

Nebraska Unicameral
One Hundred Second Legislature – Second Session

Health and Human Services Committee

Summary of Legislation
2012

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Senator Mike Gloor, Vice Chair (Grand Island)
Senator Dave Bloomfield (Hoskins)
Senator Tanya Cook (Omaha)
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Table of Contents

	<u>Page</u>
1. Index of Bills and Resolutions	3
2. Summaries of Bills and Resolutions	9
3. Bills by Subject Matter	59
4. Disposition Summary	65
5. Interim Studies	66

**Nebraska Legislature
Health and Human Services Committee
Index of Bills
2012**

(Pages 4-8)

LB/LR	Introducer	Priority	One-Liner	Adv	Adv w/HHS Com Am	IPP date	Gov signed (date)	Summary on page #:
LB 0304	McGill		Provide for treatment of sexually transmitted diseases as prescribed	2011		4/18/12		9
LB 0330	Cook		Change requirements for dental hygienists in public health-related settings		x	4/18/12		9
LB 0456	HHS Com		Change provisions relating to health and human services		2011	4/18/12		10
LB 0507	Harms		Change Welfare Reform Act requirements relating to education for recipients of assistance		2011		3/7/12	11
LB 0540	HHS Com		Require a Medicaid waiver relating to family planning services		x	4/18/12		12
LB 0541	HHS Com		Provide for third-party contracts to promote Medicaid integrity and cost containment	2011			4/11/12 E	12
LB 0599	Campbell	McGill	Provide coverage for certain children as prescribed pursuant to the Medical Assistance Act	x			Veto override 4/18/12	12
LB 0646	Christensen		Redefine emergency medical service and prohibit expansion of a scope of practice	x			3/7/12 E	13
LB 0686	Schilz		Provide an exception from the Veterinary Medicine and Surgery Practice Act for the transplantation of bovine embryos		x		3/14/12	13
LB 0712	Haar		Change permitted practice provisions under the Certified Nurse Midwifery Practice Act			4/18/12		14
LB 0723	Bloomfield		Change provisions relating to small systems under the Nebraska Safe Drinking Water Act	x			3/14/12	14
LB 0773	Smith		Change Uniform Credentialing Act fee provisions		x		3/14/12	14
LB 0774	Howard		Change and add reporting requirements relating to child welfare			4/18/12	(Amended into LB 1160) SEE LB 1160	14
LB 0788	Campbell		Change respiratory care practice requirements		x		4/10/12	15
LB 0794	Lambert		Redefine "byproduct material" under the Radiation Control Act	x			3/14/12	15

LB/LR	Introducer	Priority	One-Liner	Adv	Adv w/HHS Com Am	IPP date	Gov signed (date)	Summary on page #:
LB 0820	HHS Com	HHS Com Priority	Provide for a foster care demonstration project IV E		x		4/11/12 E-clause	15
LB 0821	HHS Com		Create the Nebraska Children's Commission and require legislation to create the Department of Children's Services		x		4/11/12 E-clause	18
LB 0825	Dubas	Dubas Priority	Establish local offices for access to public benefit programs		x		4/11/12	24
LB 0826	Dubas		Change provisions relating to legislative consideration of proposed rules and regulations under the Medical Assistance Act			4/18/12		25
LB 0831	Howard		Adopt the Genetic Counseling Practice Act	x			3/14/12	25
LB 0832	Howard		Require a report on qualifications by proposed appointee as chief executive officer of the Department of Health and Human Services			4/18/12		26
LB 0834	Gloor	Gloor Priority	Change the Nebraska Regulation of Health Professions Act		x		4/6/12	27
LB 0837	Howard		Create a task force to review use of certain drugs by wards of the state			4/18/12	(Amended into LB 821) SEE LB 821	27
LB 0842	Harms	Harms Priority	Change the termination date relating to self-sufficiency activities under the Welfare Reform Act		x		4/6/12	28
LB 0848	Sullivan		Change the Funeral Directing and Embalming Practice Act			4/18/12		28
LB 0871	Gloor		Provide for policies relating to fees and copays relating to the Behavioral Health Services Act	x			3/14/12	29
LB 0874	Howard		Change foster care licensure provisions			4/18/12	(Amended into LB 820) SEE LB 820	29
LB 0891	Nordquist		Provide for a medicaid waiver to provide coverage for certain low-income HIV-infected individuals		x	4/18/12		29
LB 0892	McGill		Provide for credentialing military applicants and spouses under the Uniform Credentialing Act			4/18/12		29

LB/LR	Introducer	Priority	One-Liner	Adv	Adv w/HHS Com Am	IPP date	Gov signed (date)	Summary on page #:
LB 0900	Lathrop		Require a report concerning individuals in need of multiple division services from the Department of Health and Human Services			4/18/12	(Amended into LB 1160) SEE LB 1160	30
LB 0904	Gloor		Change Vital Statistics Act reporting requirements for annulments and dissolutions of marriage		x		3/14/12	30
LB 0925	Fischer		Provide duties for the Department of Health and Human Services relating to contracts with providers under Budget Program No. 514, Health Aid			4/18/12		31
LB 0926	Dubas		Provide for a minimum base rate for foster care payments			4/18/12	(Amended into LB 820) SEE LB 820	31
LB 0929	McGill		Provide a membership requirement for State Foster Care Review Board members			4/18/12		32
LB 0938	Nelson		Require a uniform reimbursement rate for adult day services			4/18/12		32
LB 0945	Haar		Require licensees under the Child Care Licensing Act to provide proof of radon levels at child care locations			4/18/12		32
LB 0949	Leg Perf Audit	Leg Perf Audit Priority	Require reports and a strategic plan by the Division of Children and Family Services of the Department of Health and Human Services	x			4/9/12 E-clause	32
LB 0957	HHS Com		Adopt the Office of Inspector General for Nebraska Child Welfare Act			4/18/12	(Amended into LB 821) SEE LB 821	33
LB 0961	HHS Com	HHS Com Priority	Change provisions relating to case management of child welfare services		x		4/9/12 E-clause	35
LB 0988	Howard		Provide a rate of payment for certain medical services in emergency protective custody situations			4/18/12		37
LB 0995	Heidemann	Speaker Priority	Change provisions relating to county medical facilities and public hospitals		x		4/5/12 E-clause	37
LB 0998	Krist	Krist Priority	Create the Foster Care Review Office and eliminate the Foster Care Review Board		x		4/11/12 E-clause	40

LB/LR	Introducer	Priority	One-Liner	Adv	Adv w/HHS Com Am	IPP date	Gov signed (date)	Summary on page #:
LB 1002	Sullivan		Change long-term care bed moratorium provisions			4/18/12		41
LB 1010	Nordquist		Change eligibility provisions relating to the Supplemental Nutrition Assistance Program			4/18/12		41
LB 1016	Conrad		Require the Department of Health and Human Services to contract with certain community-based organizations as prescribed			4/18/12	(Amended into LB 825) SEE LB 825	41
LB 1027	Cook		Change licensure requirements for head injury facility administrators			4/18/12		42
LB 1028	Cook		Require Department of Health and Human Services to apply for a grant relating to long-term care services			4/18/12		42
LB 1032	Wightman		Change advertisement and display of credential provisions under the Uniform Credentialing Act			4/18/12		42
LB 1041	Cook		Adopt the Department of Health and Human Services Delivery Improvement and Efficiency Act			4/18/12		42
LB 1042	Campbell		Authorize nurse practitioners to sign death certificates	x			4/10/12	43
LB 1047	Howard		Require safe injection practices as prescribed			4/18/12		43
LB 1062	Nordquist		Change provisions relating to adoption assistance		x		4/10/12	43
LB 1063	Cook	Cook Priority	Adopt the Children's Health and Treatment Act		x		4/11/12	43
LB 1077	Howard		Require certain health care facilities to offer vaccinations to residents and patients		x		4/10/12	44
LB 1083	Bloomfield		Clarify permitted practices under the Nurse Practice Act		x		4/10/12 E-clause	44
LB 1103	Wightman		Provide access to deceased family member's medical records			4/18/12		44
LB 1110	Brasch		Provide for assistance for temporary and permanent housing after a natural disaster.			4/18/12		44
LB 1122	Bloomfield		Change the Medical Assistance Act with respect to certain home health services	x			4/10/12 E-clause	45
LB 1136	Mello		Create and provide for a wage subsidy program			4/18/12		45

LB/LR	Introducer	Priority	One-Liner	Adv	Adv w/HHS Com Am	IPP date	Gov signed (date)	Summary on page #:
LB 1142	Nordquist		Adopt the Health Care Transparency Act		x	4/18/12		45
LB 1148	Gloor		Change certification provisions for marriage and family therapists		x		4/10/12	45
LB 1149	McGill		Change provisions relating to child guardianships and child welfare caseloads			4/18/12	(Portions amended into LB 961) SEE LB 961	46
LB 1150	McGill		Adopt the Young Adult Voluntary Foster Care Services Act			4/18/12		46
LB 1158	Krist	Speaker Priority	Provide requirements for medical assistance behavioral health managed care contracts		x		4/11/12 E-clause	48
LB 1160	HHS Com	Leg Perf Audit Priority	Require Department of Health and Human Services to develop an information system and provide for reports and an evaluation		x		4/11/12 E-clause	49

**Nebraska Legislature
Health and Human Services Committee
Summary and Status of Bills**

**2011 Session Carry Over Bills
Advanced by Health and Human Services Committee**

LB 304 (McGill) Provide for treatment of sexually transmitted diseases as prescribed. (*General File, IPP April 18, 2012*) LB 304 provides that prescription oral antibiotic drugs may be provided to a patient's partner or partners by a physician, a physician assistant, or an advanced-practice registered nurse who diagnoses the patient as having chlamydia or gonorrhea. The bill requires that oral antibiotic drugs for any partner or partners:

- May be prescribed, provided, or dispensed by the physician diagnosing the patient;
- May be prescribed by the physician assistant or advanced-practice registered nurse diagnosing the patient;
- May be provided without examination of the partner or partners;
- Include general instruction for use or medication guides, where applicable;
- Be labeled in accordance with section 38-286;
- Be delivered, if the medical provider has sufficient locating information and the patient is unwilling or unable to deliver, by the:
 - Disease prevention and control staff of the department, or
 - A county or city board of health, local public health department, city health department or local health agency, or
 - Any state or local public official exercising the duties and responsibilities of any board of health or health department.

Medical providers under this act or a pharmacist who provides or dispenses prescription oral antibiotic drugs pursuant to this act who act in good faith and with or without compensation, or who chooses not to prescribe, provide or dispense such prescription oral antibiotic drugs, shall be immune from civil liability except in the case of willful or wanton misconduct.

The bill reconciles current statutes by including this act in reporting, confidentiality, disclosure, notification, immunity, and privilege statutes.

LB 330 (Cook) Change requirements for dental hygienists in public health-related settings. (*General File with Health and Human Services Committee AM 2479 pending, IPP April 18, 2012*) LB 330 removes the requirement of three thousand hours of clinical experience in at least four of the preceding five calendar years to perform certain preventive dental services on children. The bill removes the clinical experience and changes "children" to "patient." As a result of these changes, the bill provides that dental hygienists may be authorized to perform public health-related services in a public health setting or in a health care or related facility. These services include oral prophylaxis to healthy patients who do not require antibiotic premedication; pulp vitality testing; and preventive measures, including the application of fluorides, sealants, and other recognized topical agents for the prevention of oral disease.

Health and Human Services Committee AM 2479 to LB 330: The amendment becomes the bill. The amendment allows:

- The department may authorize a licensed dental hygienist who has completed three thousand hours of clinical experience to perform the following functions in the conduct of public health-related services to adults in a public health setting or in a health care or related facility: Oral prophylaxis; pulp vitality testing; and preventive measures, including the application of fluorides, sealants, and other recognized topical agents for the prevention of oral disease.
- Authorization shall be granted by the department by filing an application as specified by the amendment
- A licensed dental hygienist performing dental hygiene functions as authorized shall
 - Report to the department functions performed
 - Advise that the services provided are preventive in nature and do not constitute a comprehensive dental diagnosis and care.
- The department shall compile the data and provide an annual report to the Board of Dentistry and the State Board of Health.
- Within five years, the Health and Human Services Committee of the Legislature shall evaluate the services provided by dental hygienists to ascertain the effectiveness of services in the delivery of oral health care and shall provide a report on such evaluation to the Legislature.

LB 456 (Health and Human Services Committee) Change provisions relating to health and human services. (*General File with Health and Human Services Committee AM 994 pending, IPP April 18, 2012*) LB 456 provides the following changes in the area of health and human services. The bill:

- Changes the state law regarding references to the federal Social Security Act in state Medicaid statutes. This section removes “accepts and assents” and authorizes the Department to adopt and promulgate rules and regulations and take such other actions as are necessary to secure federal matching funds under the applicable provisions of the federal Social Security Act. Nebraska law adopts by reference the federal Social Security Act as it existed on January 1, 2010. Nebraska case law provides that a state statute may incorporate by reference a federal statute, but only as to the date such state statute became effective and not all future changes in federal law. This statute must be updated each year so any federal Medicaid changes that have been made are incorporated by reference. (Section 1)
- Adds provisions in Nebraska law (Section 71-503.01) related to the sharing of communicable disease, illness, or poisoning information to control or prevent the spread of serious disease or to diminish an imminent threat to public health. First, this section allows the sharing of such information with tribes to allow for coordination and response. Second, this section provides explicit authority to the chief medical officer of the Department of Health and Human Services to release such information to the extent necessary to protect the public. This section is important because it provides clear authority to share information to detect and locate sources of serious disease, illness, or poisoning to control, prevent, or diminish its effects.
- Changes Nebraska law relating to purchases by electronic benefits transfer or food coupons. In the federal law, the Supplemental Nutrition Assistance Program (SNAP) no longer references “food coupons” or “food stamps.” This bill will update the reference to the federal program.
- Eliminates the Advisory Committee for the State Unit on Aging (also referred to as the Division of Medicaid and Long-Term Care Advisory Committee on Aging). The elimination of the Advisory Committee for the State Unit on Aging would provide a cost benefit to the state while the majority of the functions of the committee would continue to be carried out by other, existing entities, including the oversight and planning functions performed by DHHS.
- Eliminates the Nursing Home Advisory Council. The elimination of this council is advisable since the Division of Public Health has already established a Long Term Care (LTC) Provider Group which is

comprised of representatives of nursing homes from across the State.

Health and Human Services Committee AM 994 to LB 456:

AM 994 becomes the bill and makes the technical change of updating the statute language from 2010 to 2011 in the same manner that has been done legislatively since 1996. The amendment changes the state law regarding references to Title XIX and Title XXI of the federal Social Security Act in the state Medicaid statute, 69-906. Nebraska case law provides that a state statute may incorporate by reference a federal statute, but only as to the date such state statute became effective and not all future changes in federal law. Present Nebraska law adopts by reference the federal Social Security Act as it existed on January 1, 2010. Therefore Nebraska statute needs updating so federal changes that have been made are incorporated by reference. Accordingly, the amendment provides for a change in Nebraska statute 68-906 to incorporate by reference the federal changes from January 1, 2010, to as existed on January 1, 2011.

LB 507 (Harms) Change Welfare Reform Act requirements relating to education for recipients of assistance. *(Passed, signed by the Governor March 7, 2012)* LB 507 provides for expanded educational opportunities under the Welfare Reform Act. The bill allows, for purposes of creating the self-sufficiency contract and meeting the work activity requirement, that:

- An applicant who is twenty years of age or head of household meets the requirement if he or she:
 - Maintains satisfactory attendance at a secondary school, a general education development program, or equivalent; or
 - Participates in education directly related to employment for an average of twenty hours a week including, but not limited to, Adult Basic Education, English as a Second Language, and a general education development program.
- An applicant under 24 years of age meets the requirement if he or she:
 - Engages in education directly related to employment for an average of twenty hours a week, including, but not limited to Adult Basic Education, English as a Second Language and a general education development program.

Current requirements state young people age 19 are not deemed to meet their work requirement when they pursue secondary education or GED. The result is some 19 year olds, although they are in school, must also meet an additional work requirement. LB 507 changes this limitation and gives a 19 year old the same work requirement as those 18 or younger.

In addition, regulations currently indicate that education directly related to employment (Adult Basic Ed, ESL, etc.) is a “non-core” activity. This means an individual must work 20 hours per week in a “core” activity before hours spent on education directly related to employment would count. LB 507 changes this by making education directly related to employment a “core” activity for a person under 24 and engaged in 20 hours per week of education.

States must maintain at least 50% of their TANF caseload participating in qualifying work activities in order to receive funding and avoid penalties. Accordingly, the bill allows the department to set reasonable limits for the number of applicants that may engage in education directly related to employment if work participation rates reach fifty-five percent. This is meant to ensure that Nebraska remains in compliance with the federal work participation rate requirements. Both work participation rates and caseload reduction credit contribute to achieving federal requirements and are the guidelines for a target work rate. If Nebraska’s work participation rate does not exceed the target work rate by ten percentage points in any month, the department may suspend the new educational allowance until the target rate exceeds 10% for three consecutive months.

LB 507 also requires the department to report annually to the Legislature regarding participation in specific educational activities as outlined and the number of persons participating in a self sufficiency contract who obtain or maintain employment for specified periods after they are no longer eligible for assistance due to obtaining employment.

It is the intent of the Legislature that the Department of Health and Human Services carry out the provisions of LB 507 within the limits of its annual appropriation.

LB 540 (Health and Human Services Committee) Require a Medicaid waiver relating to family planning services. (*Select File with amendments, IPP April 18, 2012*) LB 540 relates to the state medical assistance program (Medicaid). The bill requires the Department of Health and Human Services to apply for a Medicaid waiver or an amendment to an existing waiver for the purpose of providing medical assistance for family planning services for persons whose family earned income is at or below one hundred eighty-five percent of the federal poverty level. No state funds shall be utilized to pay for abortion services or to promote elective abortion services. The department shall ensure that any funds received under this subsection shall not be spent or used in any way to contract with any entity that performs or promotes elective abortion services or with any entity that affiliates with any entity that performs or promotes elective abortions.

LB 541 (Health and Human Services Committee) Provide for third-party contracts to promote Medicaid integrity and cost containment (*Passed w/E-clause, signed by the Governor April 11, 2012*).

LB 541 states the Legislature finds Nebraska Medicaid would benefit from increased efforts to prevent improper payments by enforcing the eligibility criteria for recipients, enrollment criteria for providers, determining third party liability for benefits, review of claims prior to payment, and identification of the extent and cause of improper payment. Medicaid would also benefit from efforts made to identify and recoup improper payments and collecting post payment reimbursement.

The bill requires the department to contract with one or more recovery audit contractors to promote the integrity of Medicaid and assist with cost containment. The contracts will include services for cost-avoidance, cost-recovery, and casualty recovery of payments through identification of third-party liability. Contractor will review claims submitted by providers of services or other individuals furnishing items and services for which payment has been made to determine whether the provider has been underpaid or overpaid and take action to recover any over payments identified. Also, the department shall contract to support a health insurance premium assistance payment program. Finally, LB 541 allows the department to enter into any other contracts deemed to increase the efforts to promote the integrity of the medical assistance program.

The contracts entered into under the authority of this section may be on a contingent-fee basis. Contingent-fee payments are based upon amounts recovered not amounts identified and is limited to no more than twelve and one-half percent of the amounts recovered. Initial contracts will be entered into as soon as practical under federal law and regulations.

LB 541 requires the department to report to the Legislature the status of the contracts by December 1, 2012. All amounts recovered and savings generated would be required to be returned to the medical assistance program.

LB 599 (Campbell) Provide coverage for certain children as prescribed pursuant to the Medical Assistance Act (*Passed notwithstanding objections of the Governor April 18, 2012*) LB 599 clarifies that unborn children do not have immigration status and therefore are not within the scope of Nebraska statute section 4-108. Additionally, the bill states that the prenatal care services available pursuant to SCHIP for unborn children whose eligibility is independent of the mothers' eligibility and immigration status are not included in the restrictions imposed by Nebraska statute, section 4-108.

LB 599 states that the Legislature finds that SCHIP:

- Is meant to assist state efforts to initiate and expand child health assistance to uninsured, low-income children;
- Defines "child" as an individual under the age of nineteen years, including any period of time from conception to birth;

- Low-income children are eligible independent of the mother’s eligibility and immigration status;
- Covers prenatal care and pregnancy related services that connect to the health of the unborn child.

The bill, also states that the Legislature finds that prenatal care for children:

- Reduces the likelihood of premature delivery or low birth weight, both of which are associated with a wide range of congenital disabilities and infant mortality;
- Can detect a great number of serious and even life-threatening disabilities, many of which can now be successfully treated in utero;
- Improves health outcomes during infancy and the child’s life resulting in healthier infants and better long-term child growth and development; and
- Results in ultimate cost savings to the state through reduced expenditures for high cost neonatal and potential long-term medical rehabilitation.

LB 599 directs the creation of a separate program allowed through SCHIP for prenatal care and pregnancy related services connected to the health of the unborn child including:

- Professional fees for labor and delivery;
- Pharmaceuticals and prescription vitamins;
- Outpatient hospital care;
- Radiology, ultrasound and other necessary imaging;
- Necessary lab testing;
- Hospital costs related to labor and delivery;
- Services related to conditions that could complicate the pregnancy, including treatment of conditions that threaten the carrying of the unborn child to full term or the safe delivery of the unborn child; and
- Other pregnancy-related service approved by the department.

Service not covered includes medical issues separate to the mother and unrelated to pregnancy. Within thirty days after the effective date of this act, the department shall submit a state plan amendment or waiver for approval by CMS. Eligibility for this program will be at no greater than 185% of income poverty guidelines.

LB 646 (Christensen) Redefine emergency medical service. *(Passed, signed by the Governor March 7, 2012)*

LB 646 changes the definition of emergency medical service from “immediate medical care” to “medical care”. The bill shall not be construed to modify or expand or authorize the modification or expansion of the scope of practice of any licensure classifications of out-of-hospital emergency care providers: (i) First responder; (ii) emergency medical technician; (iii) emergency medical technician-intermediate; (iv) emergency medical technician-paramedic; (v) emergency medical responder; (vi) advanced emergency medical technician; and (viii) paramedic.

LB 686 (Schilz) Provide an exception from the Veterinary Medicine and Surgery Practice Act for transplantation of bovine embryos *(Passed, signed by the Governor March 14, 2012)*

LB 686 provides an exception from the Veterinary Medicine and Surgery Practice Act for transplantation of embryos on bovine, including recovering, freezing, and transferring embryos on bovine, if the procedure is being performed by a person who holds a doctorate degree in animal science with an emphasis in reproductive physiology from an accredited college or university and has and can show proof of valid professional liability insurance.

Bills Introduced 2012 Session

LB 712 (Haar) (*IPP April 18, 2012*) Change permitted practice provisions under the Certified Nurse Midwifery Practice Act.

The bill removes the prohibition that certified nurse midwives shall not attend home births.

LB 723 (Bloomfield) (*Passed, signed by the Governor March 14, 2012*) Change provisions relating to small systems under the Nebraska Safe Drinking Water Act

The bill:

- Removes the definition for a small system under the Nebraska Safe Drinking Water Act. The current definition under the act states that “a small system means a public water system that regularly serves less than ten thousand individuals.” The bill removes this definition.
- In the administrative penalties section of the Nebraska Safe Drinking Water Act, the bill maintains the administrative penalty; but changes from a “small system” as defined above and substitutes “a public water system serving fewer than ten thousand persons.”

LB 773 (Smith) (*Passed, signed by the Governor March 14, 2012*) Change Uniform Credentialing Act fee provisions. Current law allowed for partial payment of the credentialing fee if the credential would expire within one hundred eighty days after its initial issuance. In addition to its initial issuance, the bill allows the Department of Public Health to administer the proration of fees for reinstated and renewed credentials that will expire within 180 days of their issuance, reinstatement or renewal.

LB 774 (Howard) (*IPP April 18, 2011, with portions amended into LB 1160*) Change and add reporting requirement relating to child welfare

The bill provides reporting requirements relating to child welfare and unifies the due date of annual reports required by the Department of Health and Human Services to the Legislature, setting the date of September 15th each year. The bill requires:

- On December 15th of 2012, 2013, and 2014 the HHS Committee shall report to the Legislature, Chief Justice and Governor the progress of recommendations contained in LR 37 (new reporting).
- HHS reports shall be provided to the HHS Committee by September 15th (new date) including:
 - All associations receiving juveniles under the Nebraska Juvenile Code. DHHS shall annually pass on the fitness of every association receiving juveniles;(current)
 - A copy of the report will be provided to the HHS Committee (new provision)
 - OJS shall monitor commitment placement and evaluations at facilities and programs operated by the office or through contracts with providers, reporting its finding annually to the Legislature. (current)
 - For 2012, 2013, and 2014 DHHS shall also provide the report to the HHS Committee by September 15 (new)
 - Every department, agency, institution, committee, and commission concerned with or responsible for children and families shall submit, as a part of the annual budget request, a statement including a listing of programs provided to children and families and the priority of such programs; a summary of the expenses incurred in the provision and administration of services for children and families; the number of children served by each program, and data being collected to demonstrate the short-term and long-term effectiveness of each program (current)
 - For 2012, 2013, and 2014 DHHS shall also provide the report to the HHS Committee by September 15 (new)

- DHHS shall annually provide a report to the Legislature and Governor outlining the caseloads of child protective services, the factors considered in their establishment, and fiscal resources necessary for their maintenance. The report will include: comparison of caseloads with workload standards; number of caseworkers, both public and private, and average length of employment; average caseload; outcomes for children regarding reunification, adoption, guardianships, placement, and the average cost of training case managers. (current)
 - For 2012, 2013, and 2014 DHHS shall also provide the report to the HHS Committee by September 15 (new)
- By Dec 1 DHHS shall provide an annual report to the Governor and Legislature on the operation of the Children and Family Support Hotline and Family Navigators Program (current)
 - For 2012, 2013, and 2014 DHHS shall also provide the report to the HHS Committee by September 15 (new)
- DHHS determines the training required for foster care; training can be waived in whole or in part by the department for relative placement on a case-by-case basis upon assessment by the department; DHHS shall report annually to the HHS Committee the number of waivers granted and the total number of children placed in relative foster homes (current)
 - For 2012, 2013, and 2014 DHHS shall also provide the report to the HHS Committee by September 15 (new)
- The child death review team shall provide the Governor, Legislature and the public with annual written reports which shall include the team's finding and recommendations (current)
 - For 2012, 2013, and 2014 DHHS shall also provide the report to the HHS Committee by September 15 (new)

LB 788 (Campbell) (*Passed, signed by the Governor April 10, 2012*) Change respiratory care practice requirements

Existing law provided that only licensed physicians could order respiratory care. LB 778 adds nurse practitioners, licensed physician assistants and certified registered nurse anesthetists to those authorized to order respiratory care services.

LB 794 (Lambert) (*Passed, signed by the Governor March 14, 2012*) Redefine “byproduct material” under the Radiation Control Act

LB 794 modifies the definition of “byproduct material” to conform with the Nuclear Regulatory Commission by adding, under the Radiation Control Act:

- Any discrete source of radium 226 that is produced; or
- Any discrete source that has been made radioactive by use of a particle accelerator and is produced; and
- Any discrete source of naturally occurring radioactive (other than source) material:
 - The federal regulatory agency list determines a threat similar to the threat posed by a discrete source of radium 226; and
 - Is extracted or converted after extraction for use in a commercial, medical or research activity.

LB 820 (Health and Human Services Committee) (*Passed w/E-clause, signed by the Governor April 11, 2012*) Provides for the Title IV-E Demonstration Project Committee; the Foster Care Reimbursement Rate Committee; a stipend for foster care parents; and defines the exception to foster care licensing.

- **Title IV-E Demonstration Project**
 - The due date is September 30, 2013, for the Department of Health and Human Services to apply

for approval of a Title IV-E demonstration project.

- The Title IV-E Demonstration Project Committee is created.
 - Members shall be appointed by Director of CFS
 - Representatives of the department
 - At least five child welfare stakeholder entities:
 - One advocate for legal and policy issues including child welfare
 - One advocate that singularly focuses on children's issues
 - Two child welfare service agencies
 - Lead agency
 - One ex-officio member representing the court system
 - Convene within thirty days by director
 - The committee shall review, report, and provide recommendations regarding the Title IV-E demonstration application.
 - The committee may engage a consultant with expertise in Title IV-E demonstration project applications and requirements.
 - The committee will review:
 - Nebraska's Title IV-E participation and penetration rates;
 - Review strategies and solutions for raising participation rates and reimbursement;
 - Recommend specific actions for addressing barriers to participation and reimbursement.
 - The committee shall provide an implementation plan and a time line for applying for a Title IV-E waiver.
 - Within goals of strategic plan
 - Maximize federal funding
 - As the Nebraska Children's Commission is created, the Title IV-E Demonstration Project Committee shall come under the commission's jurisdiction
 - The commission may appoint additional members and make any changes it deems necessary to comply with this act.
 - Committee shall report to the HHS Committee on its activities
 - July 1, 2012
 - September 1, 2012
 - November 1, 2012
 - Final Report December 15, 2012
 - To include the status of the application by September 15, 2012
 - Committee's implementation plan regarding the demonstration project shall meet the requirements of 42 U.S.C. 1320a-9 including at least two of the child welfare program improvement policies described in 42 U.S.C. 1320A9 (a) (7)
- LB 820 provides for the creation of the a **Foster Care Reimbursement Rate Committee (FCRRC)**:
 - To develop a standard statewide foster care reimbursement rate structure for children in foster care in Nebraska
 - The FCRRC shall include:
 - The CEO of the department or his/her designee;
 - Representatives of an array of stakeholders involved in the foster care system.
 - The committee shall use the 2007 national foster care compensation study as a beginning standard for setting reimbursement rates and adjust the standard to reflect the reasonable cost of

- achieving measurable outcomes for foster care in Nebraska.
- The committee shall:
 - Analyze consumer expenditure data for the costs of caring for children in Nebraska;
 - Identify and account for additional costs specific to foster children;
 - Apply a geographic cost-of-living adjustment for Nebraska;
 - Maximize the utilization of federal funds by supporting compliance with Title IV-E and TANF funding.
 - The FCRRC will develop a **statewide level-of-care assessment system** to standardize criteria to determine a foster child's placement needs to appropriately identify the foster care reimbursement rate.
 - Review other states' assessment models and reimbursement rate structures;
 - The state wide level-of-care assessment system will be research based, supported by evidence-based practices, and reflect the commitment to a systems of care, trauma-informed, child-centered, family-involved, coordinated process.
 - The FCRRC shall develop the statewide level-of-care assessment and foster care reimbursement rate structure to provide incentives to tie performance in achieving the goals of safety, maintaining family connection, permanency, stability, and well-being to reimbursements.
 - The FCRRC will report
 - to the Health and Human Services Committee of the Legislature on July 1, 2012; September 1, 2012; November 1, 2012; and
 - a final report will be provided to the HHS committee and the Governor with recommendations for the statewide level-of-care assessment system and the foster care reimbursement rate structure on December 15, 2012.
 - When the Nebraska Children's Commission is created, the Foster Care Reimbursement Committee shall immediately come under the commission's jurisdiction. The commission may change the members and make any changes necessary to comply with the act.
 - **Foster Care stipend**
 - Nebraska foster parents make an essential contribution to the safety and well being of Nebraska's foster children, and
 - Additional compensation, during the determination of a standard state wide foster care reimbursement structure, is needed;
 - Beginning July 1, 2012 and continuing through June 30, 2013, foster parents will be provided an additional stipend.
 - The stipend will be three dollars and ten cents per day per child and will be in addition to the current tiered rate paid to foster parents;
 - The stipend will be paid monthly through the department or the agency contracting with the foster parent;
 - The contracting agency shall receive an administrative fee
 - Twenty-five cents per child per day for processing the stipend,
 - Paid monthly by the state;
 - In addition to the stipend, not funded from it.
 - **Licensing of foster parents**
 - No person shall furnish or offer to furnish foster care for one or more children not related to such person by blood, marriage, or adoption without having in full force and effect a written

license issued by the department except as otherwise provided in the section.

LB 821 (Health and Human Services Committee) *(Passed w/E-clause, signed by the Governor April 11, 2012)*
Provides for the Nebraska Children's Commission and the Office of Inspector General of Nebraska's Child Welfare Act

The Legislature finds and declares that:

- The Health and Human Services Committee of the Legislature documented serious problems with the child welfare system in its 2011 report on the LR 37 study;
- Improving the safety and well-being of Nebraska's children and families is a critical priority which must guide policy decisions in a variety of areas;
- To improve the safety and well-being of children and families in Nebraska, the legislative, judicial, and executive branches of government must work together to ensure:
 - The integration, coordination, and accessibility of all services provided by the state, whether directly or through contracting;
 - Reasonable access to appropriate services statewide, efficiency in service delivery; and
 - Availability of accurate and complete data and ongoing data analysis to identify important trends and problems as they arise; and
 - As the primary state agency serving children and families, the Department of Health and Human Services:
 - must exemplify leadership, responsiveness, transparency, and efficiency;
 - direct that program managers must strive cooperatively to ensure programs view the needs of children and families comprehensively as a system rather than individually in isolation, including pooling funding when possible and appropriate.

It is the intent of the Legislature that the Nebraska Children's Commission provide a broad restructuring of the goals of the child welfare system and provide a structure for the Commission that maintains the framework of the three branches of government and their respective powers and duties.

The **Nebraska Children's Commission** is created as a high-level leadership body to:

- Create a system-wide strategic plan for child welfare reform of programs and services;
- Review the operations of the department regarding child welfare, and recommend as a part of the strategic plan either the establishment of a new division within the department or a new state agency; and
- Provide a permanent forum for collaboration among state, local, community, public, and private stakeholders in child welfare programs.

The Commission voting members shall include:

- The CEO of the department or his/her designee;
- The Director of CFS or his/her designee; and
- Sixteen members appointed by the Governor representing:
 - A director of a child advocacy center;
 - A regional administrator of a behavioral health authority;
 - Community members from each service area (the representative from the eastern service area may be from a Pilot Project lead agency or collaborative member);
 - A prosecuting attorney who practices in juvenile court;
 - A guardian ad litem;

- A biological parent currently or previously involved in the child welfare system;
- A foster parent;
- A CASA volunteer;
- A Foster Care Advisory Committee member or a member of a local foster care review board;
- A child welfare services agency that directly provides a wide range of child welfare services that is not a member of a lead agency collaborative;
- A young adult previously in foster care; and
- A representative of a child advocacy organization representing legal and policy issues that include child welfare.
- The Commission non-voting ex officio members shall include:
 - The Chair of the Health and Human Services Committee or a committee member designee;
 - The Chair of the Judiciary Committee or a committee member designee;
 - The Chair of the Appropriations Committee or a committee member designee;
 - Three persons appointed by the State Court Administrator
- Non-voting ex officio members may:
 - Attend meetings and participate in discussions of the commission
 - Provide information to the commission on the policies, programs, and processes of each of their respective bodies;
 - Gather information for the commission; and
 - Provide information back to their respective bodies from the commission.
 - The non-voting ex officio members shall not vote on decisions or on the direction of the development of the strategic plan.

The Commission shall

- Meet within sixty days after the effective date of the act
- Select from its members a chairperson and vice-chairperson
- Meet not less than once every three months
- Meetings may be held at any time on the call of the chairperson
- Be housed within the office of the CEO in the Department of Health and Human Services
- Hire staff to carry out the responsibilities of the commission.
- Hire a consultant with experience in facilitating strategic planning to provide neutral, independent assistance in developing the statewide child welfare strategic plan
- Terminate June 30, 2014, unless continued by the Legislature.

The Nebraska Children's Commission shall work with:

- Service area administrators, the 1184 teams, local foster care review boards, child advocacy centers, the teams created pursuant to the Nebraska Supreme Court's Through the Eyes of the Child Initiative, community stakeholders, and advocates for child welfare services and programs to establish networks in each service area.
- Networks shall permit community collaboration to strengthen the continuum of services available to child welfare agencies and to provide resources for children and juveniles outside the child protection system.
- Each service area shall develop its own unique strategies to be included in the statewide strategic plan.
- The department shall assist in identifying the needs of each service area.

The Commission will create and/or oversee committees as it deems necessary to include, but not be limited to:

- A committee to examine state policy regarding prescription of psychotropic drugs for state wards;

- Title IV-E Demonstration Project Committee;
- Foster Care Reimbursement Rate Committee;
- Members of the committees may be
 - Members of the Commission or
 - May be a non-member of the Commission who is assigned, with the approval of the majority of the Commission, for their subject matter.
- Committee to examine the structure and responsibilities of the Office of Juvenile Services, the committee shall:
 - Review the role and effectiveness of the youth rehabilitation and treatment centers and
 - Make recommendations to the commission on the future role of the youth rehabilitation and treatment centers in the juvenile justice continuum of care.
 - Review the responsibilities of the Administrator of the Office of Juvenile Services, including
 - Oversight of the youth rehabilitation and treatment centers and juvenile parole, and
 - Make recommendations to the commission relating to the future responsibilities of the administrator.

The Commission will work with other child welfare and juvenile entities including, but not limited to:

- State Court Administrator
 - Facilitated Conferencing shall:
 - Be included in strategic plan discussion;
 - Continue to be utilized as determined by the court of jurisdiction;
 - Be funded and contracted through entities at least to the same extent as provided on the effective date of the act
- Douglas County Crossover Youth Practice Model; and
- Nebraska Juvenile Services Delivery Project.

The Nebraska Children's Commission shall create a statewide strategic plan for child welfare program and service reform in Nebraska considering, but not limited to:

- The potential of contracting with private, nonprofit entities as lead agencies in a manner that maximizes the strengths, experience, skills, and continuum of care of the lead agency.
- Any lead-agency contracts entered into or amended after the effective date of this action shall detail how the qualified licensed agencies, as part of their efforts to develop the local capacity for a community-based system of coordinated care, will implement community-based care through competitively procuring either:
 - Contracting for specific components of foster care and related services or;
 - Comprehensive services for a defined eligible population of children and families.
- Intentional strategies for high-quality evidence-based prevention and early intervention services;
- Realignment of service areas coterminous with the judicial districts;
- Identification of the type of information needed for a clear and thorough analysis of progress on child welfare indicators.
- A lead agency after the effective date of this act shall:
 - Have a board of directors of which at least fifty-one percent of the membership is comprised of Nebraska residents who are not employed by the lead agency or a subcontractor of the lead agency;
 - Complete a readiness assessment as developed by the department to determine viability
 - Provide not more than thirty-five percent of direct services; and
 - Provide accountability for meeting the outcomes and performance standards related to child welfare services established by NE child welfare policy and the federal government.

The Commission shall review the operations regarding child welfare programs and services and recommend as a part of the strategic plan the establishment of a new division within the department or the establishment of a new state agency

The department shall, with direction from the Commission, within three months after the effective date of this act, contract with an independent entity specializing in medicaid analysis to conduct a cross-system analysis of current prevention and intervention programs and services provided by the department for the safety, health, and well-being of children and funding sources to:

- Identify resources that could be better allocated for services to at-risk children and juveniles transitioning to home-based and school-based interventions, and
- Provide info to expand services to reduce GF and expand federal funds;

The department shall:

- Fully cooperate with the Commission;
 - Provide info on child including reports, data, programs, processes, finances and polices;
- Collaborate regarding the development of a plan for a statewide automated child welfare information system and
- Coordinate and collaborate with the Commission regarding the engagement of an evaluator to provide a child welfare system evaluation.

The Commission shall provide a written report the Health and Human Services Committee of the Legislature on the status of its activities on or before:

- August 1, 2012, September 15, 2012, and November 1, 2012.
- The statewide strategic plan and written report shall be provided to the HHS Committee and the Governor on or before December 15, 2012.

LB 821 also creates the **Office of Inspector General of Nebraska Child Welfare** within the Office of Public Counsel.

It is the intent of the Legislature to:

- Establish a full-time program of investigation and performance review to provide increased accountability and oversight of the Nebraska child welfare system;
- Assist in improving operations of the department and the Nebraska child welfare system;
- Provide an independent form of inquiry for concerns regarding the actions of individuals and agencies responsible for the care and protection of children; and
- Provide a mechanism for investigation and review to determine if individual complaints and issues of inquiry reveal problems in the system that necessitate legislative action for improved policies and restructuring of the child welfare system.

It is not the intent of the Legislature in enacting the Office of Inspector General of Nebraska Child Welfare Act to:

- Interfere with the duties of the Legislative Performance Audit, Legislative Fiscal Analyst, or
- Interfere with the statutorily defined investigative responsibilities or prerogatives of any officer, agency, board, bureau, commission, association, society, or institution of the executive branch of state government.

The Inspector General shall:

- Be appointed by the Public Council with approval from the Chairman of the Executive Board and the Chairman of the Health and Human Services Committee of the Legislature.

- Carry out the duties of the office within the amount available by appropriation through the Office of Public Council for the Office of Inspector General.
- Be subject to the control and supervision of the Public Counsel; however, removal of the Inspector General will require approval of the Chairmen of the Executive Board and Chairman of the Health and Human Services Committee of the Legislature.
- Be a person well equipped to analyze problems of law, administration, and public policy and during his employment not be actively involved in partisan affairs.
 - No former or current executive or manager of the department may be appointed Inspector General within five years of service to the department
 - Not later than two years after the date of appointment the Inspector General shall obtain certification as a Certified Inspector General

The Office shall investigate:

- Allegations of possible misconduct, misfeasance, malfeasance, or violations of statutes or of rules or regulations of the department by an employee of, or a person under contract with the department, a private agency, a child care facility, a foster parent, or any other provider of child welfare services or which may provide a basis for discipline pursuant to the Uniform Credentialing Act; and
- Death or serious injury in foster homes, private agencies, child care facilities, and other programs and facilities licensed by, or under contract with, the department and death or serious injury in any case in which services are provided by the department to a child or his or her parents.
- Any case involving an investigation under the Child Protection Act, which case has been open for one year or less.
- The department shall report all cases of death or serious injury to the Office.

Investigations by the Inspector General shall be independent of and separate from an investigation pursuant to the Child Protection Act.

- Notwithstanding the fact that a criminal investigation, a criminal prosecution, or both are in progress, all law enforcement agencies and prosecuting attorneys shall:
 - Cooperate with any investigation conducted by the Inspector General;
 - Immediately upon request by the Inspector General, provide copies of all law enforcement reports relevant to the Inspector General's investigation;
 - All law enforcement reports provided pursuant to this section are not public records;
 - Shall not be subject to discovery by any other person or entity; and
 - Except to the extent otherwise provided in the Office of Inspector General of Nebraska Child Welfare Act, the confidentiality of all law enforcement reports shall be maintained
 - Collaborate with the Inspector General regarding all other information relevant to the Inspector General's investigation.
- If the Inspector General, in conjunction with the Public Counsel, determines appropriate, may suspend an investigation by the office until:
 - A criminal investigation or prosecution is completed; or
 - Has proceeded to a point that, in the judgment of the Inspector General, the investigation will not impede or infringe upon the criminal investigation or prosecution.
- Under no circumstance shall the Inspector General interview any minor who has already been interviewed by a law enforcement agency, personnel of the Division of Children and Family Services of the department, or staff of a child advocacy center in connection with a relevant ongoing investigation of a law enforcement agency.

The Office shall have access to all information and personnel necessary to perform the duties of the office.

- A full investigation conducted by the Office shall consist of retrieval of relevant records through subpoena, compliance with a request of the Office, or voluntary production, review of all relevant records, and interviews of all relevant persons.

Complaints to the Office may be made in writing. The Office shall also maintain a toll-free telephone line for complaints. A complaint shall be evaluated to determine if it is within the functions of the Office and whether a full investigation is warranted.

The Office shall not conduct a full investigation of a complaint unless:

- The complaint alleges malfeasance, misconduct, misfeasance, violation of a statute or of rules and regulations of the department, or there is a basis for discipline pursuant to the Uniform Credentialing Act;
- The complaint is against a person within the jurisdiction of the Office; and
- The allegations can be independently verified through investigation.

The Inspector General shall determine within fourteen days after receipt of a complaint whether it will conduct a full investigation.

- A complaint for discipline under the Uniform Credentialing Act shall be referred to the appropriate credentialing board under the act.

All employees of the department, all foster parents, and all owners, operators, managers, supervisors, and employees of private agencies, licensed child care facilities, and other providers of child welfare services shall cooperate with the office regarding full access to and production of records and information within the confidentiality and protection outlined in the act.

The Office may:

- Issue subpoenas, enforceable by action in an appropriate court, to compel any person to appear, give sworn testimony, or produce documentary or other evidence; individual counsel for the person may be present; the same privileges and immunities are extended the individuals as in the district court.
- Access all relevant records through subpoena, compliance with a request of the office, and voluntary production.

All investigations conducted by the Office shall be conducted in a manner designed to ensure the preservation of evidence for possible use in a criminal prosecution.

- Reports of investigations conducted by the office shall not be distributed beyond the entity that is the subject of the report without the consent of the Inspector General.
- Except when a report is provided to a guardian ad litem or an attorney in the juvenile court pursuant to this act, the office shall redact confidential information before distributing a report of an investigation.
- The Office may disclose confidential information to the Chairperson of the Health and Human Services Committee of the Legislature when such disclosure is, in the judgment of the Public Counsel, desirable to keep the chairperson informed of important events, issues, and developments in the Nebraska child welfare system.
- Records and documents obtained or reports produced by the office in the course of an investigation are not public records.

The Inspector General's report of an investigation shall be in writing to the Public Counsel and shall contain recommendations. The report may recommend:

- Systemic reform or case-specific action, including a recommendation
 - For discharge or discipline of employees or
 - For sanctions against a foster parent, private agency, licensed child care facility, or other provider of child welfare services.
- All recommendations to pursue discipline shall be in writing and signed by the Inspector General.
- A report of an investigation shall be presented to the DHHS director within fifteen days after the report is presented to the Public Counsel.
- Any person receiving a report under this section shall not further distribute the report or any confidential information contained in the report.
 - The Inspector General, upon notifying the Public Counsel and the DHHS director, may distribute the report, to the extent that it is relevant to a child's welfare, to the guardian ad litem and attorneys in juvenile court in which a case is pending.
- The report shall not be distributed beyond the parties, except through appropriate court procedures to the judge.

Within fifteen days after a report is presented to the DHHS director under this act, he or she shall determine whether:

- To accept, reject, or request in writing modification of the recommendations contained in the report.

The Inspector General may consider the DHHS director's request for modifications, but is not obligated to accept such request. Such report shall become final upon the decision of the director to accept or reject the recommendations in the report or, if the director requests modifications, within fifteen days after such request or after the Inspector General incorporates such modifications, whichever occurs earlier.

In accordance with the Public Counsel statutes, no report or other work product by the Inspector General shall be reviewable in any court. Neither shall the Office be required to testify or produce evidence.

The act does not require the office to investigate all complaints. The Inspector General, with input from the Public Counsel, shall prioritize activities as necessary to further the intent of the act and assist legislative oversight of the Nebraska child welfare system.

On or before September 15 of each year, the Inspector General shall provide to the Health and Human Services Committee of the Legislature and the Governor a summary of reports and investigations made under the Office of Inspector General Act for the preceding year.

- The summaries shall detail recommendations regarding issues that will increase accountability and legislative oversight of the Nebraska child welfare system and improve operations of the department.
- The summaries shall not contain any confidential or identifying information concerning the subjects of the reports and investigations.

LB 825 (Dubas) (*Passed w/E-clause, signed by the Governor April 11, 2012*) Establish local offices for access to public benefits

The intent of the bill is to improve the services provided by Access NE. It requires:

- The department to staff multiple, integrated access points for economic assistance programs to include existing local offices with caseworkers for in-person assistance to clients.

- The department to determine appropriate numbers and hours of staff for each office based on a review of the need in each service area. The review shall include the staff travel to community-based organizations and the number of community-based organizations in the county supported by the office; the volume of the cases in counties served; the volume of call-center calls originating in the counties served by the existing office and the requirements of the act.
- Caseworkers at local offices will help clients complete assistance and renewal applications; screen clients for program eligibility; interview clients and determine program eligibility; and answer questions.
- Call centers to take appointments for in-person interviews upon request of the client.
- Caseworkers who are located in call centers, dedicated caseworkers, and specialized employees to provide in-person assistance to specific clients.
- A dedicated caseworker to be assigned upon the request of a client who has chronic physical or mental disorders and elderly that require the provision of medical and personal care services on a recurring or continuing basis.
- Specialized employees be utilized for complex cases, including medicaid waiver, medicaid spousal impoverishment, disability, and other similar cases upon request of the client.
- Community Support Specialist (CSS) shall act as a liaison between the department and community-based organizations (CBOs); facilitate client assistance; train CBOs on how to help clients and respond to client problems.
- The department shall employ a minimum of eight community support specialists.
- The department to enter into contracts allowing CBO's to be satellite offices for department caseworkers and provides guidelines for the department to determine the appropriate numbers of contracts needed to assist clients.

LB 826 (Dubas) (*IPP April 18, 2012*) change provisions relating to legislative consideration of proposed rules and regulations

The bill would require Medicaid rules and regulations relating to the establishment of premiums, co-payments, and deductibles for eligible recipients, or limits on the amount, duration, or scope of covered services for eligible recipients “not become effective until the conclusion of the earliest regular session of the Legislature in which there has been legislative consideration of such rules and regulations.”

LB 831 (Howard) (*Passed, signed by the Governor March 14, 2012*) Adopt the Genetic Counseling Practice Act

The bill adopts the Genetic Counseling Practice Act to license genetic counselors in Nebraska. The Board of Medicine and Surgery serves as the state board for the Genetic Counseling Practice Act.

The bill provides that the scope of practice of a genetic counselor includes:

- Obtaining and evaluating individual, family, and medical histories to determine genetic risk for genetic or medical conditions and diseases in a patient, his or her offspring, and other family members;
- Discussing features, natural history, means of diagnosis, genetic and environmental factors, and management of risk for genetic or medical conditions and diseases;

- Identifying and coordinating of genetic laboratory tests and other diagnostic studies as appropriate for the genetic assessment;
- Integrating genetic laboratory test results and other diagnostic studies with personal and family medical history to assess and communicate risk factors for genetic or medical conditions and diseases;
- Explaining the clinical implications of genetic laboratory tests and other diagnostic studies and their results;
- Evaluating the client's or family's responses to genetic or medical conditions identified by the genetic assessment, or risk of recurrence, and providing client-centered counseling and anticipatory guidance;
- Identifying and utilizing community resources that provide medical, educational, financial, and psychosocial support and advocacy; and
- Providing written documentation of medical, genetic, and counseling information for families and health care professionals.

The Genetic Counseling Practice Act does not apply to:

- An individual licensed under the Uniform Credentialing Act to practice a profession other than genetic counseling when acting within the scope of his or her profession, except he or she shall not hold themselves out to the public as a genetic counselor;
- An individual employed by the U.S. Government who provides genetic counseling solely under the direction and control of the agency by which he or she is employed;
- A genetic counseling intern under the direct supervision of a genetic counselor; or
- An individual certified by the national genetic counseling board, or the national medical genetics board, not permanently living in the state, who is providing consulting for a period of two months or less.

The bill outlines the process for applying for licensure for individuals practicing genetic counseling in Nebraska before January 1, 2013, to include: ten years' experience, a masters degree or higher in genetics or related field, and never failed a certification exam; three letters of recommendation as specified by the bill; and documentation of continuing education within the five years preceding application. An applicant for licensure as a genetic counselor shall provide satisfactory evidence that he or she is certified as a genetic counselor by either the national genetic counseling board or the national medical genetics board. LB 831 provides for a provisional license to practice genetic counseling, as specified, while the individual seeks certification. The bill outlines reciprocity by individuals who meet the requirements of the Genetic Counseling Practice Act, or substantially equivalent, as determined by the department with the recommendation of the state board. On or after January 1, 2013, no individual shall hold himself or herself out as a genetic counselor unless he or she is licensed in accordance with the Genetic Counseling Practice Act.

The Genetic Counseling Practice Act does not require any genetic counselor to counsel or refer for abortion, licensing shall not be contingent upon counseling or referral with respect to abortion, and the refusal to participate in counseling or referral with respect to abortion will not be a basis for any claim of damages, disciplinary, or recriminatory action against the genetic counselor if the genetic counselor informs the patient that the genetic counselor will not participate in counseling or referral with respect to abortion and offers to direct the patient to the online directory of licensed genetic counselors maintained by the department. The department shall maintain an online directory of all genetic counselors licensed by the department.

LB 832 (Howard) (*IPP April 18, 2012*) Require a report on qualifications by proposed appointee as chief executive officer of the Department of Health and Human Services

Current statute requires the chief executive officer of the DHHS to have recognized and demonstrated knowledge and expertise in the delivery of publicly-funded health and human services programs and services and executive administrative experience. LB 832 would add the requirement that the executive experience be in public administration or not-for-profit service delivery systems.

Additionally, the bill requires that not less than one week before the public hearing on the appointee's confirmation the HHS Committee receive a report on the qualifications of the appointee. When the HHS Committee recommends the appointee as chief executive officer of DHHS, the specifics regarding the appointee's qualifications to serve shall be included in the report to the Legislature.

LB 834 (Gloor) *(Passed, signed by Governor April 6, 2012)* Change the Nebraska Regulation of Health Professions Act.

The bill provides changes to the Credentialing Review Program known as the “407 process.” The 407 process makes recommendations to the Legislature on 1) proposals to credential currently unregulated health professions and 2) proposals for changes in the scope of practice of currently regulated health professions.

The bill:

- Expands the oversight of the Act beyond health care professions to include other professions that are or could be regulated by HHS.
- Changes the scope of practice criteria to remove the “risk of harm” requirement. Currently an applicant group must show that the practice or limitation on the scope of practice creates a situation of harm or danger to the public. The bill retains the criteria that the change in scope of practice does not create a significant new danger to the public. The health, safety and welfare of the public is inadequately addressed by the present scope of practice, and enactment of the proposed change would benefit the public.
- Simplifies the application requirements and adds two new items to the application: a) the application must include the status of third-party reimbursement and b) other states' scope of practice regarding the proposed change in regulation.
- Changes the role of the Technical Review Committee to clearly state that the Technical Review Committee can make investigations it deems necessary; requires the Technical Review Committee recommend whether the proposal will benefit the public; requires the report to include written findings on all criteria; allows the Committee to weight the evidence in total to make the recommendation on denial or approval of the application; and allows the Committee to recommend amendments or recommend other solutions to problems identified during the review. Finally, the Technical Review Committee membership is changed to allow no more than one member of the applicant group or the profession seeking to be regulated or changing their scope of practice.
- Updates the funding mechanism to allow transferring money from the Nebraska Regulation of Health Professions Cash Fund that currently pays for expenses of the 407 process, to the Professional and Occupational Credentialing Cash Fund from which the administrative costs for all credentialing activity is paid.
- Changes the time frame from the current 9 months to 12 months, starting at the point when the application is submitted and found to be complete, for the department to make a final recommendation.
- Finally, clarifies that clergy are not consider a health professional under the act.

LB 837 (Howard) Create a task force to review use of certain drugs by wards of the state. *(IPP April 18, 2012, portions of LB 837 are amended into LB 821)*

The bill provides that the Health and Human Services Committee of the Legislature create a task force to

examine state policy regarding administration and prescription of psychotropic drugs to children who are wards of the state. The task force will have no more than twelve members and include lay, professional, organizational and governmental representatives. The task force will review the policy and procedures for prescribing and administering the drugs, analyze the policies, and make a report with recommendations for changes annually, no later than January 1, to the Legislature.

LB 842 (Harms) (Passed, signed by Governor April 6, 2012) Change the termination date relating to self-sufficiency activities under the Welfare Reform Act .

LB 842 extends the termination date in the Welfare Reform Act from September 30, 2012, to December 31, 2016. The subsection allows an applicant to meet the work activity requirement under the Welfare Reform Act by engaging in “vocational training that leads to an associate degree, a diploma, or a certificate for a minimum of twenty hours per week for up to thirty-six months.”

The bill provides for a reporting requirement to evaluate the effectiveness of the program prior to the new termination date. The Department of Health and Human Services is required to annually collect data and report the:

- Total number of participants in the ADC program pursuing an associate degree under the program
- Graduation rates of participants
- Number of participants making satisfactory progress
- Length of time participants spend fulfilling work requirements
- Monthly earning, educational level attained, and employment status of participants at six and 12 months after terminating participation
- Summary of activities performed by the department to promote post secondary educational opportunities to participants in ADC

The department shall provide a report to the Governor and Legislature no later than December 1 each year regarding the data and information collected.

LB 848 (Sullivan) (IPP April 18, 2012) Change the Funeral Directing and Embalming Practice Act.

The bill would strike all of section 38-1425 (deceased persons, control of remains; interment; liability) and replace it with new language providing:

- Except as otherwise provided by sections 23-1824 and 71-20,121, allows anyone age 18 or older to direct disposition of a deceased person's remains and make arrangements for funeral goods and services; such person shall not be considered an attorney in fact pursuant to sections 30-3401 to 30-3432;
- For circumstances when disposition directions and funeral prearrangements contained in pre-need contracts may be canceled or substantially revised;
- The order for the right of disposition as it passes down through kinship;
- That an affidavit, as specified, be required to authorize another person to control disposition of the affiant's remains;
- Circumstances in which the right of disposition is automatically forfeited;
- The county court of the county where the decedent resided may award the right of disposition to whoever the court determines to be most fit and appropriate;
- Circumstances which the court shall consider in awarding the right of disposition;
- For funeral establishments' actions regarding remains in the event of disputes regarding the right of disposition;

- Civil and criminal liability, court costs and legal fees;
- That having paid or agreed to pay for all or part of the funeral arrangements and final disposition does not give a person a greater right to the right of disposition than the person would otherwise have;
- That anyone who signs a funeral service agreement, a cremation authorization form, or any other authorization for disposition is deemed to warrant the truthfulness of such documents;
- That funeral establishments and crematory authorities are not required to investigate existence of any relatives of the decedent;
- Authority for funeral establishments and crematory authorities to rely on instructions from the first person in a class who makes arrangements unless written notice of objection is provided by another person equal in class.
- Criminal and/or civil liability protection to funeral establishments, funeral directors, crematory authorities and crematory operators who rely in good faith on instructions from someone claiming the right of disposition.
- Liability for the reasonable cost of final disposition.

LB 871 (Gloor) (*Passed, signed by Governor March 14, 2012*) Provide for policies relating to fees and copays relating to the Behavioral Health Services Act

LB 871 exempts the regional behavioral health authorities from the methodology used by the Division of Behavioral Health in determining a consumer's financial eligibility that includes asset determination and copays. The bill provides that each regional behavioral health authority shall adopt a policy for determining financial eligibility for consumers utilizing community-based behavioral health services in the region. The method shall include taxable income, number of family members, liabilities of the client, and other factors as determined by the division. The governing board of each region will approve the methodology and include it in their annual budget plan to the Division of Behavioral Health. Providers shall charge consistent with the schedule of fees and copays, but not in excess of the actual cost of the service, and charge in uniformity within the region.

LB 874 (Howard) (*IPP April 18, 2012, provisions of LB 874 are amended into LB 820*) Change foster care licensure provisions. LB 874 provides that no person shall furnish, or offer to furnish, foster care for "one or more children not related to such person by blood, marriage or adoption" without having in full force and effect a written license issued by the department. Additionally, the bill adds "marriage" to the definition of foster family home. Under the bill, the definition for foster family home is any home which provides twenty-four-hour care to children who are not related to the foster parent by blood, marriage, or adoption.

LB 891 (Nordquist) (*General File, IPP April 18, 2012*) Provide for a medicaid waiver to provide coverage for certain low income HIV-infected individuals.

LB 891 requires the department to apply for a demonstration waiver from CMS to allow individuals with HIV to access medical care through Medicaid. The waiver would cover individuals infected with HIV who are at or below 100% of the federal poverty level and not otherwise eligible for Medicaid. LB 891 provides that such medicaid coverage would be contingent on the approval of the waiver. The committee amendment would have provided that fifty percent of the current General Fund appropriation for AIDS drug assistance would be utilized to implement the waiver provided for in LB 891 and would allow the department to limit participation in the program to the General Fund appropriation, but require coverage for no fewer than eighty and no more than one hundred fifty individuals.

LB 892 (McGill) (*IPP April 18, 2012*) Provide for credentialing military applicants and spouses under the

Uniform Credentialing Act.

The bill adds new language to the Uniform Credentialing Act as follows:

- Requires credentialing boards to issue licenses, certificates, or registrations to military-trained applicants who satisfy specific conditions, which are delineated in the bill.
- Requires credentialing boards to issue licenses, certificates, or registrations to military spouses who satisfy specific conditions outlined in the bill.
- Requires all relevant experience of a military service member in the discharge of official duties or, for a military spouse, relevant experience including full-time and part-time work whether paid or as a volunteer, to be credited in calculating years of practice in an occupation.
- Provides that licensed, certified, or registered nonresidents have the same rights and obligations as licensed, certified, or registered residents.
- Allows boards to issue temporary practice permits to military-trained and military spouse applicants and sets out circumstances for issuing such permits.
- Provides that the section doesn't prohibit military-trained or military spouse applicants from proceeding under the other requirements under the Uniform Credentialing Act.
- Provides that the bill doesn't apply to licensure as a physician and surgeon.

LB 900 (Lathrop) (*IPP April 18, 2012; LB 900 with Committee Amendment was amended into LB 1160*)

Require a report concerning individuals in need of multiple division services from the Department of Health and Human Services. The bill requires a report, on or before December 1, 2012, from the Directors of Development Disabilities, Behavioral Health, and Medicaid to the Health and Human Services and the Developmental Disabilities Special Investigative Committees of the Legislature regarding the access of individuals, with co-occurring conditions of an intellectual disability and mental illness, to the full array of services needed to appropriately treat their specific conditions. The report includes, but is not be limited to:

- A summary of how these individuals are being served, including eligibility determinations, by the divisions;
- A defining and explanation of the individuals who currently fall into a gap between divisions, or move between divisions, in search of appropriate services;
- Explanation of the services, unmet demand for services, and the costs for services provided by more than one division to individuals with co-occurring conditions;
- The funding sources for services within divisions and how the funds are blended, or can be blended, to best serve these individuals;
- A plan by the divisions that would provide more integrated and coordinated treatment by the divisions for these individuals; and
- Any recommendations for potential legislation that would assist the divisions in carrying out the above plan.

The committee amendment adds the Division of Children and Family Services to the bill.

LB 904 (Gloor) (*Passed, signed by the Governor March 14, 2012*) Change Vital Statistics Act reporting requirements for annulments and dissolutions of marriage

LB 904 changes requirements regarding gathering information for Vital Records by the clerk of the district court in annulments and dissolution of marriage. The bill eliminates language stating that submission of the requested information is a prerequisite for granting a final decree for divorce or annulment. If the information is not provided to the clerk by the plaintiff or their legal representative, the designation of "unknown" will be accepted by Vital Records. LB 904 eliminates the \$25 fine against the district court clerks for "neglect or

refusal” to forward information to Vital Records.

LB 925 (Fischer) (IPP April 18, 2012) Provide duties for the Department of Health and Human Services relating to contracts with providers under Budget Program No. 514, Health Aid.

LB 925 provides that the department prioritize applications for contracts with providers of services for all programs within Budget Program No. 514, Health Aid, and prioritize the administration of funds for such programs with a preference for public health departments, federally qualified health centers or public or private health care facilities that provide comprehensive primary care in addition to preventive care services. The department shall select sufficient providers so that the services described in the bill are available throughout the state. The department may contract with a public or private health care facility which does not provide comprehensive primary care in addition to preventive services only if necessary to prevent the severe limitation or elimination of access to the services in this bill in any region of the state.

LB 926 (Dubas) (IPP April 18, 2012, provisions of LB 926 are amended into LB 820) Provide for a minimum base rate for foster care payments.

LB 926 provides minimum compensation to foster care parents.

- The Legislature finds:
 - Surveys of foster parents demonstrate that the safety net provided by foster families is fragile and damaged;
 - Increased focus on recruiting and retaining high quality, trained, and experienced foster parents should be a priority under reform of the system of child welfare services in Nebraska;
 - A 2007 study entitled Foster Care Minimum Adequate Rates for Children completed by Children's Rights, the National Foster Parent Association, and the University of Maryland School of Social Work analyzed foster care maintenance payments under Title IVE of the federal Social Security Act, as amended, which are defined as the cost of providing food, clothing, shelter, daily supervision, school supplies, personal incidentals, insurance, and travel for visitation with the biological family; and
 - The study set a basic foster care payment rate, calculated by:
 - Analyzing consumer expenditure data reflecting the costs of caring for a child,
 - Identifying and accounting for additional costs specific to children in foster care, and
 - Applying a geographic cost-of-living adjustment in order to develop rates for each of the fifty states and the District of Columbia.
 - The rate includes adequate funds to meet a foster child's basic physical needs and the cost of activities such as athletic and artistic programs which are important for children who have been traumatized or isolated by abuse, neglect, and placement in foster care.
 - The study found Nebraska foster care payment rates were the lowest in the country with an average payment of two hundred twenty-six dollars per month for a child two years of age.
 - Foster care placements with relatives are more stable, more likely to result in legal guardianship, less likely to reenter the system once reunited, and result in less stigmatization when living with family.
- Beginning July 1, 2012, Nebraska's standard minimum base rate for foster care payments shall be:
 - Made directly to the foster parent for the benefit of the child and not to a lead agency or subcontractor.
 - The state's rate calculated in the study described in this act,
 - Adjusted for inflation and
 - The foster family's location within the state,

- With additional compensation to provide for children with special needs or special circumstances, for travel expenses unique to children in foster care, and for age-appropriate clothing.
- The department shall ensure the relative providing foster care receive the minimum base rate:
 - For the first year of placement if the relative is pursuing licensure or other minimum requirements for relative foster care placements; and
 - Upon obtaining licensure or meeting minimum requirements in the same manner as non-relative placements.
- Relative includes a grandparent, a great-grandparent, an aunt, an uncle, or a cousin related by the whole blood and a sibling related by the whole or half blood, or by adoption.
- Since an emergency exists, this act takes effect when passed and approved according to law.

LB 929 (McGill) (*IPP April 18, 2012*) Provide a membership requirement for the State Foster Care Review Board members. The bill provides that after appointment to the State Foster Care Review Board, no member or employer of member shall receive funds from the Department of Health and Human Services.

LB 938 (Nelson) (*IPP April 18, 2012*) Require a uniform reimbursement rate for adult day services. LB 938 amends Section 81-2270 to require the Division of Medicaid and Long-Term Care to establish and pay a uniform rate for adult day services regardless of the source of funds used to reimburse providers. The bill also amends sections 68-908(2) (medicaid), 68-1204(1) (specialized developmental disabilities), and 68-1206 (social services) to make rates for adult day services under these programs subject to section 81-2270.

LB 945 (Haar) (*IPP April 18, 2012*) Require licensees under the Child Care Licensing Act to provide proof of radon levels at child care locations.

The bill requires

- Any current licensee with a provisional or operating license to give a written affidavit to the Department of Health and Human Services stating that the building where the program is located has a maximum radon level of four picocuries per liter of air. The affidavit is to be submitted within one year after the bill takes effect.
- Licensees to submit the same information in an affidavit to the department within 60 days of moving to a different location.
- Applications for new licenses to include a written affidavit stating that the building where the program is located has a maximum radon level of four picocuries per liter of air.

LB 949 (Legislative Performance Audit) (*Passed w/E-clause, signed by Governor April 9, 2012*) Require reports and a strategic plan by the Division of Children and Family Services of the Department of Health and Human Services.

LB 949 requires that the CFS shall report in writing to the Appropriations Committee and the Health and Human Services Committee:

- On or before July 30, 2012:
 - Expenditures between January 1, 2012, and June 30, 2012;
 - Outcomes of such expenditures; and
 - Changes or movement of funds between child welfare subprograms within Budget Program 347 in excess of two hundred fifty thousand dollars.
- Beginning the third calendar quarter of 2012, within thirty days after the end of the quarter:

- Expenditures and outcomes of such expenditures; and
- Changes or movement of funds between child welfare subprograms within Budget Program 347 in excess of two hundred fifty thousand dollars.

As a part of the appropriations request process for bienniums ending June 30, 2015 and 2017, CFS shall include a strategic plan that identifies:

- The main purpose of each program; and
- With the assistance of the DAS, CFS shall include:
 - Verifiable and auditable key goals that are fair measures of progress in meeting each program purpose;
 - Benchmarks for improving performance for the state and each service area and
 - Report regarding success meeting benchmarks;
 - Time-frames for meeting benchmark.
 - Not later than September 15, 2012 and 2015, the CFS shall report on the progress of key goals for the prior twelve months to the Appropriations Committee and Health and Human Services Committee.

Child welfare aid will be changed from a subprogram in Budget Program 347 and designated as a separate budget program.

LB 957 (Campbell)(*IPP April 18, 2012, provisions of LB 957 are amended into LB 821*) Adopt the Office of Inspector General for Nebraska Child Welfare Act .

LB 957 provides for the Office of Inspector General

- The office of Inspector General of Nebraska Child Welfare is created within the office of Public Counsel. The Inspector General shall be:
 - Appointed by the Public Council with approval from the Chairman of the Executive Committee and the Chairman of the Health and Human Services Committee of the Legislature.
 - Carry out the duties of the office within the amount available by appropriation through the office of Public Council for the office of Inspector General.
 - Be subject to the control and supervision of the Public Counsel. However, removal of the Inspector General will require approval of the Chairman of the Executive Committee and Chairman of the Health and Human Services Committee of the Legislature.
 - Be a person well equipped to analyze problems of law, administration, and public policy; and during his employment not be actively involved in partisan affairs.
- The office shall investigate:
 - Allegations of possible misconduct, misfeasance, malfeasance, or violations of statutes or of rules

or regulations of the department by an employee of the department, a private agency, a licensed child care facility, a foster parent, or any other provider of child welfare services or which may provide a basis for discipline pursuant to the Uniform Credentialing Act; and

- Death or serious injury in foster homes, private agencies, child care facilities and programs, and other programs and facilities licensed by the department; and death or serious injury in any case in which services are provided by the department to a child or his or her parents or
- Any case involving an investigation under the Child Protection Act, which case has been open for one year or less.
- Any investigation conducted by the Inspector General shall be independent of and separate from an investigation pursuant to the Child Protection Act.
- The office shall have access to all information and personnel necessary to perform the duties of the office.
 - A full investigation conducted by the office shall consist of retrieval of relevant records through subpoena, compliance with a request of the office, or voluntary production, review of all relevant records, and interviews of all relevant persons.
- Complaints to the office may be made in writing. The office shall also maintain a toll-free telephone line for complaints. A complaint shall be evaluated to determine if it is within the functions of the Office and whether a full investigation is warranted.
- The office shall not conduct a full investigation of a complaint unless:
 - The complaint alleges malfeasance, misconduct, misfeasance, violation of a statute or of rules and regulations of the department, or a basis for discipline pursuant to the Uniform Credentialing Act;
 - The complaint is against a person within the jurisdiction of the office; and
 - The allegations can be independently verified through investigation.
- The Inspector General shall determine within fourteen days after receipt of a complaint whether it will conduct a full investigation.
 - A complaint for discipline under the Uniform Credentialing Act shall be referred to the appropriate credentialing board under the act.
- All employees of the department, all foster parents, and all owners, operators, managers, supervisors, and employees of private agencies, licensed child care facilities, and other providers of child welfare services shall cooperate with the office regarding full access to and production of records and information within the confidentiality and protection outlined in the act.
- The office may issue subpoenas, administer oaths, examine witnesses, and take any evidence it deems pertinent to the conduct of an investigation under the Office of Inspector General Act.
- The office may shall access all relevant records through subpoena, compliance with a request of the office, and voluntary production.
 - All investigations conducted by the office shall be conducted in a manner designed to ensure the preservation of evidence for possible use in a criminal prosecution.
 - Reports of investigations conducted by the office shall not be distributed beyond the entity that is the subject of the report without the consent of the Inspector General.
- The Inspector General's report of an investigation shall be in writing to the Public Counsel and shall contain recommendations. The report may recommend:
 - Systemic reform or case-specific action, including a recommendation for discharge or discipline of employees or for sanctions against a foster parent, private agency, licensed child care facility, or other provider of child welfare services.
 - All recommendations to pursue discipline shall be in writing and signed by the Inspector General.

A report of an investigation shall be presented to the DHHS director within fifteen days after the report is presented to the Public Counsel.

- A report that identifies misfeasance, malfeasance, misconduct, or violation of statute, rules, or regulations by an employee of the department, a private agency, a licensed child care facility, or another provider that is relevant to providing appropriate supervision of an employee may be shared with the employer of such employee. The employer may not further distribute the report or any confidential information contained in the report.
- Within fifteen days after a report is presented to the DHHS director under this act, he or she shall determine whether to accept, reject, or request in writing modification of the recommendations contained in the report. The Inspector General may consider the director's request for modifications, but is not obligated to accept such request. Such report shall become final upon the decision of the director to accept or reject the recommendations in the report or, if the director requests modifications, within fifteen days after such request or after the Inspector General incorporates such modifications, whichever occurs earlier.
- Within fifteen days after the report is presented to the director, the report shall be presented to the foster parent, private agency, licensed child care facility, or other provider of child welfare services that is the subject of the report, and to persons involved in the implementation of the recommendations in the report. Within forty-five days after receipt of the report, the foster parent, private agency, licensed child care facility, or other provider may submit a written response to the office to correct any factual errors in the report. The Inspector General shall consider all materials submitted under this subsection to determine whether a corrected report shall be issued. If the Inspector General determines that a corrected report is necessary, the corrected report shall be issued within fifteen days after receipt of the written response.
- If the Inspector General does not issue a corrected report pursuant to this act, or if the corrected report does not address all issues raised in the written response, the foster parent, private agency, licensed child care facility, or other provider may request that its written response, or portions of the response, be appended to the report or corrected report.
- On or before September 15 of each year, the Inspector General shall provide to the Health and Human Services Committee of the Legislature and the Governor a summary of reports and investigations made under the Office of Inspector General Act for the preceding year. The summaries shall detail recommendations and the status of implementation of recommendations. The summaries shall not contain any confidential or identifying information concerning the subjects of the reports and investigations.

Finally, LB 957 requires contracts for health and human services to submit to the jurisdiction of the Public Counsel. Current law states that “.any contracting agency shall ensure that any contract which a state agency enters into or renews which agrees that a corporation, partnership, business, firm, governmental entity or person shall provide health and human services to an individual on behalf of the State of Nebraska shall contain a clause requiring such entity to submit to the jurisdiction of the Public Counsel.” LB 957 adds “or service delivery, service coordination or case management” after individual so the statute would then read: “...provide health and human services to an individual, or service delivery, service coordination or case management on behalf of the State of Nebraska shall contain a clause require such entity to submit to the jurisdiction of the Public Counsel.”

LB 961 (*Passed w/E-clause, signed April 9, 2012*) addresses case management; the Pilot Case Management Lead Agency Model Project; caseloads; non-court, voluntary case plan requirements; service area realignment with judicial districts; prohibition of lead agency model.

- **Legislative findings**
 - State has responsibility for children in its custody;
 - Substantial cost to the state in privatizing case management,
 - Unsustainability of the financial costs of private case management; and
 - Importance of training for case managers and caseworkers.
- Returns case management to the state of Nebraska
 - Beginning April 1, 2012,
 - Except for the Pilot Case Management Lead Agency Model Project.
- **The Pilot Case Management Lead Agency Model Project**
 - The department may contract with a lead agency for a Pilot in the Eastern service area.
 - Shall include appropriate conditions, performance outcomes, and oversight for the lead agency
 - The reporting, monitoring, capacity, and evaluation as specified in LB 1160 for the department shall include the pilot project.
 - Compliance and coordination with the Nebraska Children's Commission development of the strategic plan as outlined in LB 821;
 - Assure financial accountability and reporting by the lead agency;
 - Prior to April 1, 2013, the HHS Committee shall
 - Review the pilot project and
 - Provide to the Legislature and the department recommendations, with legislative options necessary to enact the recommendations
 - Regarding the adaptation or continuation of the pilot, the HHS Committee will utilize:
 - The system evaluation and Children's Commission strategic plan in LB 821
 - The department's assessment
 - The reports, surveys, information and data provided to the Committee;
 - If the pilot project continues past April 1, 2013, the lead agency shall comply with the requirements in LB 821 regarding future lead agencies:
 - Board of directors with at least fifty-one percent
 - Nebraska residents,
 - Not employed by the lead agency or a subcontractor of the lead agency;
 - Complete a readiness assessment, developed by the department, to determine the lead agency viability and evaluate organization, operational, and programmatic capabilities and performance;
 - No more than thirty-five percent of direct services may be provided by lead agency;
 - Provide accountability for meeting the outcomes and performance standards
- The department and pilot project caseloads shall range between 12-17 cases per case manager
 - Compliance with caseload range shall be completed by September 1, 2012.
 - Department and pilot will use the same criteria and standard specified in the bill
 - The department shall include, beginning September 15, 2012, in its annual report required in 68-1207.01:
 - A report on the progress toward the caseload standards in compliance with the act and according to the Child Welfare League of America, or its successor.
 - An annual report of the Child Welfare League of America or its successor on caseload standards.
- Caseload size determined by:

- If children are placed in the home, the family shall count as one case regardless of how many children are placed in the home;
- If a child is placed out of his or her home, the child shall count as one case;
- If, within one family, one or more children are placed in the home and one or more children are placed out of the home, the children placed in the home shall count as one case and each child placed out of the home shall count as one case; and
- Any child receiving services from the department or a private entity under contract with the department shall be counted as provided, whether or not such child is a ward of the state.
- A child is considered to be placed in the home if the child is placed with his or her biological or adoptive parent or a legal guardian and
- A child is considered to be placed out of the home if the child is placed in foster care, group home care, or any other setting which is not the child's planned permanent home
- DHHS shall develop case plans with specified services and actions for non-court and voluntary cases;
- After Sept 1, 2012, reconfigures Central, Western, and Northern Service areas so that no judicial district is included in more than one service area.
- Provides that lead agencies shall not be reinstated in the Southeast, Central, Western, and Northern Service areas.

LB 988 (Howard) (*IPP April 18, 2012*) Provide a rate of payment for certain medical services in emergency protective custody situations

LB 988 provides that the county shall pay the cost of medical services of individuals in emergency protective custody at the Medicaid rate.

LB 995 (Heidemann) (*Passed w/E-clause, signed by Governor April 5, 2012*) Change provisions relating to county medical facilities and public hospitals.

LB995 corrects, revises, updates, and clarifies statutes applicable to county hospitals. The bill is intended to reconcile the statutes of county hospitals to regulate in a similar manner as currently relates to peer governmental and nonprofit hospitals. LB 995 also addresses issues regarding peer review and open meetings laws and harmonizes state law with federal law requirements for arms-length bargaining.

Section 1. Amends the County Purchasing Act to clarify that purchases or leases of personal property or services by county hospitals and other section 23-3501 facilities are not purchases subject to the act.

Section 2. Clarifies that general obligation bonds may be issued to finance replacement facilities. This continues to require approval of county voters. Clarifies that bond proceeds may be used to operate clinics and to acquire equipment and other property necessary for hospital operations.

Section 3. Reorganizes existing language regarding the establishment of county hospital boards of trustees. Allows the county board to increase the number of hospital board trustees to nine. Makes individuals who have been excluded from participation in any federally funded health care program (e.g., Medicare or Medicaid) ineligible to serve as a hospital trustee. Requires dialogue between county boards and hospital boards of trustees regarding desired skills and qualifications of new appointees to the hospital board.

Section 4. Deletes existing language stating hospital trustee powers and replaces it with clearer and more current language. Some of the powers set forth in this section currently exist in section 23-3504 and other

sections repealed by LB995, while other powers are new to county hospital boards. Significant additions and/or changes includes the following:

(3) The power to sell, lease, exchange, encumber or otherwise dispose of the hospital's property. If the sale, lease, exchange or encumbrance is of all, or substantially all, of the hospital's property, the hospital board may only take such action upon receiving the approval of the county board. Existing law provides no authority for a county hospital board to encumber hospital property.

(4) The power to borrow money on an unsecured basis (line of credit) and the power to borrow money secured by the facility or its revenues. Currently, the only method by which a county hospital may independently incur debt is through the warrant system. LB995 authorizes issuance of revenue bonds. Previously no ability existed. This gives the county and county hospital the latitude to relieve taxpayers of the burdens of general obligation bonds by refinancing them using revenue bonds. Any issuance of revenue bonds for which the revenue of the facility has been pledged shall be subject to approval by the county board.

(6) The authority to make any and all improvements or additions to the hospital's facility and/or equipment. If the cost of the improvement or addition is greater than 50 percent of the replacement cost of the facility, the hospital board must obtain approval of the county board. Previously, if the hospital wished to improve the facility or purchase equipment at a cost greater than 50 percent of the replacement cost of the facility or equipment, county voter approval was required.

(8) The authority to pay all claims due and owing by the facility. Current language requires that each check be issued pursuant to "an order upon its treasurer, signed by the superintendent of such facility and countersigned by the chairperson and secretary of the board of trustees."

(11) The power to control, own, and operate clinics and other health care facilities outside the county hospital's jurisdiction. Hospital districts and nonprofit hospitals currently hold this power; this is intended to put county hospitals on similar footing.

Section 5. Consolidates all of the hospital board's duties into one section. Clarifies that county hospitals are subject to investment standards and guidelines established for political subdivisions. The board of trustees of the county hospital shall file bylaws, rules, and regulations with the county board.

Section 6. General obligation bonds may be issued upon the approval of the county board to finance the cost of improvements, additions, equipment and other property deemed necessary for hospital operations. This is different than the authority to issue bonds for the construction or replacement of a facility under section 23-3501. Changes the maximum repayment period from twenty to thirty years, consistent with the current market. Clarifies that county voters must approve the issuance of bonds if taxes will be levied to pay such debt in excess of the constitutional levy limitation.

Section 7. Clarifies that if gifts and donations are secured to help finance the construction or replacement of a county hospital, the rest of the necessary funds may be obtained using general obligation bonds under section 23-3501.

Section 8. Deletes contradictory language providing for management of the county hospital by the county board.

Section 9. Clarifies that any suit brought to recover the cost of care is to be initiated under the name of the county hospital board of trustees.

Section 10. Provides that the administrator of the county hospital, or his or her designee, may make decisions to compromise or waive hospital fees pursuant to hospital policy, such as a charity care policy.

Section 11. Clarifies that fees for hospital services are collected by the county hospital.

Section 12. Deletes antiquated language and an incorrect statutory reference.

Section 13. Defines “tangible benefit” as any activity that promotes health or furthers a provider’s mission.

Section 14. Deletes existing powers that are clearly unconstitutional if exercised by a governmental hospital, such as authority to own or merge with for-profit corporations, LLCs, partnerships, etc. Adds specific authority for governmental hospitals to engage in contractual joint ventures with other governmental hospitals or nonprofit hospitals and health care organizations when doing so provides a tangible benefit. Provides that a governmental hospital may hold a membership interest in a nonprofit corporation when holding that membership interest provides a tangible benefit. Authorizes the operation of one or more medical offices outside a governmental hospital’s jurisdiction.

Section 15. States legislative intent that holding a membership interest in a nonprofit corporation or participating in a contractual joint ventures does not make a governmental hospital a subscriber or owner of capital stock or an interest in a private corporation, which would run afoul of Nebraska constitutional prohibitions. A membership interest in a nonprofit entity is not transferable and does not constitute equity of the nonprofit entity.

Section 16. Reconciles statutes regarding the exceptions and requirements of approval of the department and notice to the Attorney General to include the sale of a county hospital approved under the act.

Section 17. Provides an exception to open meetings requirements for public hospitals when they undertake a peer review or professional review activity or engage in any review or discussion of a medical staff investigation or disciplinary action. Provides an additional exception to open meetings requirements when federal law requires negotiation at arms length of a transaction with a referral source.

Section 18. Provides that if any provision of LB995 is held to be unconstitutional or invalid, the remaining sections shall remain valid.

Section 19. Repeals the statutes amended by LB995.

Section 20. Repeals outright sections 23-3506, 23-3507 and 23-3514, which were consolidated into new sections 23-3504 or 23-3505.

Section 21. Emergency clause causing the act to take effect when passed and approved.

LB 998 (Krist) (*Passed w/E-clause, signed by Governor April 11, 2012*) Create the Foster Care Review Office and eliminate the Foster Care Review Board.

LB 998 creates the Foster Care Review Office to exercise the authority and perform the duties provided by the Foster Care Review Act.

The State Foster Care Review Board is eliminated. The Foster Care Review Office is established. The purpose of the office is to:

- Provide information and direct reporting to the courts, the department, and the Legislature.
- Provide oversight of the foster care system;
- Make recommendations regarding foster care policy to the Legislature;
- Provide information and reporting services, analyze the information obtained, oversee file audit reviews, and track cases of children in the foster care system;

The executive director of the office shall, with the assistance of the Committee, through information analysis:

- Determine key issues of the foster care system and ways to resolve the issues and to improve the system and
- Make policy recommendations

The Foster Care Advisory Committee is created with five members appointed by the Governor and subject to the approval of the Legislature.

- Members shall have no pecuniary interest in the foster care system;
- Shall not be employed by the office, department, child-caring agency, child-placing agency or the court;
- Three members shall be chosen from a list of twelve local board members submitted by the Legislature;
- One member shall be from a list of four persons with data analysis experience submitted by the Legislature; and
- One member shall be from the a list of four persons who are residents of the state and are representatives of the public at large.
- Members appointed shall be voted on by the Legislature. However, the initial members shall serve until the next Legislative session can vote on the appointments

Duties of the Foster Care Advisory Committee are to:

- Meet at least four times each calendar year;
- Hire and fire, when or if deemed necessary, an executive director for the office who has training and experience in foster care; and
- Support and facilitate the work of the office including the tracking of children in foster care and review foster care file audit case reviews.

The executive director of the Foster Care Review Office shall be responsible for personnel; the annual report; and other reporting, review, tracking, data collection and analysis; and oversight and training of local boards.

- The director shall report to the Health and Human Services Committee:
 - Regular updates regarding child welfare data and information at least quarterly, and a fourth-quarter report shall be the annual report due December 1.
 - Issues, policy concerns and problems which have come to the office from analysis of the data.
 - If requested, recommend alternatives to the identified problems and related needs of the office and the foster care system.

The Foster Care Advisory Office shall maintain the statewide register of all foster care placements occurring

within the state. The office shall be the only entity responsible for the conduct of periodic foster care file audit case reviews which shall be identified as reviews which meet the federal requirements for six-month case reviews pursuant to the federal Adoption Assistance and Child Welfare Act. The office shall designate a local board to conduct foster care file audit case reviews for each case of children in foster care placement.

A local board shall send a written report to the office for each foster care file audit case review conducted by the local board.

The department and every court and child-placing agency shall report any foster care placement within three working days. A court shall send a written report to the office for each foster care review hearing conducted by the court. Each court which has placed a child in foster care shall send to the office a copy of the plan and a copy of the progress reports relating to the plan, including but not limited to the court order and the report and recommendations of the guardian ad litem. The office may provide the designated local board with copies of the information from the review hearing provided by the court.

LB 1002 (Sullivan)(*IPP April 18, 2012*) Change the long-term care bed moratorium provisions.

LB 1002 allows the Department of Health and Human Services to waive certificate of need limitations in subdivision (1) of section 71-5829.04 for development and licensure of a long-term care facility by a political subdivision or a nonprofit organization in a city of the second class or a village if all long-term care beds within a 25-mile radius of the city or village have been sold or transferred to another facility located outside of the 25-mile radius.

LB 1010 (Nordquist) (*IPP April 18, 2012*) Change eligibility provisions relating to the Supplemental Nutrition Assistance Program.

LB 1010 increases the gross income eligibility limit for participation in the Supplemental Nutrition Assistance Program (“SNAP” – formerly known as the food stamp program). The bill:

- Changes the date by which the Department of Health and Human Services is to create a program to maximize SNAP participation from October 1, 2011, to October 1, 2012.
- Removes the prohibition on increasing the current gross income eligibility limit when seeking to maximize participation in SNAP.
- Adds new subdivision (iii): Increases the gross income eligibility limit to 185% of the federal poverty guideline; provides that the net income eligibility limit shall not be increased.

LB 1016 (Conrad) (*IPP April 18, 2012, provisions of 1016 amended into LB 825*) Require the Department of Health and Human Services to contract with certain community-based organizations as prescribed, LB 1016 requires the department to enter into contracts with thirty community-based organizations to provide on-site department staff to assist with applications, answer questions, screen and conduct interviews to determine eligibility and benefit renewal; and train and provide technical assistance to staff of the community-based organizations regarding public benefit programs.

Under the bill, contracts shall require the community-based organizations to provide quality, accurate information relating to public benefit programs that are targeted at populations known to have low participation rates in, or difficulty accessing, public benefits; provide outreach to individuals in the target populations; assist individuals with scheduling appointments with department staff; and assist with information required for benefit application or renewal.

Community-based organizations mean: an area agency on aging; a Nebraska community action agency; a

Nebraska-based center for independent living; a Nebraska-based rural health clinic; a Nebraska-based federally qualified health center; and any other organization that demonstrates to the department that it can comply with the requirements of the bill.

LB 1027 (Cook) (*IPP April 18, 2012*) Change licensure requirements for head injury facility administrators. The bill adds new language which requires:

- Facilities that are primarily for caring for persons with head injuries and associated disorders to be operated by an administrator duly licensed under the Nursing Home Administrator Practice Act.
- Qualifications to be licensed to administer facilities caring primarily for persons with head injuries and associated disorders.

LB 1028 (Cook) (*IPP April 18, 2012*) Require the Department of Health and Human Services to apply for a grant relating to long-term care services.

LB 1028 provides that no later than September 1, 2012, the Department of Health and Human Services shall apply to the United States Department of Health and Human Services for a grant under the State Balancing Incentives Payment Program enacted in the federal Patient Protection and Affordable Care Act. Funds from the grant shall be used to develop a comprehensive and coordinated system of home- and community-based long-term care services. On or before December 1, 2012, the Department of Health and Human Services shall report to the Health and Human Services Committee of the Legislature on the status of the grant application.

LB 1032 (Wightman) (*IPP April 18, 2012*) Change advertisement and display of credential provisions under the Uniform Credentialing Act.

LB 1032 adds restrictions and requirements on advertisements for credential holders who provide health services, health-related services, or environmental services. Credential holders who have direct patient care would be required to wear a name tag “of sufficient size” “in a conspicuous manner” during patient care identifying type of credential held. Provides requirements for name tags worn by students and residents in training. The bill retains current language which requires credential holders to make their current credential available upon request; requires the department to determine how consumers can identify credential holders; and requires signs, announcements, stationery, and advertisements for credential holders to identify the profession or business for which the credential is held. Provides that failure to comply is unprofessional conduct subject to disciplinary action under the Uniform Credentialing Act.

LB 1041 (Cook) (*IPP April 18, 2012*) Adopt the Department of Health and Human Services Delivery Improvement and Efficiency Act.

LB 1041 provides for the Department of Health and Human Services Delivery Improvement and Efficiency Act. The purpose of the act is to simplify the management and delivery, efficiency, and coordination of public benefits and collect and analyze data to improve the efficiency and effectiveness of the delivery system. LB 1041 requires the department to simplify documentation requirements for public benefit programs to:

- (a) Eliminate all asset limits for eligibility under aid to dependent children and the child subsidy program except the total of liquid assets; shared accounts shall not exceed twenty-five thousand dollars;
- (b) Select and utilize the least burdensome and redundant verification procedures for recipients allowed under federal law for medical assistance, aid to dependent children, the child care subsidy and SNAP programs; and
- (c) Under SNAP allow the use of attestation to verify information to the greatest extent permitted including dependent child care expenses to the extent that the information provided is not questionable. The department shall share verification of client information across the benefit programs it administers to permit client information verified in one program to update eligibility information in another program. The

department shall use federal, state, and commercial data bases to verify client information for eligibility to the greatest extent possible and to the extent that access does not require new or additional funding; if new or additional funding is required, then to the extent appropriated; if appropriation is necessary, then the department shall request sufficient appropriation at the next regular session of the Legislature. The act requires the department to coordinate and simplify benefit renewals for public assistance programs. The department shall collect and analyze data on the frequency and reason for benefit denials, closures and failure to renew (including failing to timely provide information, failure to perform a case review, or failing to appear for an appointment) as outlined in the bill. The department shall provide a report to the Governor and the Legislature no later than December 1 each year regarding the data and analysis.

LB 1042 (Campbell) (*Passed, signed by Governor April 10, 2012*) Authorize nurse practitioners to sign death certificates.

LB 1042 allows a nurse practitioner to pronounce death and complete, then sign, a death certificate. The bill provides for disciplinary actions to be initiated against a nurse practitioner's license to practice when the applicant or licensee fails to comply with state law relating to the signing of death certificates.

LB 1047 (Howard) (*IPP April 18, 2012*) Require safe injection practices as prescribed.

LB 1047 requires health care professionals licensed in Nebraska who, as part of their scope of practice, provide injections to human patients or clients shall follow the safe injection practices published in the *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings* by the CDC and U.S. Department of Health and Human Services.

LB 1062 (Nordquist) (*Passed, signed by Governor April 10, 2012*) Change provisions relating to adoption assistance.

Before a final decree of adoption is issued, the department and adoptive parents shall enter into a written adoption assistance agreement determining if a child is eligible for such assistance and designating a guardian for the child in case of the death of the adoptive parent. Payment of adoption assistance ceases upon the death of the adoptive parents, except in cases where there is an assignment to a guardian and for up to six months pending the appointment of a guardian if the child is placed in the temporary custody of a family member or other individual. Payment of adoption assistance ceases upon placement of the child with the department or a child placement agency.

LB 1063 (Cook) (*Passed, signed by Governor April 11, 2012*) Adopt the Children's Health and Treatment Act. LB 1063 provides for the Children's Health and Treatment Act. The purposes of the Children's Health and Treatment Act are to require:

- The guidelines and criteria the department utilizes to determine medical necessity for services under the medical assistance program be published by the department on its web site and web sites of its contractors for managed care and administrative services.
- The treating guidelines and criteria be referenced specifically to providers when utilized as a determination of medical necessity under the medical assistance program.
- The department collect and report on authorization and denial rates for behavioral health services for children under nineteen years of age.
- The department report to the Health and Human Services Committee of the Legislature on utilization controls, including, but not limited to, the rates of initial service authorizations, re-authorizations subsequent to initial service authorizations, and denials for behavioral health services for children under nineteen years of age.
 - The first report due on October 1, 2012, shall contain rates of initial service authorizations, re-

authorizations subsequent to initial service authorizations, and denials for behavioral health services for children under nineteen years of age for the first three quarters of 2012.

- Thereafter, on January 1, April 1, and July 1 of each year, the department shall report such rates of initial service authorizations, re-authorizations subsequent to initial service authorizations, and denials for behavioral health services for children under nineteen years of age for the previous calendar quarter.

LB 1077 (Howard) (*Passed, signed by Governor April 10, 2012*) Require certain health care facilities to offer vaccinations to residents and patients.

LB 1077 provides that in order to prevent, detect, and control pneumonia and influenza outbreaks in Nebraska, each general acute hospital, intermediate care facility, nursing facility, and skilled nursing facility shall annually, beginning no later than October 1st and ending on the following April 1st when no national vaccine shortage exists, offer on-site vaccinations for influenza and pneumococcal disease to all residents and to all inpatients prior to discharge. No facility is required to cover the cost of a vaccination for influenza and streptococcal disease as provided in the bill.

LB 1083 (Bloomfield) (*Passed w/E-clause, signed by Governor April 10, 2012*) Clarify permitted practices under the Nurse Practice Act.

LB 1083 clarifies that the Nurse Practice Act does not prohibit a licensed nurse who is a friend or relative from providing home care for compensation or gratuitously to a family member or a friend.

LB 1103 (Wightman) (*IPP April 18, 2012*) Provide access to deceased family member's medical records.

LB 1103 sets out a priority order of persons who may request access to a deceased patient's medical records, and amends related statutes to incorporate references to the bill. The priority order of who may request access to a deceased patient's medical records:

- The personal representative of the deceased's estate;
- An agent appointed by the deceased under a power of attorney for health care who is authorized to act for the deceased after death, and the deceased did not specifically object in writing to disclosure of his or her medical records;
- The surviving spouse;
- An adult son or adult daughter of the deceased;
- A parent of the deceased; or
- An adult brother or adult sister of the deceased.

LB 1110 (Brasch) Provide assistance for temporary and permanent housing after a natural disaster (*IPP April 18, 2012*) LB 1110 provides temporary and permanent housing assistance through creation of subaccounts of the Affordable Housing Trust Fund and Homeless Shelter Assistance Trust Fund. LB 1110 transfers \$500,000 of the Affordable Housing Trust Fund into the subaccount and then 10% of all money remitted to the fund until the subaccount reaches a balance of \$2 million, which is the amount to be maintained in the subaccount for providing funds for housing projects for individuals displaced by a natural disaster. The Department of Economic Development shall use the funds to provide grants to counties, cities, or villages for permanent housing assistance upon the Governor's request for a federal disaster declaration. An individual may apply to the local government for assistance. The department shall establish regulations for administering the funds expeditiously, including criteria for prioritizing eligibility and designated uses of the funds. LB 1110 transfers \$300,000 of the Homeless Shelter Assistance Trust Fund into the subaccount and then 10% of the money remitted to the fund until the subaccount reaches a balance of

\$500,000, which is the amount to be retained for providing funds for individuals displaced or homeless as a result of a natural disaster. Upon declaration of a state of emergency by the Governor, the Department of Health and Human Services shall provide grants to counties, cities, or villages for temporary housing assistance for individuals up to three months and shall provide a form for individual applicants who apply for assistance to the local government. The department shall adopt rules and regulations for an action plan and expedited application process for emergency housing assistance.

LB 1122 (Bloomfield) (*Passed w/E-clause, signed by the Governor April 10, 2012*) Change the Medical Assistance Act with respect to certain home health services.

LB 1122 provides that prior to any limitation on the amount, duration, or scope of goods and services that recipients may receive under the medical assistance program, the department shall give full and deliberate consideration to the role of home health services from private-duty nurses in meeting the needs of a disabled family member or disabled person.

LB 1136 (Mello) (*IPP April 18, 2012*) Create and provide for a wage subsidy program.

LB 1136 creates a wage subsidy program within the department to subsidize employers and participants in the aid to dependent children program. The bill states legislative intent to fund the program from the Temporary Aid to Needy Families Program and sunsets the wage subsidy program in 2014.

LB 1142 (Nordquist)(*General File, IPP April 18, 2012*) Adopt the Health Care Transparency Act.

LB 1142 creates the Health Care Data Base Advisory Committee, appointed by the Director of Insurance, to recommend how to design the Nebraska Health Care Data Base. The bill creates an advisory committee to make recommendations regarding the creation and implementation of a Nebraska Health Care Data Base, which shall be used to:

- Provide information to consumers and purchasers of health care;
- Determine the capacity and distribution of existing health care resources;
- Identify health care needs and inform health care policy;
- Evaluate the effectiveness of intervention programs on improving patient outcomes;
- Review costs among various treatment settings, providers, and approaches; and,
- Improve the quality and affordability of patient health care and health care coverage.

The advisory committee shall make recommendations to the Director of Insurance that:

- Include specific strategies to measure and collect data related to health care safety and quality, utilization, health outcomes, and cost;
- Facilitate value-based, cost-effective purchasing of health care services by public and private purchasers and consumers;
- Result in the ability to compare health plans, health insurers, health facilities, and providers regarding the provision of safe, cost-effective, high-quality health care services;

Use and build upon existing data collection standards, requirements, and methods, as well as existing publicly available data, to minimize the administrative burden on data sources; include issues regarding compliance with HIPAA and data security. The Director of Insurance shall report the recommendations of the advisory committee to the Governor and the Legislature on or before December 1, 2012.

LB 1148 (Gloor) (*Passed, signed by Governor April 10, 2012*) Change certification provisions for marriage and family therapists.

The bill requires:

- 1,500 hours of direct-client contact during the five years preceding application for certification
- At least 100 hours of supervisor-supervisee contact hours with a qualified supervisor, and provides that supervision shall occur at least one hour per week or 2 hours every 2 weeks.
- Hours to be part of, not in addition to, the 3,000 hours of experience currently required by the statute.
- Fulfillment of guidelines as specified to be a marriage and family therapist supervisor.

LB 1149 (McGill) (*IPP April 18, 2012, provisions of LB 1149 amended into LB 961*) change provisions relating to the child guardianships and child welfare caseloads.

LB 1149 provides that the department authority and requirements may be transferred to a department designee in juvenile cases as outlined in the bill. The bill requires the department to maintain caseload standards. No caseload shall exceed by more than two children:

- Twelve active cases during initial assessment;
- Seventeen active cases during the ongoing cases; and
- No more that one new case shall be assigned to any caseworker for every six open cases assigned to the caseworker.

Ongoing caseload size consists of:

- If the child is placed in the home the family is one case regardless of the number of children;
- If the child is placed out of home, the child shall count as one case; and
- If the family has children both in and out of home, the in-home children shall count as one case; each out-of-home child placed counts as a separate case.

Any child receiving service from the department or a private entity under contract with the department shall be counted as specified by the bill whether such child is a ward of the state or not. In-home is defined as a child placed with his or her biological or adoptive parent or legal guardian. Out-of-home is defined as foster care, group home care, or any other setting which is not the child's planned permanent home. The Health and Human Services Committee of the Legislature shall annually review the caseload standards of the CWLA, or its successor, to determine whether to recommend to the Legislature changes to the standards of the bill. The department shall annually provide a report to the Legislature and Governor outlining the caseloads of child protective services and contractors. Failure to issue the report by July 1 of each year shall result in the unpaid suspension of the chief executive officer of the department until the report is issued.

The bill creates the Child Welfare Caseload Estimating Committee consisting of a Legislative Fiscal Analyst, the budget administrator of the budget division of DAS, and the Director of CFS. On or before September 1 of each even-numbered year beginning in 2012 the committee shall use data provided by CFS to determine the number of families served by the division and the cost of the direct services provided for the most recent fiscal year and estimate the number and cost of services for families for the biennium beginning the following July 1. It is the intent of the Legislature to use the information provided by the committee to determine a formula to provide adequate funding each biennium for the cost of child welfare services.

LB 1150 (McGill) (*IPP April 18, 2012*) Adopt the Young Adult Voluntary Foster Care Services Act.

The purpose of the Young Adult Voluntary Foster Care Services Act is to support former state wards in achieving permanency and becoming independent, self sufficient adults. Young adults are individuals age nineteen but less than twenty-one years of age who were state wards when the young adult reached nineteen years of age. In addition, the young adult is completing secondary education or a program leading to an equivalent credential; enrolled in a post secondary or vocational education institution; participating in an employment program; employed at least eighty hours per month; or incapable of doing the prior list of activities due to a medical condition.

LB 1150 provides that if a young adult chooses to participate in extended foster care services and meets the eligibility requirements outlined, the department and young adult shall sign a voluntary foster care agreement. The agreement shall, at a minimum, include that the youth will continue to meet the conditions of eligibility; that the agreement is voluntary; and the conditions of the voluntary agreement.

The department shall develop notice discussing the rights, eligibility, and application process for the program. Extended foster care services under the act shall include, but not limited to:

- Medical assistance or medicaid;
- Placement in a foster family home, an institution, or an independent living setting;
- Aid for post secondary education or vocation programs, including room and board; and
- Case management provided by the department, including a written description of services and including a continuation of the independent living transition proposal. Services may include, when eligible and appropriate, those to:
 - Obtain employment or other financial support;
 - Obtain a government-issued identification card;
 - Open and maintain a bank account;
 - Obtain community services including health, mental health, developmental disability, and other disability services and supports;
 - Satisfy any juvenile justice system requirements and assist with expunging the young adult's juvenile record;
 - Complete secondary education;
 - Apply for admission and aid for post secondary educational or vocational programs;
 - Obtain state court findings and apply for special immigrant juvenile status or apply for other immigration achievement-of-citizenship status;
 - Create a healthcare power of attorney;
 - Provide a copy of health and education records;
 - Apply for public benefits for which the young adult is qualified;
 - Maintain relationships with individuals important to the young adult and access to information about maternal and paternal relatives, including siblings, unless contrary to the safety and well-being of the young adult.

The court has the jurisdiction to review voluntary foster care agreements. The court shall make a best-interest determination not less than sixty days after the report has been filed. The court shall conduct, at least once a year, a permanency review hearing, as outlined in the bill, regarding the voluntary foster care agreement including reasonable efforts finding; consults with the young adult; court interaction with the young adult that allows a self-advocacy role regarding the proposed permanency or transition plan; review of the support and services provided to the young adult; and finding by the court that services are appropriate to move the young adult toward permanency and independence.

Young adults with voluntary foster care agreements shall be appointed an attorney to advocate for the young adult's wishes and goals and to ensure the provision of services under the act. The young adult may continue with the guardian ad litem assigned prior to the end of his or her juvenile court case in a client-directed model of representation. In addition, the court has discretion to appoint a CASA volunteer or continue an acting CASA volunteer with the young adult's consent.

The department, in collaboration with the young adult, shall conduct periodic case reviews not less than every

one hundred eighty days to review the status of the young adult's safety, continuing need and appropriateness of placement, compliance with the case plan, and projected date regarding the end of foster care services.

The department shall provide extended guardianship assistance or extended adoption assistance for a young adult if the young adult began receiving guardianship assistance or adoption assistance at age sixteen years or older.

The department shall implement the Young Adult Voluntary Foster Care Services Act in accordance with requirements necessary to obtain federal Title IV-E funding.

The provision of services under the act shall recognize and respect the autonomy of the young adult and abrogate any other rights afforded the youth as an adult under state law.

The department shall submit an amendment to the medicaid state plan to implement the Young Adult Voluntary Foster Care Act by October 1, 2012.

LB 1158 (Krist) (*Passed w/E-clause, signed by Governor April 11, 2012*) Provide requirements for medical assistance behavioral health managed care contracts.

LB 1158 provides that all contracts and agreements relating to the medical assistance program as related to at-risk managed care for behavioral health services after July 1, 2012 shall:

- Provide a definition of annual contractor profits and losses and restrict such profits and losses under the contract so that
 - Profit shall not exceed three percent per year and
 - Losses shall not exceed three percent per year, as a percentage of the aggregate of all income and revenue earned by the contractor and related parties, including parent and subsidiary companies and risk-bearing partners under the contract;
- Provide for reinvestment of at least one and one-half percent of the aggregate of all income and revenue each year including
 - Any profits in excess of the contracted amount,
 - Performance contingencies imposed by the department, and
 - Any unearned incentive funds to fund additional behavioral health services for children, families, and adults according to a plan developed with input from stakeholders, including consumers and their family members, the office of consumer affairs within the division, and the regional behavioral health authority input, and approved by the department. Such plan shall address the behavioral health needs of adults and children, including filling service gaps and providing system improvements;
- Provide for a minimum medical loss ratio of eighty-five percent of the aggregate of all income and revenue earned by the contractor and related parties under the contract;
- Provide that contractor incentives, in addition to potential profit, be at least one and one-half percent of the aggregate of all income and revenue earned by the contractor and related parties under the contract;
- Provide that a minimum of one-quarter percent of the aggregate of all income and revenue earned by the contractor and related parties under the contract be at risk as a penalty if the contractor fails to meet the minimum performance metrics defined in the contract; and such penalties, if charged, shall be accounted for in a manner that shall not reduce or diminish service delivery in any way; and
- Be reviewed and awarded competitively and in full compliance with the procurement requirements of the State of Nebraska.

LB 1160 (Health and Human Services Committee) *(Passed w/E-clause; signed by Governor April 11, 2012)*
Provides for the development of a web-based, statewide, automated child welfare information system to integrate child welfare information; reports by a national entity; and coordination of all department reports regarding child welfare and juveniles.

- **The Legislature finds that:**
 - NE does not have the capacity to collect and analyze data required to inform policy decision, development and evaluation of the child welfare system-wide
 - N-FOCUS does not provide data in a manner that
 - Allows for the monitoring of the system;
 - Allows for integration of other computer systems, resulting in silos of operation and information;
 - The department needs leadership in developing a uniform electronic data collection system for child welfare
- **It is the intent of the Legislature to provide:**
 - Legislative oversight of the child welfare system through an improved electronic data collection system;
 - Integrate child welfare information into one system to more effectively manage, track and share information, especially in case management
 - Improved outcome measurements and increased reporting; and
 - An independent evaluation of the child welfare system.
- **Web-based, statewide, automated child welfare information system**

The department shall develop and implement a web-based, statewide, automated child welfare information system to:

- Integrate child welfare information into one system;
- Improve efficiency and effectiveness by reducing paperwork and redundant data entry allowing case managers to spend more time working with families and children;
- Improve access to information to support policy and practice standards;
- Facilitate timely and quality case-management decisions through information;
- Provide consistent and accurate data management to improve reporting, accountability, workload distribution, and case review requirement;
- Improve payment and service tracking;
- Improve case management;
- Utilize business intelligence software to track progress of dashboards;
- Access real time data to take supportive and corrective actions in cases;
- Expedite identification of foster homes and community resources available to meet children's needs; and
- Improve reporting and tracking capabilities for accuracy, transparency, and oversight of the child welfare system.

The capacity of the web-based, statewide, automated child welfare information system shall include:

- Integration of social services through automated interfaces with the courts, medicaid eligibility, child support, etc.

- Ease implementing future system modifications;
- Compatibility with multiple vendor platforms;
- Additional capacity if system volume requirements increase;
- Protection at each tier of system in the event of component failure;
- Vendor portals for direct entry of case information;
- Key automated process analysis for supervisor and management to include cell or other mobile communication devices for administration of cases;
- Web access 24-7;
- Automated application of child welfare policy and procedures;
- Automated prompts and alerts for case management assistance; and
- Compliance with federal regulations re child welfare and Title IV-E

On or before December 1, 2012, the department shall report to the Legislature a plan for a statewide automated child welfare information system. The report shall:

- Be developed with assistance from other agencies as necessary to include the data coordinator for the Foster Care Review Office;
- Include the design, development, implementation, and cost of the system;
- Review available options and compare costs of the options including:
 - System functionality,
 - Shared services re intake, rules, financial information and reporting,
 - Integration,
 - Maintenance costs,
 - Application architecture to ensure flexibility and scalability,
 - Maintenance costs,
 - Deployment costs,
 - Licensing fee,
 - Training requirements, and
 - Operational costs and support needs.
- Report shall compare costs and benefits of a custom-built system and a commercial off-the-shelf system including
 - Total cost of ownership,
 - Direct and indirect costs.
- In conjunction with the report, the department shall prepare the advance planning document required to qualify for federal funding
 - The advance planning document shall describe the plan for managing the design, development, and operations that meets federal requirements and state needs in an efficient, comprehensive, and cost effective manner.
- **Reporting**

The department shall report information regarding children served by the pilot project and the department to the HHS Committee on or before September 15, 2012, and each September 15 thereafter:

- Percentage of children served and allocation of child welfare budget by service area and pilot project including:
 - Percentage of children served by service area, and corresponding budget allocation; and
 - Percentage of children who are wards of the state, and corresponding budget allocation.
- Number of siblings in out-of-home care placed with siblings by service area and by pilot project.

- Information updating the previous report of the Children's Behavior Health Task Force including:
 - Number of children receiving mental health and substance abuse services annually by the Division of Behavioral Health;
 - Number of children receiving behavioral health services annually at the Hastings Regional Center;
 - Number of wards receiving behavioral health services as of September 1;
 - Funding sources for children's behavioral health services for the fiscal year ending prior to report;
 - Expenditures of immediately preceding fiscal year for behavioral health services by region and category of service; and
 - Medicaid and CHIP expenditures for mental health and substance abuse services for all children and wards of state.
- Information from each service area and pilot project:
 - Case manager education including college degree, major, and level of education beyond a bachelors;
 - Average caseload per case manager;
 - Average number of case managers per child during the preceding twelve months;
 - Average number a case managers per child for children in system for three, six, twelve and eighteen months, and consecutive yearly average for children until the age of majority or permanency is attained;
 - Monthly case manager turnover;
 - Monthly face-to-face contacts between each case manager and parents of child on case manager caseload;
 - Case documentation of monthly consecutive parent contacts per quarter;
 - Case documentation of monthly consecutive child contacts with case manager per quarter;
 - Case document of monthly consecutive contacts between child welfare service providers and case mangers per quarter;
 - Timeliness of court reports; and
 - Non-court involved children, including the number of children serviced, types of services requested, specific services provided, cost of services provided, and the funding source;
- All placement in residential treatment settings made or paid for by the child welfare system, OJS, the State Department of Education, or local education agencies, any lead agency or the pilot project through letters of agreement, and the medical assistance program, including, but not limited to:
 - Child variables;
 - Reasons for placement;
 - The percentage of children denied medicaid-reimbursed services and denied the level of placement requested;
 - With respect to each child in a residential treatment setting:
 - If there was a denial of initial placement request:
 - The length and level of each placement subsequent to denial of initial placement request and
 - The status of each child before and immediately after placement; six months and twelve months after placement;
 - Funds expended and length of placements;
 - Number and level of placements;

- Facility variables; and
 - Identification of specific child welfare services unavailable in the child's community that, if available, could have prevented the need for residential treatment; and
- Identification of child welfare services unavailable in the state that, if available, could prevent out-of-state placements;
- From any pilot project:
 - The percentage of its accounts payable to subcontracted child welfare service providers that are thirty days overdue, sixty days overdue, and ninety days overdue; and
- For any individual involved in the child welfare system receiving a service or a placement through the department or its agent for which referral is necessary:
 - The date when such referral was made by the department or its agent and
 - The date and the method by which the individual receiving the services was notified of such referral.
 - The date the individual began receiving such services; the department or its agent shall document such date.
- Each service area administrator and pilot project shall annually survey children, parents, foster parents, judges, guardians ad litem, attorneys representing parents, and service providers involved with the child welfare system to monitor satisfaction with:
 - Adequacy of communication by the case manager,
 - Response by the department, any lead agency, or the pilot project to requests and problems,
 - Transportation issues,
 - Medical and psychological services for children and parents,
 - Visitation schedules,
 - Payments,
 - Support services to foster parents,
 - Adequacy of information about foster children provided to foster parents, and
 - The case manager's fulfillment of his or her responsibilities.
 - Summary of the survey shall be reported to the Health and Human Services Committee of the Legislature on September 15, 2012, and each September 15 thereafter.
- Each service area administrator and pilot project shall provide monthly reports to the child advocacy center that corresponds with the geographic location of the child regarding the services provided through the department or the pilot project when the child is identified as a voluntary or non-court-involved child welfare case. The monthly report shall include:
 - The plan implemented by the department or the pilot project for the child and family, and
 - The status of compliance by the family with the plan.
 - The child advocacy center shall report to the Health and Human Services Committee of the Legislature on September 15, 2012, and every September 15 thereafter, or more frequently if requested by the committee, a summary of these reports.
- On or before September 15, 2012, and on or before each September 15 thereafter, the department shall provide a report to the Health and Human Services Committee of the Legislature on the department's monitoring the pilot project, including the actions taken for:
 - Contract management,
 - Financial management,
 - Revenue management,
 - Quality assurance and oversight,

- Children's legal services,
- Performance management, and
- Communications.
- The report shall also include review of the functional capacities of each pilot project for:
 - Direct case management,
 - Utilization of social work theory and evidence-based practices to include processes for insuring fidelity with evidence-based practices,
 - Supervision,
 - Quality assurance,
 - Training,
 - Subcontract management,
 - Network development and management,
 - Financial management,
 - Financial controls,
 - Utilization management,
 - Community outreach,
 - Coordination and planning,
 - Community and stakeholder engagement, and
 - Responsiveness to requests from policymakers and the Legislature.
- On or before December 31, 2012, the department shall provide an additional report to the committee updating the information on the pilot project contained in the report of September 15, 2012.

- **Child Welfare System Evaluation**

The department shall engage a nationally recognized evaluator to provide an evaluation of the child welfare system.

- The evaluator shall:
 - Be a national entity that can demonstrate direct involvement with public and tribal child welfare agencies; partnerships with national advocacy organizations, think tanks, or technical assistance providers; collaboration with community agencies; and independent research; and
 - Be independent of the department and any lead agency or the pilot project:
 - Shall not have been involved in a contractual relationship with the department, any lead agency, or the pilot project within the preceding three years, and
 - Shall not have served as a consultant to the department, any lead agency, or the pilot project within the preceding three years.
- The department shall give consideration to evaluator candidates who have experience in:
 - Outcome measurement, including, but not limited to:
 - Measuring change for organizations, systems, and communities, with an emphasis on organizational assessment, child welfare system evaluation, and complex environmental factors;
 - Assessing the quality of child welfare programs and services across the continuum of care, with differential consideration of in-home and foster care populations and advanced research and evaluation methodologies, including qualitative and mixed-method approaches;
 - Use of data, including, but not limited to:

- Using existing administrative data sets, with an emphasis on longitudinal data analysis;
 - Integrating data across multiple systems and interoperability;
 - Developing and using data exchange standards; and
 - Using continuous quality improvement methods to assist with child welfare policy decision making;
 - Intervention research and evaluation, including, but not limited to:
 - Designing, replicating, and adapting interventions, including the identification of counterfactuals; and
 - Evaluating programmatic and policy interventions for efficacy, effectiveness, and cost; and
 - Dissemination and implementation research, including, but not limited to:
 - Measuring fidelity; describing and evaluating the effectiveness of implementation processes;
 - Effectively disseminating relevant, accessible, and useful findings and results; and
 - Measuring the acceptability, adoption, use, and sustainability of evidence-based and evidence-informed practices and programs.
- The evaluation shall include the following key areas:
 - The degree to which privatization of child welfare services in the eastern service area has been successful in:
 - Improving outcomes for children and parents, including, but not limited to,
 - Whether the outcomes are consistent with the objectives of the Families Matter program or
 - The pilot project and
 - Whether the cost is reasonable, given the outcomes and cost of privatization;
 - A review of the readiness and capacity of any lead agency or the pilot project and the department to perform essential child welfare service delivery and administrative management functions according to nationally recognized standards for network management entities, with special focus on case management. The readiness review shall include, but not be limited to:
 - Strengths,
 - Areas where functional improvement is needed,
 - Areas with current duplication and overlap in effort, and
 - Areas where coordination needs improvement; and
 - A complete review of the preceding three years of placements of children in residential treatment settings, by service area and by any lead agency or the pilot project. The review shall include
 - All placements made or paid for by the child welfare system, the Office of Juvenile Services, the State Department of Education, or local education agencies;
 - Any lead agency or the pilot project through letters of agreement and the medical assistance program.
 - The review shall include, but not be limited to:
 - Child variables;
 - Reasons for placement;
 - The percentage of children denied medicaid-reimbursed services and denied the level of placement originally requested;
 - With respect to each child in residential treatment setting:

- If there was a denial of initial placement request, the length and level of each placement subsequent to denial of initial placement request and the status of each child before and immediately after, six months after, and twelve months after placement;
- Funds expended and length of placements;
- Number and level of placements;
- Facility variables;
- Identification of specific services unavailable in the child's community that, if available, could have prevented the need for residential treatment; and
- Percentage of children denied reauthorization requests or subsequent review of initial authorization;
- Identification of child welfare services unavailable in the state that, if available, could prevent out-of-state placements; and
- Recommendations for improved utilization, gate-keeping, and community-level placement prevention initiatives and an analysis of child welfare services that would be more effective and cost efficient in keeping children safe at home.
- The evaluation required pursuant to this section shall be completed and a report issued on or before December 1, 2012, to the Health and Human Services Committee of the Legislature and the Governor.

- **Health and Human Services Committee Report**

On December 15 of 2012, 2013, and 2014, the Health and Human Services Committee of the Legislature shall provide a written report to the Legislature, Governor, and Chief Justice of the Supreme Court with respect to the progress made by the Department of Health and Human Services implementing the recommendations of the committee contained in the final report of the study conducted by the committee pursuant to Legislative Resolution 37, One Hundred Second Legislature, First Session, 2011.

- **Coordination of reporting dates of child welfare statutory mandated reports (LB774 amended into LB 1160)**

In order to facilitate the HHS Committee report, the department shall provide to the committee by September 15 of 2012, 2013, and 2014 the reports required pursuant to sections 43-296, 43-534, 68-1207.01, 71-825, 71-1904, and 71-3407 and subdivision (6) of section 43-405. The Children's Behavioral Health Oversight Committee of the Legislature shall provide its final report to the Health and Human Services Committee of the Legislature on or before September 15, 2012.

- 43-296 All associations receiving juveniles under the Nebraska Juvenile Code shall be subject to the same visitation, inspection, and supervision by the Department of Health and Human Services.
 - Every such association shall annually, on or before September 15, make a report to the department showing its condition, management, and competency to adequately care for juveniles as are or may be committed to it.
 - The department shall provide a copy to the Health and Human Services Committee of the Legislature on or before September 15 of 2012, 2013, and 2014.
- 43-405 The Office of Juvenile Services shall monitor commitments, placements, and evaluations at facilities and programs operated by the office or through contracts with providers and report its findings annually to the Legislature.
 - For 2012, 2013, and 2014, the office shall also provide the report to the Health and Human Services Committee of the Legislature on or before September 15.
 - The report shall include an assessment of the administrative costs of operating the facilities, the cost of programming, and the savings realized through reductions in commitments, placements,

- and evaluations;
- 43-534 Every department, agency, institution, committee, and commission of state government which is concerned or responsible for children and families shall submit, as part of the annual budget request of such department, agency, institution, committee, or commission, a comprehensive statement of the efforts such department, agency, institution, committee, or commission has taken to carry out the policy and principles set forth in sections 43-532 and 43-533.
 - For 2012, 2013, and 2014, the Department of Health and Human Services shall provide a copy of its statement to the Health and Human Services Committee of the Legislature on or before September 15.
 - The statement shall include, but not be limited to:
 - A listing of programs provided for children and families and the priority of such programs,
 - A summary of the expenses incurred in the provision and administration of services for children and families,
 - The number of clients served by each program, and
 - Data being collected to demonstrate the short-term and long-term effectiveness of each program.
 - 68-1207.01 The Department of Health and Human Services shall annually provide a report to the Legislature and Governor outlining the caseloads of child protective services.
 - For 2012, 2013, and 2014, the department shall also provide the report to the Health and Human Services Committee of the Legislature on or before September 15.
 - Such report shall include:
 - A comparison of caseloads established by the department with the workload standards recommended by national child welfare organizations
 - The fiscal resources necessary to maintain such caseloads in Nebraska;
 - Statistics regarding those child welfare workers employed by the State of Nebraska, under contract with the State of Nebraska, or employed by a private entity under contract with the State to include:
 - The number of child welfare services caseworkers and case managers;
 - The average length of employment;
 - The average caseload;
 - The outcomes of such cases, including the number of children reunited with their families, children adopted, children in guardianships, placement of children with relatives, and other permanent resolutions established and
 - The average cost of training
 - 71-825 The department shall provide an annual report to the Health and Human Services Committee and to the Governor for 2012, 2013, and 2014, on the operation of the Children and Family Support Hotline established under section 71-822, the Family Navigator Program established under section 71-823, and the provision of voluntary post-adoption and post-guardianship case management services under section 71-824.
 - 71-827 The Children’s Behavioral Health Oversight Committee of the Legislature shall monitor the effect of implementation of the Children and Family Behavioral Health Support Act and other child welfare and juvenile justice initiatives by the department related to the provision of behavioral health services to children and their families.
 - The committee shall provide a report to the Governor and the Health and Human Services

Committee of the Legislature on or before September 15, 2012.

- The report shall include, but not be limited to, findings and recommendations relating to the provision of behavioral health services to children and their families.
- 71-1904 The department shall be responsible for the issuance, suspension, and revocation of licenses to provide foster care and the provision of training in foster care, which training shall be directly related to the skills necessary to care for children in need of out-of-home care, including, but not limited to, abused, neglected, dependent, and delinquent children.
 - The training required may be waived in whole or in part by the department for persons operating foster homes providing care only to relatives of the foster care provider.
 - Waivers shall be granted on a case-by-case basis
 - Upon assessment by the department of the appropriateness of the relative foster care placement.
 - The department shall report annually for 2012, 2013, and 2014, to the Health and Human Services Committee of the Legislature on or before September 15 the number of waivers granted under this subsection and the total number of children placed in relative foster homes.
- 71-3407 The purposes of the team shall be to develop an understanding of the causes and incidence of child deaths in this state, develop recommendations for changes within relevant agencies and organizations which may serve to prevent child deaths, and advise the Governor, the Legislature, and the public on changes to law, policy, and practice which will prevent child deaths.
 - The team shall provide the Governor, the Legislature, and the public with annual written reports which shall include the team's findings and recommendations for each of its duties. For 2012, 2013, and 2014, the team shall also provide the report to the Health and Human Services Committee of the Legislature on or before September 15;
 - Undertake annual statistical studies of the causes and incidence of child deaths in this state. The studies shall include, but not be limited to:
 - An analysis of the records of community, public, and private agency involvement with the children and their families prior to and subsequent to the deaths; and
 - Recommended changes to any law, rule, regulation, or policy needed to decrease the incidence of preventable child deaths;
- **Individuals with co-occurring conditions report (LB 900 amended into LB1160)**

A report:

- To the Health and Human Services Committee of the Legislature and the Developmental Disabilities Special Investigative Committee of the Legislature;
- On or before December 1, 2012;
- By the Directors of:
 - Children and Family Services,
 - Developmental Disabilities
 - Behavioral Health and
 - Medicaid and Long-Term Care;
- Concerning the access of individuals with co-occurring conditions of an intellectual disability and mental illness to the full array of services needed to appropriately treat their specific conditions.
- The report shall include, but not be limited, to:
 - A summary of how these individuals are currently served, including eligibility determinations;
 - An identification and further defining of individuals who currently fall in the gap between the divisions or who move from one division to another in a search for appropriate services;

- Information on the individuals currently receiving services from more than one division who have these co-occurring conditions, including the:
 - Costs of the services,
 - Types of services provided,
 - Unmet demand for such services, and
 - An estimate of the number of individuals served by one division who would also qualify for services through another division;
- An explanation of the differences and similarities in funding for services provided by the divisions and how funds from each division are being blended or can be blended to best serve these individuals;
- A plan that could be implemented by the divisions that would provide more integrated and coordinated treatment for these individuals by the divisions; and
- Any recommendations for potential legislation that would assist the Division of Children and Family Services, the Division of Developmental Disabilities, the Division of Behavioral Health, and the Division of Medicaid and Long-Term Care in carrying out the plan.

Nebraska Legislature
Health and Human Services Committee
2012 Bills by Subject Matter

Adoption

LB 1062 (Nordquist) *(Passed, signed by Governor April 10, 2012)* Change provisions relating to adoption assistance

Access NE

LB 825 (Dubas) *(Passed, signed by the Governor April 11, 2012)* Establish local offices for access to public benefits

LB 1016 (Conrad) *(IPP April 18, 2012, provisions of 1016 amended into LB 825)* Require the Department of Health and Human Services to contract with certain community-based organizations as prescribed

Behavioral Health

LB 871 (Gloor) *(Passed, signed by Governor March 14, 2012)* Provide for policies relating to fees and copays relating to the Behavioral Health Services Act

LB 900 (Lathrop) *(IPP April 18, 2012, with LB 900 with Committee Amendment was amended into LB 1160)* Require a report concerning individuals in need of multiple division services from the Department of Health and Human Services

LB 1063 (Cook) *(Passed, signed by Governor April 11, 2012)* Adopt the Children's Health and Treatment Act

LB 1158 (Krist) *(Passed, signed by Governor April 11, 2012)* Provide requirements for medical assistance behavioral health managed care contracts

Child Welfare

LB 774 (Howard) *(IPP April 18, 2011, portions amended into LB 1160)* Change and add reporting requirement relating to child welfare

LB 820 (Health and Human Services Committee) *(Passed, signed by the Governor April 11, 2012)* Provides for the Title IV-E Demonstration Project Committee; the Foster Care Reimbursement Rate Committee; a stipend for foster care parents; and defines the exception to foster care licensing.

LB 821 (Health and Human Services Committee) *(Passed, signed by the Governor April 11, 2012)* Provides for the Nebraska Children's Commission and the Office of Inspector General of Nebraska's Child Welfare Act

LB 837 (Howard) Create a task force to review use of certain drugs by wards of the state. *(IPP April 18, 2012, portions of LB 837 is amended into LB 821)*

LB 874 (Howard) *(IPP April 18, 2012, provisions of LB 874 is amendemd into LB 820)* Change foster care licensure provisions.

LB 900 (Lathrop) *(IPP April 18, 2012, with LB 900 with Committee Amendment was amended into LB 1160)* Require a report concerning individuals in need of multiple division services from the Department of Health and Human Services

LB 949 (Legislative Performance Audit) *(Passed, signed by Governor April 9, 2012)* Require reports and a strategic plan by the Division of Children and Family Services of the Department of Health and Human Services

LB 961 (*Passed, signed April 9, 2012*) addresses case management; the Pilot Case Management Lead Agency Model Project; caseloads; non-court, voluntary case plan requirements; service area realignment with judicial districts; prohibition of lead agency model;

LB 998 (Krist) (*Passed, signed by Governor April 11, 2012*) Create the Foster Care Review Office and eliminate the Foster Care Review Board

LB 1149 (McGill) (*IPP April 18, 2012, provisions of LB 1149 amended into LB 961*) change provisions relating to the child guardianships and child welfare caseloads

LB 1160 (Health and Human Services Committee) (*Passed signed by Governor April 11, 2012*) Provides for the development of a web-based, statewide, automated child welfare information system to integrate child welfare information; reports by a national entity; and coordination of all department reports regarding child welfare and juveniles.

Children

LB 945 (Haar) (*IPP April 18, 2012*) Require licensees under the Child Care Licensing Act to provide proof of radon levels at child care locations

CHIP

LB 599 (Campbell) Provide coverage for certain children as prescribed pursuant to the Medical Assistance Act (*Passed notwithstanding objections of the Governor April 18, 2012*)

Dental Hygienists

LB 330 (Cook) Change requirements for dental hygienists in public health-related settings. (*General File with Health and Human Services Committee AM 2479 pending, IPP April 18, 2012*)

Developmental Disabilities

LB 900 (Lathrop) (*IPP April 18, 2012, with LB 900 with Committee Amendment was amended into LB 1160*) Require a report concerning individuals in need of multiple division services from the Department of Health and Human Services

Emergency Medical Services

LB 646 (Christensen) (*Passed, signed by Governor March 7, 2012*) Redefine emergency medical service

Fees, Revenue, Taxes

LB 871 (Gloor) (*Passed, signed by Governor March 14, 2012*) Provide for policies relating to fees and copays relating to the Behavioral Health Services Act

Foster Care

LB 820 (Health and Human Services Committee) (*Passed, signed by the Governor April 11, 2012*) Provides for the Title IV-E Demonstration Project Committee; the Foster Care Reimbursement Rate Committee; a stipend for foster care parents; and defines the exception to foster care licensing.

LB 874 (Howard) (*IPP April 18, 2012, provisions of LB 874 is amendemd into LB 820*) Change foster care licensure provisions.

LB 926 (Dubas) (*IPP April 18, 2012, provisions of LB 926 are amended into LB 820*) Provide for a minimum base rate for foster care payments.

- LB 929** (McGill) (*IPP April 18, 2012*) Provide a membership requirement for the State Foster Care Review Board members
- LB 988** (Howard) (*IPP April 18, 2012*) Provide a rate of payment for certain medical services in emergency protective custody situations
- LB 998** (Krist) (*Passed, signed by Governor April 11, 2012*) Create the Foster Care Review Office and eliminate the Foster Care Review Board
- LB 1150** (McGill) (*IPP April 18, 2012*) Adopt the Young Adult Voluntary Foster Care Services Act

Genetic Counseling

- LB 831** (Howard) (*Passed, signed by the Governor March 14, 2012*) Adopt the Genetic Counseling Practice Act

Health Care/Insurance

- LB 1142** (Nordquist) (*General Rile, IPP April 18, 2012*) Adopt the Health Care Transparency Act
- LB 1158** (Krist) (*Passed, signed by Governor April 11, 2012*) Provide requirements for medical assistance behavioral health managed care contracts

Hospitals

- LB 995** (Heidemann) (*Passed, signed by Governor April 9, 2012*) Change provisions relating to county medical facilities and public hospitals
- LB 1077** (Howard) (*Passed, signed by Governor April 10, 2012*) Require certain health care facilities to offer vaccinations to residents and patients

Housing

- LB 1110** (Brasch) (*IPP April 18, 2012*) Provide assistance for temporary and permanent housing after a natural disaster

Inspector General of NE Child Welfare (Office of)

- LB 821** (Health and Human Services Committee) (*Passed, signed by the Governor April 11, 2012*) Provides for the Nebraska Children's Commission and the Office of Inspector General of Nebraska's Child Welfare Act
- LB 957** (Campbell) (*IPP April 18, 2012, provisions of LB 957 are amended into LB 821*) Adopt the Office of Inspector General for Nebraska Child Welfare Act

Long Term Care Facilities

- LB 1002** (Sullivan) (*IPP April 18, 2012*) Change the long-term care bed moratorium provisions
- LB 1028** (Cook) (*IPP April 18, 2012*) Require the Department of Health and Human Services to apply for a grant relating to long-term care services
- LB 1077** (Howard) (*Passed, signed by Governor April 10, 2012*) Require certain health care facilities to offer vaccinations to residents and patients

Medical Assistance/Medicaid

- LB 456** (Health and Human Services Committee) Change provisions relating to health and human services. *(General File with Health and Human Services Committee AM 994 pending, IPP April 18, 2012)*
- LB 540** (Health and Human Services Committee) Require a Medicaid waiver relating to family planning services. *(Select File with amendments, IPP April 18, 2012)*
- LB 541** (Health and Human Services Committee) Provide for third-party contracts to promote Medicaid integrity and cost containment *(Passed, signed by the Governor April 5, 2012)*.
- LB 599** (Campbell) Provide coverage for certain children as prescribed pursuant to the Medical Assistance Act *(Passed notwithstanding objections of the Governor April 18, 2012)*
- LB 826** (Dubas) *(IPP April 18, 2012)* change provisions relating to legislative consideration of proposed rules and regulations
- LB 900** (Lathrop) *(IPP April 18, 2012, with LB 900 with Committee Amendment was amended into LB 1160)* Require a report concerning individuals in need of multiple division services from the Department of Health and Human Services
- LB 938** (Nelson) *(IPP April 18, 2012)*Require a uniform reimbursement rate for adult day services
- LB 988** (Howard) *(IPP April 18, 2012)* Provide a rate of payment for certain medical services in emergency protective custody situations
- LB 1063** (Cook) *(Passed, signed by Governor April 11, 2012)*Adopt the Children's Health and Treatment Act LB 1063 provides for the Children's Health and Treatment Act.
- LB 1122** (Bloomfield) *(Passed, signed by the Governor April 10, 2012)* Change the Medical Assistance Act with respect to certain home health services
- LB 1158** (Krist) *(Passed, signed by Governor April 11, 2012)*Provide requirements for medical assistance behavioral health managed care contracts

Miscellaneous

- LB 832** (Howard) *(IPP April 18, 2012)* Require a report on qualifications by proposed appointee as chief executive officer of the Department of Health and Human Services
- LB 1103** (Wightman) *(IPP April 18, 2012)* Provide access to deceased family member's medical records.
- LB 1142** (Nordquist)*(General Rile, IPP April 18, 2012)* Adopt the Health Care Transparency Act

Prenatal Care

- LB 599** (Campbell) Provide coverage for certain children as prescribed pursuant to the Medical Assistance Act *(Passed notwithstanding objections of the Governor April 18, 2012)*

Prescription Drugs

- LB 304** (McGill) Provide for treatment of sexually transmitted disease as prescribed. *(General File, IPP April 18, 2012)*
- LB 837** (Howard) Create a task force to review use of certain drugs by wards of the state. *(IPP April 18, 2012, portions of LB 837 is amended into LB 821)*

Public Assistance

- LB 507** (Harms) Change Welfare Reform Act Requirements relating to education for recipients of assistance. *(Passed, signed by the Governor March 7, 2012)*

LB 825 (Dubas) *(Passed, signed by the Governor April 11, 2012)* Establish local offices for access to public benefits

LB 842 (Harms) *(Passed, signed by Governor April 6, 2012)* Change the termination date relating to self-sufficiency activities under the Welfare Reform Act

LB 1010 (Nordquist) *(IPP April 18, 2012)* Change eligibility provisions relating to the Supplemental Nutrition Assistance Program

LB 1041 (Cook) *(IPP April 18, 2012)* Adopt the Department of Health and Human Services Delivery Improvement and Efficiency Act

LB 1136 (Mello) *(IPP April 18, 2012)* Create and provide for a wage subsidy program

Public Health

LB 330 (Cook) Change requirements for dental hygienists in public health-related settings. *(General File with Health and Human Services Committee AM 2479 pending, IPP April 18, 2012)*

LB 925 (Fischer) *(IPP April 18, 2012)* Provide duties for the Department of Health and Human

LB 1077 (Howard) *(Passed, signed by Governor April 10, 2012)* Require certain health care facilities to offer vaccinations to residents and patients

Public Water Systems

LB 723 (Bloomfield) *(Passed, signed by the Governor March 14, 2012)* Change provisions relating to small systems under the Nebraska Safe Drinking Water Act

Radiation Control

LB 794 (Lambert) *(Passed, signed by the Governor March 14, 2012)* redefine “byproduct material” under the Radiation Control Act

Radon

LB 945 (Haar) *(IPP April 18, 2012)* Require licensees under the Child Care Licensing Act to provide proof of radon levels at child care locations

Respiratory Care

LB 788 (Campbell) *(Passed, signed by the Governor April 10, 2012)* Change respiratory care practice requirements)

Regulation and Licensure

LB 330 (Cook) Change requirements for dental hygienists in public health-related settings. *(General File with Health and Human Services Committee AM 2479 pending, IPP April 18, 2012)*

LB 686 (Schilz) Provide an exception from the Veterinary Medicine and Surgery Practice Act for transplantation of bovine embryos *(Passed, signed by the Governor March 14, 2012)*

LB 712 (Haar) *(IPP April 18, 2012)* Change permitted practice provisions under the Certified Nurse Midwifery Practice Act

LB 773 (Smith) *(Passed, signed by the Governor March 14, 2012)* Change Uniform Credentialing Act fee provisions

LB 788 (Campbell) *(Passed, signed by the Governor April 10, 2012)* Change respiratory care practice requirements)

LB 794 (Lambert) *(Passed, signed by the Governor March 14, 2012)* redefine “byproduct

material” under the Radiation Control Act

LB 831 (Howard) (*Passed, signed by the Governor March 14, 2012*) Adopt the Genetic Counseling Practice Act

LB 834 (Gloor) (*Passed, signed by Governor April 6, 2012*) Change the Nebraska Regulation of Health Professions Act

LB 892 (McGill) (*IPP April 18, 2012*) Provide for credentialing military applicants and spouses under the Uniform Credentialing Act

LB 1027 (Cook) (*IPP April 18, 2012*) Change licensure requirements for head injury facility administrators

LB 1032 (Wightman) (*IPP April 18, 2012*) Change advertisement and display of credential provisions under the Uniform Credentialing Act

LB 1042 (Campbell) (*Passed, signed by Governor April 10, 2012*) Authorize nurse practitioners to sign death certificates

LB 1047 (Howard) (*IPP April 18, 2012*) Require safe injection practices as prescribed

LB 1083 (Bloomfield) (*Passed, signed by Governor April 10, 2012*) Clarify permitted practices under the Nurse Practice Act

LB 1148 (Gloor) (*Passed, signed by Governor April 10, 2012*) Change certification provisions for marriage and family therapists

Sexually Transmitted Diseases

LB 304 (McGill) Provide for treatment of sexually transmitted disease as prescribed. (*General File, IPP April 18, 2012*)*Nebraska Legislature*

Nebraska Legislature
Health and Human Services Committee
2012
Disposition Summary

Held in Committee/IPP April 18, 2012: (59)

39, 92, 125, 140, 144, 166, 180, 199, 219, 221, 222, 267, 290, 316, 433, 466, 467, 481, 539, 557, 574, 601, 602, 607, 630, 650, 651, 662, 696, LR 21, LR 23... 712, 774, 826, 832, 837, 848, 874, 892, 925, 926, 929, 938, 945, 957, 988, 1002, 1010, 1016, 1027, 1028, 1032, 1041, 1047, 1103, 1110, 1136, 1149, 1150

General File/IPP April 18, 2012: (6)

304, 330, 456, 891, 900, 1142

Select File/IPP April 18, 2012: (1)

540

Final Reading/IPP April 18, 2012: (0)

Enacted: (30)

507, 541, 599, 646, 686, 723, 773, 788, 794, 820, 821, 825, 831, 834, 842, 871, 904, 949, 961, 995, 998, 1042, 1062, 1063, 1077, 1083, 1122, 1148, 1158, 1160

Provisions Amended into Other Bills:

774 into 1160

837 into 821

874 into 820

900 into 1160

926 into 820

957 into 821

1016 into 825

1149 (portions) into 961

Withdrawn: (0)

2012 Interim Studies Referenced to the Health and Human Services Committee				
LR	Introducer	One Liner	Referenced to	Order of Priority
LR 529	Campbell	Interim study to provide for review and assessment and make recommendations relating to the entry of children into the child welfare system	HHS Com	1
LR 525	Coash	Interim study to examine how Nebraska's system for screening, assessing, and investigating reports of child abuse and neglect contributes to Nebraska's rates of out-of-home care	JOINT reference to <u>Judiciary</u> and HHS Coms	2
LR 508	Gloor	Interim study to review, assess, and provide recommendations relating to the implementation and sustainability of the Nebraska Health Care Funding Act	HHS Com	3
LR 549	Conrad	Interim study to determine the range of investment returns on the Nebraska Health Care Cash Fund over the next ten years and the actual demands upon the current recipients of the funds over the next ten years	JOINT reference to <u>Appropriations</u> and HHS Coms	4
LR 506	Sullivan	Interim study to examine issues surrounding the moratorium on long-term beds under the Nebraska Health Care Certificate of Need Act	HHS Com	5
LR 546	Nordquist	Interim study to examine the potential impact of implementing the federal Patient Protection and Affordable Care Act on the state budget in upcoming years	JOINT reference to <u>Appropriations</u> and HHS Coms	6
LR 537	McGill	Interim study to gather data and develop recommendations on the unmet needs of and gaps in services available to youth who transition or “age out” of Nebraska's foster care system	HHS Com	7
LR 578	Bloomfield	Interim study to assess the State of Nebraska's compliance with both the federal Indian Child Welfare Act of 1978 and the Nebraska Indian Child Welfare Act, and to make recommendations for improvements	JOINT reference to <u>HHS Com</u> and <u>State-Tribal Relations</u>	8

2012 Interim Studies Referenced to the Health and Human Services Committee				
LR	Introducer	One Liner	Referenced to	Order of Priority
LR 533	McGill	Interim study to examine whether there are enough resources currently present in schools to detect and treat mental illness in school-age children	HHS Com	9
LR 555	Gloor	Interim study to review and examine the ongoing issues within Nebraska's Medicaid Insurance for Workers with Disabilities, also known as Nebraska's Medicaid Buy-In, enacted in 1999	HHS Com	10
LR 515	Nordquist	Interim study to examine new ways to pay for and deliver health care services through the medicaid program that improve the quality of care and health of participants while lowering costs	HHS Com	11
LR 551	Conrad	Interim study to assess the effectiveness of ACCESS Nebraska for clients, community-based partners, and workers using qualitative and quantitative analysis	HHS Com	12
LR 532	Schumacher	Interim study to assess mechanisms in place for school districts to detect any cause and correlation of unusual health patterns among staff and students arising during construction, renovation, or other school projects in public school buildings	HHS Com	13
LR 577	Nordquist	Interim study to research needs and resources related to food insecurity in Nebraska	JOINT reference to <u>Agriculture</u> and HHS Coms	14
LR 465	Smith	Interim study to examine the impact of the pulse oximetry procedure in testing for critical congenital heart disease in newborns	HHS Com	15
LR 517	Nelson	Interim study to examine the benefits of adult day service programs currently provided to Nebraska seniors	HHS Com	16
LR 519	Mello	Interim study to examine wage subsidy programs	HHS Com	17

2012 Interim Studies Referenced to the Health and Human Services Committee

LR	Introducer	One Liner	Referenced to	Order of Priority
LR 521	Larson	Interim study to evaluate whether the courts are utilizing the provision which provides that a court may order a parent to pay a reasonable sum to cover support, study, and treatment of a juvenile in the custody of the Dept. of Health and Human Services	JOINT reference to <i>Judiciary</i> and HHS Coms	18
LR 505	Howard	Interim study to examine methods of ensuring that medical professionals, who as part of their scope of practice provide injections to human patients, are following safe injection practices	HHS Com	19
LR 479	Haar	Interim study to examine Nebraska's laws and regulations on radon gas exposure, particularly the effect of radon gas on children	HHS Com	20