HEALTH AND HUMAN SERVICES COMMITTEE OF THE NEBRASKA LEGISLATURE

Report as required by Neb. Rev. Stat. 84-948

Committee Members

Senator Brian Hardin, Chairperson, District 48

Senator John Fredrickson, Vice-Chairperson, District 20

Senator Merv Riepe, District 12

Senator Glen Meyer, District 17

Senator Dan Quick, District 35

Senator Ben Hansen, District 16

Senator Beau Ballard, District 21

Committee Staff

John Duggar, Legal Counsel

Bryson Bartels, Research Analyst

Table of Contents

Occupational Board Reform Act

The Legislature passed the Occupational Board Reform Act in 2018 (Neb. Rev. Stat. §§ 84-901 to 84-920) with an operative date of July 1, 2019. The act requires that:

"Beginning in 2019, each standing committee of the Legislature shall annually review and analyze approximately twenty percent of the occupational regulations within the jurisdiction of the committee and prepare and submit an annual report electronically to the Clerk of the Legislature by December 15 of each year as provided in this section. Each committee shall complete this process for all occupational regulations within its jurisdiction within five years and every five years thereafter. Each report shall include the committee's recommendations regarding whether the occupational regulations should be terminated, continued, or modified." (Neb. Rev. Stat. § 84-948)

Committee Findings

Neb. Rev. Stat. 84-948 requires the report to include the following with answers in bold:

(3) A committee's report shall include, but not be limited to, the following:

(a) The title of the regulated occupation and the name of the occupational board responsible for enforcement of the occupational regulations.

Medication Aide, DHHS responsible for enforcement

(b) The statutory citation or other authorization for the creation of the occupational regulations and occupational board;

Neb. Rev. Stat. 71-6718 to 71-6742

(c) The number of members of the occupational board and how the members are appointed;

There is no advisory board which oversees the Medication Aide occupation. The Medication Aide occupation is overseen by DHHS.

(d) The qualifications for membership on the occupational board;

NA

(e) The number of times the occupational board is required to meet during the year and the number of times it actually met;

- **Required FY 2025-2024:**

  NA

- **Held FY 2025-2024:**

  NA

- **Required FY 2024-2023:**

  NA

- **Held FY 2024-2023:**

  NA

- **Required FY 2023-2022:**

NA

- **Held FY 2023-2022:**

NA

- **Required FY 2022-2021:**

NA

- **Held FY 2022-2021:**

NA

- **Required FY 2021-2020:**

NA

- **Held FY 2021-2020:**

NA

(f) Annual budget information for the occupational board for the five most recently completed fiscal years;

Nebraska does not allocate a specific, isolated state budget line item exclusively for medication aides. Instead, state funds are appropriated to the Nebraska Department of Health and Human Services (DHHS) to regulate credentialing and administer Medicaid. To track actual expenditures for state agencies, you can view the historical data on the Nebraska State Spending portal.

Medication aide services and training are primarily financed through Medicaid reimbursements to healthcare facilities, managed care organizations, and personal out-of-pocket spending. For context, the average annual salary for a medication aide in Nebraska is approximately $36,186, which equates to about $17.40 per hour. To explore state budget requests and specific line items for the broader health agency, you can access the Nebraska Department of Administrative Services portal.

(g) For the immediately preceding five calendar years, of for the period of time less than five years for which the information is practically available, the number of government certifications, occupational licenses, and registrations the occupational board has issued, revoke, denied, or assessed penalties against, listed anonymously and separately per type of credential, and the reasons for such revocations, denials, other penalties.

A centralized, public 5-year trend report for total registered Medication Aides is not available.

(h) A review of the basic assumptions underlying the creation of the occupational regulations;

The regulations in Title 172, Chapters 95 and 96, appear to be consistent with the underlying statutory authority.

(i) A statement from the occupational board on the effectiveness of the occupational regulations

The Department of Health and Human Services noted that there is no board overseeing the Medication Aide occupation, but rather that the occupation is overseen by the Department. The Department notes that Medication Aides are placed on a registry, but do not require a license. The Department stated that "regulations are required to ensure minimum education requirements are met, which then ensures the safety of Nebraskans served by this credentialed unlicensed person."

(j) A comparison of whether and how other states regulate the occupation;

Medication aides are not regulated by a single federal standard; instead, each state board of nursing or department of health sets its own scope of practice, training hours (ranging from 20 to 100+ hours), and examination requirements. Most states require aides to hold prior CNA certification.

- **Standardized Testing: Many states utilize the National Council of State Boards of Nursing (NCSBN), which administers the Medication Aide Certification Examination (MACE).**
- **State Specificity: Not all states utilize the MACE exam; many—like Nebraska—use locally developed, board-approved state examinations.**
- **Reciprocity: There is no universal reciprocity. Aides moving across state lines must usually apply to the new state's board of nursing to transfer their credentials, which often requires proving identical training hours and passing state-specific jurisprudence exams.**

Certification, allowed facilities, and training hours vary widely by state board regulations, Please see the following examples:

State	Regulating Body	Training Requirements	Scope & Allowed Facilities
Nebraska	**Department of Health and Human Services (DHHS)**	Minimum **40 hours** of instruction; state exam with ≥ 72%.	**Nursing homes, assisted living, ICFs**. May not give IVs or controlled substances.
Nevada	**State Board of Nursing**	Specific classroom, clinical hours, and 24 hours of CEUs every 2 years.	**Long-term and community-based care**. Strict nurse delegation rules.
North Carolina	**Board of Nursing**	State-approved instructor training program + passing Medication Aide Exam.	Listed on the **NC Medication Aide Registry**. Works primarily in SNFs and adult care.
Oregon	**State Board of Nursing**	84+ hours (60 classroom/lab, 24 clinical).	Broadly allows medication administration across nursing facilities and adult foster homes.

(4) Subject to subsection)5) of this section, each committee shall also analyze, and include in its report, whether the occupational regulations meet the policies stated in section 84-946 considering the following recommended courses of action for meeting such policies:

The regulations in Title 172, Chapters 95 and 96, appear to be consistent with the underlying statutory authority.

(a) If the need is to protect consumers against fraud, the likely recommendation will be to strengthen powers under the Uniform Deceptive Trade Practices Act or require disclosures that will reduce misleading attributes of the specific goods or services:

N/A

(b) If the need is to protect consumers unclean facilities or to promote general health and safety, the likely recommendation will be to require periodic inspections of such facilities;
N/A

(c) If the need is protect consumers against potential damages from failure by providers to complete a contract fully or up to standards, the likely recommendation will be to require that providers be bonded:
N/A

(d) If the need is to protect a person who is not party to a contract between the provider and consumer, the likely recommendation will be to require that the provider have insurance;
N/A

(e) If the need is to protect consumers against potential damages by transient providers, the likely recommendation will be to require that providers register their businesses with the Secretary of State;
N/A

(f) If the need is to protect consumers against a shortfall or imbalance of knowledge about the goods or services relative to the providers' knowledge, the likely recommendation will be to enact government certification; and
N/A

(g) If the need is to address a systematic information shortfall such that a reasonable consumer is unable to distinguish between the quality of providers, there is an absence of institutions that provide adequate guidance to the consumer, and the consumer's inability to distinguish between providers and the lack of adequate guidance allows for undue risk of present, significant, and substantiated harms, the likely recommendation will be to enact an occupational license.
N/A

(5) If a lawful occupation is subject to the Nebraska Regulation of Health Professions Act, the analysis under subsection (4) of this section shall be made using the least restrictive method of regulation as set out in section 71-6222.

N/A

(6) In developing recommendations under this section, the committee shall review any report issued to the Legislature pursuant to the Nebraska Regulation of Health Professions Act, if applicable, and consider any findings or recommendations of such report related to the occupational regulations under review.

N/A

(7) If the committee finds that it is necessary to change occupational regulations, the committee shall recommend the least restrictive regulation consistent with the public interest and the policies in this section and section 84-946.

NA

Conclusion

The registrations overseen by DHHS are intended to protect the health, safety, and welfare of Nebraskans. As a whole, regulation of genetic counselors is appropriate and balanced and does not need modification at this time.