvenile placed in room confinement; facility staffing  
25 levels at the time of confinement; and the reason each juvenile was  
26 placed in room confinement. The report shall specifically address each  
27 instance of room confinement of a juvenile for more than four hours,  
28 including all reasons why attempts to return the juvenile to the general  
29 population of the juvenile facility were unsuccessful. The report shall  
30 also detail all corrective measures taken in response to noncompliance  
31 with this section. The report shall redact all personal identifying

1 information but shall provide individual, not aggregate, data. The report  
2 shall be delivered electronically to the Legislature. The initial  
3 quarterly report shall be submitted within two weeks after the quarter  
4 ending on September 30, 2016. Subsequent reports shall be submitted for  
5 the ensuing quarters within four ~~two~~ weeks after the end of each quarter;  
6 and

7 (d) The Inspector General of Nebraska Child Welfare shall review all  
8 data collected pursuant to this section in order to assess the use of  
9 room confinement for juveniles in each juvenile facility and prepare an  
10 annual report of his or her findings, including, but not limited to,  
11 identifying changes in policy and practice which may lead to decreased  
12 use of such confinement as well as model evidence-based criteria to be  
13 used to determine when a juvenile should be placed in room confinement.  
14 The report shall be delivered electronically to the Legislature on an  
15 annual basis.

16 (3) The use of consecutive periods of room confinement to avoid the  
17 intent or purpose of this section is prohibited.

18 (4) Any juvenile facility which is not a residential child-caring  
19 agency which fails to comply with the requirements of this section is  
20 subject to disciplinary action as provided in section 83-4,134. Any  
21 juvenile facility which is a residential child-caring agency which fails  
22 to comply with the requirements of this section is subject to  
23 disciplinary action as provided in section 71-1940.

24 **Sec. 40.** Section 83-1216.01, Reissue Revised Statutes of Nebraska,  
25 is amended to read:

26 83-1216.01 (1)(a) The department shall, with the assistance and  
27 support of the Advisory Committee on Developmental Disabilities, develop  
28 and implement a quality management and improvement plan to promote and  
29 monitor quality relating to services and quality of life for persons with  
30 developmental disabilities.

31 (b) The purpose of the quality management and improvement plan is to

1 provide information necessary for an accurate assessment of the quality  
2 and effectiveness of services for persons with developmental disabilities  
3 and their families and the delivery of such services, with special  
4 attention to the impact that the services have on the quality of life of  
5 recipients and their families.

6 (c) The quality management and improvement plan shall reflect  
7 national best practice for services for persons with developmental  
8 disabilities and their families as determined by the department with the  
9 assistance of the advisory committee.

10 (d) The quality management and improvement plan shall assess,  
11 through both quantitative and qualitative means, (i) the quality of  
12 services provided to persons with developmental disabilities and their  
13 families, (ii) the ability of the services provided to meet the needs of  
14 the recipients of the services, (iii) the effect of the services to  
15 support or improve the quality of life of the recipients of the services,  
16 and (iv) the satisfaction of the recipients with the process of  
17 determination of eligibility and the process of delivery of the services.  
18 In order to develop the quality management and improvement plan, the  
19 department shall use procedures to collect data from recipients of  
20 services for persons with disabilities and their families by relying on  
21 external, independent evaluators who are not employed by the department.  
22 The quality management and improvement plan shall give significance to  
23 input gathered from recipients of services for persons with developmental  
24 disabilities and families of such recipients and include information  
25 gathered from the department.

26 (e) The quality management and improvement plan shall include  
27 recommendations for improvements to the types of services and the  
28 delivery of services for persons with developmental disabilities and  
29 their families.

30 (2) The department shall provide a quality management plan  
31 electronically to the Legislature no later than September 30, 2017. In

1 the plan the department shall detail its approach to ensuring a  
2 sustainable, continuous, quality improvement management system for the  
3 delivery of services for persons with developmental disabilities and  
4 their families that incorporates responsibilities of the department and  
5 recipients.

6 ~~(3) The department shall issue an implementation report regarding~~  
7 ~~the quality management and improvement plan and publish it on the website~~  
8 ~~of the department and provide it electronically to the Legislature on or~~  
9 ~~before December 30, 2017, and March 30, 2018. Beginning in 2018, the~~  
10 ~~department shall annually provide a report regarding outcomes,~~  
11 ~~improvement priorities, and activities of the department during the~~  
12 ~~previous fiscal year. The report shall be published on the website of the~~  
13 ~~department and shall be provided electronically to the Legislature on or~~  
14 ~~before September 30.~~

15 **Sec. 41.** Original sections 28-3,107, 43-512.11, 43-3301,  
16 43-3342.04, 68-130, 68-158, 68-909, 68-912, 68-1735.03, 68-1804,  
17 69-2409.01, 71-2518, 71-4741, 81-132, 81-638, 81-642, 81-643, 81-645,  
18 81-648, 81-649, 81-649.02, 81-664, 81-6,116, 81-1113, 83-102, 83-105,  
19 83-4,134.01, and 83-1216.01, Reissue Revised Statutes of Nebraska, and  
20 sections 38-1130, 38-1208.01, 38-1216, 43-4706, 68-974, 68-995, 68-9,109,  
21 68-1530, 71-509, 71-604.02, 71-2489, and 76-3507, Revised Statutes  
22 Cumulative Supplement, 2024, are repealed.

23 **Sec. 42.** The following sections are outright repealed: Sections  
24 43-3326, 48-2307, 68-1118, 68-1518, 68-1735.02, 68-2004, 71-17,115,  
25 71-3005, 71-8313, 81-650, 81-1139.01, and 81-3133, Reissue Revised  
26 Statutes of Nebraska.