

Nebraska Unicameral
One Hundred Third Legislature-Second Session

Health and Human Services Committee

Summary of Legislation 2014

Committee Members

Senator Kathy Campbell, Chair

Senator Bob Krist, Vice Chair

Senator Tanya Cook

Senator Sue Crawford

Senator Mike Gloor

Senator Sara Howard

Senator Dan Watermeier

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Michelle Chaffee, Legal Counsel

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2014 Index Bills Referenced to HHS Committee Status

				STATUS of 2014 Bills Referenced to the HHS Committee	As of 4/14/14	
Hrg Date	LB/LR Gub Appt	Introducer	Priority	One-liner	Status	IPP'd
1/22	660	Krist	Speaker	Provide for extension of a pilot project and a contract relating to case management	PASSED	
1/24	665	Krist		Change the Engineers and Architects Regulation Act	IPP	IPP 4/17 SINE DIE
1/23	690	Bolz	Bolz	Create the Aging Nebraskans Task Force and require a grant application	PASSED VETO OVERR 4/10	
1/23	695	Haar		Require an affidavit relating to radon levels at a child care location	IPP	IPP 4/17 SINE DIE
1/31	705	Coash		Change personal needs allowance under Medicaid	IPP (GENERAL FILE)	IPP 4/17 SINE DIE
1/23	711	Watermeier		Change provisions relating to contamination of property by clandestine drug labs	IPP (GENERAL FILE)	IPP 4/17 SINE DIE
1/30	728	Harms	Speaker	Change provisions relating to criminal history record information checks for certain employees of the Division of Developmental Disabilities of the Department of Health and Human Services	PASSED	
1/31	732	Kolowski		Change asset limitation for certain programs of public assistance	IPP (GENERAL FILE)	
1/22	790	Howard		Require training for case managers as prescribed	IPP (GERNERAL FILE)	IPP 4/17 SINE DIE
1/23	843	Johnson		Change provisions relating to membership on the Board of Veterinary Medicine and Surgery	IPP	X 1/30

				STATUS of 2014 Bills Referenced to the HHS Committee	As of 4/14/14	
Hrg Date	LB/LR Gub Appt	Introducer	Priority	One-liner	Status	IPP'd
2/19	852	Crawford		Change provisions relating to asbestos regulation	IPP	IPP 4/17 SINE DIE
1/22	853	McGill		Change and rename the Young Voluntary Services and Support Act	PASSED	
2/5	854	Krist		Prohibit issuance of a long-term care request for proposals before September 1, 2015	PASSED	
1/24	859	Krist		Change provisions for onsite vaccinations at certain health care facilities	PASSED	
1/24	869	Gloor		Change and transfer provision on prescriptions and controlled substances	IPP (GENERAL FILE)	IPP 4/17 SINE DIE
1/29	887	Campbell	Campbell	Adopt the Wellness in Nebraska Act	IPP (GENERAL FILE)	IPP 4/17 SINE DIE
2/6	898	Perform. Audit Committee		Require reports for public benefit programs delivery system	IPP (GENREAL FILE)	IPP 4/17 SINE DIE
1/30	901	McGill	McGill	Provide for psychology internships through the Behavioral Health Education Center	PASSED	
1/31	916	Crawford	Watermeier	Eliminate integrated practice agreements and change provisions regarding nurse practitioners	FINAL READING	
1/30	931	Bolz		Adopt the Nebraska Mental Health First Aid Training Act	IPP (GENERAL FILE)	IPP 4/17 SINE DIE
2/5	994	HHS Comm	Speaker	Change fees as prescribed for vital statistics	GOVERNOR	
2/12	1017	Krist		Change and transfer pharmacy, prescription, and drug previsions	IPP	IPP 4/17 SINE DIE
2/6	1050	Campbell		Change provisions relating to inspections of certain child care facilities	PASSED	
2/19	1054	Karpisek		Redefine treatment under the Health Care Facility Licensure Act	IPP	IPP 4/17 SINE DIE

				STATUS of 2014 Bills Referenced to the HHS Committee	As of 4/14/14	
Hrg Date	LB/LR Gub Appt	Introducer	Priority	One-liner	Status	IPP'd
2/12	1072	Lathrop		Adopt the Prescription Monitoring and Health Information Exchange Act	PASSED	
2/5	1076	Campbell	Speaker	Provide for medicaid reimbursement rates and services for home health care	GOVERNOR	
2/12	1078	Nordquist		Change the Nebraska Telehealth Act, provide for the establishment of a patient relationship through video conferencing, and require insurance coverage for telehealth services	IPP (GENERAL FILE)	IPP 4/17 SINE DIE
2/6	1088	Conrad		Change income eligibility provisions relating to federal child care assistanc	IPP (GENERAL FILE)	IPP 4/17 SINE DIE
2/19	1107	Conrad		Change medicaid payment provisions for federally qualified health centers as prescribed	IPP	IPP 4/17 SINE DIE
2/21	LR 422	Campbell		Provide the HHS Committee, in cooperation with the BCI Committing, be designated to develop policy recommendations towards transformation of Nebraska's health care system	ADOPTED 3/10	
4/9	LR 487	McCoy		Urge Congress to enact comprehensive health care reform	IPP	IPP 4/17 SINE DIE

2014 Index Bills Referenced to HHS Committee Passed by Legislature

Hrg Date	LB/LR	Introducer	Priority	2014 Bills Referenced to the HHS Committee	
				One-liner	Status
2/22/13	076	Nordquist		Adopt the Health Care Transparency Act	PASSED
1/25/13	132	Nordquist		Adopt the Skin Cancer Prevention Act	PASSED
3/14/13	276	Nordquist	Kolowski	Change reimbursement provisions under the Early Intervention Act and require a medicaid state plan amendment	PASSED
2/13/13	359	Cook		Change eligibility redeterminations relating to a child care subsidy	PASSED
3/21/13	526	Howard		Change optometry licensure and certification to perform minor surgery and use pharmaceutical agents	PASSED
1/22	660	Krist	Speaker	Provide for extension of a pilot project and a contract relating to case management	PASSED
1/23	690	Bolz	Bolz	Create the Aging Nebraskans Task Force and require a grant application	PASSED VETO OVERR

Hrg Date	LB/LR	Introducer	Priority	2014 Bills Referenced to the HHS Committee	Status
				One-liner	
1/30	728	Harms	Speaker	Change provisions relating to criminal history record information checks for certain employees of the Division of Developmental Disabilities of the Department of Health and Human Services	PASSED
1/22	853 (503 (790	McGill Coash Howard		Change and rename the Young Voluntary Services and Support Act Rename the Child Protection Act and provide for an alternative response to a report of Child abuse and neglect) Require training for case managers as prescribed)	PASSED w/ portions of LB 503 and LB 790
2/5	854	Krist		Prohibit issuance of a long-term care request for proposals before September 1, 2015	PASSED
1/24	859	Krist		Change provisions for on-site vaccinations at certain health care facilities	PASSED
1/30	901 (931	McGill Bolz	McGill	Provide for psychology internships through the Behavioral Health Education Center Adopt the Nebraska Mental Health First Aid Training Act)	PASSED w/ portions LB 931

Hrg Date	LB/LR	Introducer	Priority	2014 Bills Referenced to the HHS Committee	Status
				One-liner	
1/31	916	Crawford	Watermeier	Eliminate integrated practice agreements and change provisions regarding nurse practitioners	PASSED then VETOED
2/5	994	HHS Comm	Speaker	Change fees as prescribed for vital statistics	PASSED
2/6	1050	Campbell		Change provisions relating to inspections of certain child care facilities	PASSED
2/12	1072	Lathrop		Adopt the Prescription Monitoring and Health Information Exchange Act	PASSED
2/5	1076 (1078	Campbell Nordquist	Speaker	Provide for medicaid reimbursement rates and services for home health care Change the Nebraska Telehealth Act, provide for the establishment of a patient relationship through video conferencing, and require insurance coverage for telehealth services)	PASSED as Amended to substitute LB 1078 as amended for LB 1076
2/21	LR 422	Campbell		Provide the HHS Committee, in cooperation with the BCI Committing, be designated to develop policy recommendations towards transformation of Nebraska's health care system	ADOPTED

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				One-liner	
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1/25/13	132	Nordquist		Adopt the Skin Cancer Prevention Act	PASSED
3/14/13	276	Nordquist	Kolowski	Change reimbursement provisions under the Early Intervention Act and require a Medicaid state plan amendment	PASSED
2/13/13	359	Cook		Change eligibility redeterminations relating to a child care subsidy	PASSED
3/21/13	526	Howard		Change optometry licensure and certification to perform minor surgery and use pharmaceutical agents	PASSED
1/22	660	Krist	Speaker	Provide for extension of a pilot project and a contract relating to case management	PASSED
1/23	690	Bolz	Bolz	Create the Aging Nebraskans Task Force and require a grant application	PASSED VETO OVERR
1/30	728	Harms	Speaker	Change provisions relating to criminal history record information checks for certain employees of the Division of Developmental Disabilities of the Department of Health and Human Services	PASSED

Hrg Date	LB/LR	Introducer	Priority	2014 Bills Referenced to the HHS Committee	Status
				One-liner	
1/22	853	McGill		Change and rename the Young Voluntary Services and Support Act	PASSED w/ portions of LB 503 and LB 790
	(503	Coash		Rename the Child Protection Act and provide for an alternative response to a report of Child abuse and neglect)	
	(790	Howard		Require training for case managers as prescribed)	
2/5	854	Krist		Prohibit issuance of a long-term care request for proposals before September 1, 2015	PASSED
1/24	859	Krist		Change provisions for on-site vaccinations at certain health care facilities	PASSED
1/30	901	McGill	McGill	Provide for psychology internships through the Behavioral Health Education Center	PASSED w/ portions LB 931
	(931	Bolz		Adopt the Nebraska Mental Health First Aid Training Act)	
1/31	916	Crawford	Watermeier	Eliminate integrated practice agreements and change provisions regarding nurse practitioners	PASSED then VETOED
2/5	994	HHS Comm	Speaker	Change fees as prescribed for vital statistics	PASSED
2/6	1050	Campbell		Change provisions relating to inspections of certain child care facilities	PASSED

Hrg Date	LB/LR	Introducer	Priority	2014 Bills Referenced to the HHS Committee	Status
				One-liner	
2/12	1072	Lathrop		Adopt the Prescription Monitoring and Health Information Exchange Act	PASSED
2/5	1076 (1078	Campbell Nordquist	Speaker	Provide for Medicaid reimbursement rates and services for home health care Change the Nebraska Telehealth Act, provide for the establishment of a patient relationship through video conferencing, and require insurance coverage for telehealth services)	PASSED as Amended to substitute LB 1078 as amended for LB 1076
2/21	LR 422	Campbell		Provide the HHS Committee, in cooperation with the BCI Committing, be designated to develop policy recommendations towards transformation of Nebraska's health care system	ADOPTED

2013 Bills Referred to the Health and Human Services: Summary and Actions taken in 2014 (other than IPP)

LB 76 (Nordquist) Adopt the Health Care Transparency Act (*Passed*)

For purposes of the Health Care Transparency Act, the director of insurance shall appoint the Health Care Data Base Advisory Committee to make recommendations regarding the creation and implementation of the Nebraska Health Care Data Base. The data base shall provide a tool for objective analysis of health care costs and quality, promote transparency for health care consumers, and facilitate the reporting of health care and health quality data.

The Nebraska Health Care Data Base shall be used to: (1) provide information to consumers and purchasers of health care; (2) determine the capacity and distribution of existing health care resources; (3) identify health care needs and inform health care policy; (4) evaluate the effectiveness of intervention programs on improving patient outcomes; (5) review costs among various treatment settings, providers, and approaches; and (6) improve the quality and affordability of patient health care and health care coverage.

The Health Care Data Base Advisory Committee shall be appointed within 45 business days after the effective date of this act. The committee members appointed by the Director of Insurance shall include, but not be limited to: (a) a member of academia with experience in health care and cost efficiency research; (b) at least one representative of hospitals; (c) at least one representative of physicians; (d) at least one other representative of health care; (e) a representative of small employers that purchase group health insurance for employees, which representative is not an insurer or insurance producer; (f) a representative of large employers that purchase health insurance for employees, which representative is not an insurer or insurance producer; (g) at least one health care consumer advocate knowledgeable about private market insurance, public health insurance programs, enrollment and access, or related areas and has background or experience in consumer health care advocacy; (h) at least one representative of health insurers; (i) a representative of organizations that facilitate health information exchange to improve health care for all Nebraskans; and (j) at least one representative of local public health departments.

Ex officio members of the advisory committee include the Director of Insurance, or his or her designee; the Director of Medicaid and Long-Term Care of the Division of Medicaid and Long-Term Care, or his or her designee; and the Director of Public Health, or his or her designee. The members of the advisory committee shall serve without compensation and shall not be reimbursed for expenses incurred in the performance of their duties on the committee.

The Health Care Data Base Advisory Committee shall make recommendations to the Director of Insurance regarding the Nebraska Health Care Data Base that: (a) include specific strategies to measure and collect data related to health care safety and quality, utilization, health outcomes, and cost; (b) focus on data elements that foster quality improvement and peer group

comparisons; (c) facilitate value-based, cost-effective purchasing of health care services by public and private purchasers and consumers; (d) result in usable and comparable information that allows public and private health care purchasers, consumers, and data analysts to identify and compare health plans, health insurers, health care facilities, and health care providers regarding the provision of safe, cost-effective, high-quality health care services; (e) use and build upon existing data collection standards, reporting requirements, and methods to establish and maintain the data base in a cost-effective and efficient manner; (f) incorporate and utilize claims, eligibility, and other publicly available data to the extent it is the most cost-effective method of collecting data to minimize the cost and administrative burden on data sources; (g) include discussions regarding the standardization of the Nebraska Health Care Data Base with other states and regions and federal efforts concerning all-payer claims data bases; (h) include discussions regarding the integration of data collection requirements of the health insurance exchange as required by the federal Patient Protection and Affordable Care Act; (i) include discussions regarding a limit on the number of times the Nebraska Health Care Data Base may require submission of the required data elements; (j) include discussions regarding a limit on the number of times the data base may change the required data elements for submission in a calendar year considering administrative costs, resources, and time required to fulfill the requests; (k) include discussions regarding compliance with HIPAA; (l) discuss issues surrounding the availability of the data for research and other purposes; and (m) include whether the advisory committee should continue to exist and provide recommendations to the Department of Insurance regarding the Nebraska Health Care Data Base.

On or before December 1, 2014, the Director of Insurance must report to the governor and the legislature the recommendations of the advisory committee.

LB 132 (Nordquist) Adopt the Indoor Tanning Facility Act. (*Passed*)

As passed the bill is the known as the Indoor Tanning Facility Act. It shall be unlawful for an operator, an owner of a tanning facility, or a lessee of a tanning facility (operator) to allow any person less than sixteen years of age to use tanning equipment at the tanning facility unless the person is accompanied by a parent or legal guardian (parent). Before each use of tanning equipment by any person less than sixteen years of age the owner is to secure a statement signed at the tanning facility by the minor's parent stating that the person signing the statement is the minor's parent, has read and understood the warnings given by the tanning facility, consents to the minor's use of tanning equipment, and agrees that the minor will use protective eyewear while using the tanning equipment. The owner shall require proof of age by a driver's license or other government-issued identification containing the person's date of birth and photograph or digital image, from each person before allowing the person access to tanning equipment. Any owner who allows any person less than sixteen years of age to use tanning equipment without being accompanied by the parent shall be subject to a civil penalty of one hundred dollars to be imposed and collected by the department.

Tanning facility means a location, place, area, structure, or business that provides access to tanning equipment. Tanning facility includes, but is not limited to, any tanning business, salon, health club, apartment, or condominium, which has tanning equipment that is made available for public or commercial use, regardless of whether a fee is charged for access to the tanning

equipment. The Act defines tanning equipment to be any device that emits electromagnetic radiation within 100-400 nm in wavelength. This includes tanning equipment such as sunlamps, tanning booths, or tanning beds. It is the intent of the Legislature that the Indoor Tanning Facility Act be implemented and enforced in a manner that ensures equal treatment of all tanning facilities regardless of the type of business or facility or number of pieces of tanning equipment at the tanning facility. The Indoor Tanning Facility Act does not apply to (1) A physician licensed under the Uniform Credentialing Act who uses, in the practice of medicine, medical diagnostic and therapeutic equipment that emits ultraviolet radiation; or (2) Any individual who owns tanning equipment exclusively for personal, noncommercial use.

An owner of a tanning facility shall post a warning sign in a conspicuous location in the tanning facility where it is readily visible by any person entering the tanning facility. The warning sign shall have black letters which are at least one-fourth inch in height. (2) The warning sign shall include the following information: “DANGER — Ultraviolet Radiation Follow instructions. Avoid overexposure. As with natural sunlight, overexposure can cause eye and skin injuries and allergic reactions. Repeated exposure may cause premature aging of the skin and skin cancer. WEAR PROTECTIVE EYEWEAR - Failure to do so may result in severe burns or long-term injury to eyes. Medicines or cosmetics can increase your sensitivity to ultraviolet radiation. Consult your physician before using sunlamps if you are using medication or have a history of skin problems or believe yourself to be especially sensitive to sunlight. If you do not tan in the sun, you are unlikely to tan from the use of tanning equipment. It is unlawful for a tanning facility to allow a person under sixteen years of age to use tanning equipment without being accompanied by the person's parent or legal guardian. Any person may report a violation of the Indoor Tanning Facility Act to the Department of Health and Human Services.”

LB 359 (Cook) Change eligibility redeterminations relating to a child care subsidy (*Passed, Portions of LB 732 are included in the bill.*)

In determining ongoing eligibility for the Child Care Subsidy program, after 12 months in the program and at re-determination, 10% of a household's gross earned income must be disregarded.

LB 732 is included in bill to exempt specific sources of income designated for use in paying for higher education, from various calculations of income, assets, and available resources. In determining eligibility for the Supplemental Nutrition Assistance program, the child care subsidy program, aid to dependent children programs and cooperating programs of work incentive work experience, job training, Earned Income Disregard, Financial Assistance Disregard, and the Welfare Reform Act these exceptions shall not be included: (1) Assets in or income from an educational savings account, a Coverdell educational savings account, a qualified tuition program, or any similar savings account or plan established to save for qualified higher education expenses; (2) Income from need-based and/or merit-based scholarships or grants related to postsecondary education; and (3) Income from postsecondary education work-study programs regardless of their funding source.

LB 526 (Howard) Change optometry licensure and certification to perform minor surgery and use pharmaceutical agents (*Passed*)

Legislative Bill 526 as introduced adds to Neb. Rev. Stat. 38-2604 that “pharmaceutical agents, for therapeutic purposes, also means pharmaceutical agents injected for treatment of anaphylaxis or pharmaceutical agents injected into the eyelid for treatment of cysts or infected or inflamed glands of the eyelids.” Also, LB 526 adds to the definition of the practice of optometry in 38-2605 the performance of minor surgical procedures required for the removal of superficial eyelid, conjunctival, and corneal foreign bodies and the treatment of cyst or infected or inflamed glands of the eyelids. An optometrist licensed in this state may administer injections authorized under 38-2605 if the optometrist provides either (a) evidence of certification in another state in the use of injections and the evidence is deemed by the board as satisfactory evidence of the qualifications; or (b)(i) for a licensee graduating from a school of optometry after December 31, 2012, evidence of passing the injection skills examination of the national licensing board for optometrists, or (ii) for a licensee graduating from a school of optometry on or before December 31, 2012, evidence of passing the injection skills examination of the national licensing board for optometrists or evidence of completion of a minimum of eight hours of transcript-quality education from an accredited school of optometry pursuant to section 38-2616.

The bill specifies that the education referred for administering injections shall include didactic and clinical education and provides what must be included in didactic and clinical education. The practice of optometry does not include the use of surgery other than allowed in 38-2605 as amended by LB 526.

As passed the bill amends the above and allows prescribing epinephrine auto injector for treatment of anaphylaxis and an oral steroid, oral glaucoma agent, or oral immunosuppressive agent. Such pharmaceutical agents may only be prescribed for a patient who is more than eighteen years of age for seven consecutive days until referred. No more than one oral immunosuppressive agent may be prescribed for a patient at one time.

In order to be certified in use of oral steroids, oral antiglaucoma medications and oral immunosuppressive agents for licensed issues or renewed after August 1, 2014 the licensee must have completed a minimum of four hours of tested education, to include what is outlined in the bill, from an accredited school of optometry.

**2014 Bills Referred to the Health and Human Services:
Summary and Status**

LB 660 (Krist) Provide for extension of a pilot project and a contract relating to case management

(LB 660 Passed as amended by the Committee Amendment with Emergency Clause 43-0-6)

The bill as introduced was to require the department to extend the contract for the lead agency for the model pilot project described in subsection (2) of Section 68-1212, Revised Statutes Cumulative Supplement, 2012, to December 31, 2015.

Under current law, the Department of Health and Human Services ("the Department") "may" contract with "a" lead agency in the eastern service area as designated in section 81-3116. The bill would: 1) change the pilot project from being an option, "may", to a requirement, "shall"; 2) it would change the option of the department to contract with "a" lead agency to mandate the contract with "the" current lead agency; and 3) require the pilot project, the contract and the lead agency continue until December 31, 2015, current law does not require participation in a pilot project for any specific time. Additionally, the bill requires the evaluation of the pilot project be conducted by the same entity that conducted the evaluation pursuant to section 43-4409. The purpose of the evaluation is to determine whether case management should be performed by employees of the Department or by a private entity under contract with the Department. The report of the evaluation shall be provided to the HHS Committee, the CEO of the Department, and the Nebraska Families Collaborative on or before December 31, 2015.

The Committee Amendment changed the requirement that the Department of Health and Human Services "shall" extend "to December 31, 2015" the contract for the pilot project in the Eastern Service Area for child welfare privatized case management to the Department "may" extend the contract and removes the required date for extending the contract. Additionally, the Committee Amendment alters the evaluation of the pilot project, if continued. Under the amendment the evaluation will be completed by the Legislature rather than by the Department of Health and Human Services. The evaluation shall be completed prior to December 31, 2014 and allows the Legislature to have all necessary resources, including the hiring of a consultant if deemed necessary. Finally, the amendment requires the department, and any child welfare entity contracting with the department, to provide all data and information to the Legislature needed to assist in the evaluation.

LB 665 (Krist) Change the Engineers and Architects Regulation Act *(Not advanced from HHS Committee, Indefinitely postponed April 17, 2014)*

The bill as introduced would make to the Engineers and Architects Regulation Act.

Section 1: Changes 81-3401 to ensure that new sections of the bill are included within the definition of the Engineers and Architects Regulation Act.

Section 2: the language making it unlawful for anyone to practice architecture engineering, use the title “architect” or “professional engineer,” or advertise any title conveying a similar meaning unless licensed under or exempt from the Engineers and Architects Regulation Act is stricken. The language has been transferred to section 40 of the bill.

Section 3: statutory citation updated.

Section 4: the definition of “Architect” is changed to mean a person who is licensed by the board to practice architecture.

Section 5, New section: “Building” is defined as any structure used, or intended to be used, to support, shelter, or enclose any use or occupancy.

Section 6: 81-3405.01 is amended to change “Building official” to mean a person responsible for the public safety and welfare and the enforcement of building codes with regard to buildings and other structures within such person’s jurisdiction.

Section 7: 81-3407 is amended to change “Continuing education” to mean lifelong learning and training relevant to a licensee’s professional practice.

Section 8: 81-3408 is amended to change “Coordinating professional” to mean a licensee who coordinates, as appropriate, the work of all licensees involved in a project.

Section 9: 81-3409 is amended to revise some language, cleans up language that defines “design”.

Section 10: 81-2411 is amended to change “Direct supervision” to mean having full professional knowledge and control over work that constitutes the practice of architecture or engineering.

Section 11: 81-3412 is amended to revise its wording and remove “approval by the board to receive publications” from the definition of “Emeritus” and clarifies that is one who has relinquished his or her license and is approved by the board to use the honorary title.

Section 12: 81-3414 is amended so that Engineer-interns must be duly enrolled as such by the board, the previous definition was based on the passage of an examination.

Section 13: 81-3415 is amended to clarify its wording.

Section 14: 81-3416 is amended to change “good moral character” to “good ethical character” and eliminate the condition that the commission of an offense justifying discipline qualifies as evidence of inability to discharge an architect or professional engineer’s fiduciary duties.

Section 15, New Section: Adds that an intern architect is a person enrolled in the Intern Development Program and holding a degree from an accredited program.

Section 16, New Section: Adds “Licensee” means a licensed architect or professional engineer. This section allows for simpler and consistent language throughout the statute.

Section 17: 81-3418 is amended to change the definition of “Organization” to expressly include but not be limited to partnerships, LLC’s, corporations, and joint ventures. The bill removes language related to public service providers in the statute.

Section 18: 81-3420 (1) is amended to change “render” to “provide” with regard to design services, which include but are not limited to the listed activities. That list no longer includes coordination of technical submissions prepared by others. (2) is added to define the practice of architecture to include (a) practicing of the profession of architecture or holding out of oneself as able to do so, (b) representing oneself to be an architect, or (c) implying through some other title that oneself is an architect or is licensed under the Engineers and Architects Regulation Act.

Section 19: 81-3421 (1) is amended to simplify the definition of “Practice of engineering” to mean any service or creative work that requires engineering education, training, and experience in the application of special knowledge of the mathematical, physical, and engineering sciences. This definition includes but is not limited to planning, providing studies, designs, drawings, specifications, and other technical submissions, and administering construction contracts. (2) is likewise added to simplify the definition of the practice of engineering. A person will be construed to practice engineering if he or she (a) practices any discipline of that profession or holds himself or herself out as able to do so, (b) represents himself or herself to be a professional engineer, or (c) implies by the use of some other title that he or she is a professional engineer or licensed under the Engineers and Architects Regulation Act. Section 20: 81-3422 is amended to clarify its wording.

Section 21: 81-3422.01 is amended to change “Project” to mean one or more related activities that require the practice of architecture or engineering for completion.

Section 22: 81-3423 is amended to change “Public service provider” to mean any political subdivision which employs or appoints an architect or professional engineer to be in responsible charge of the political subdivision’s architectural or engineering work.

Section 23: 81-3425 is amended to change “Responsible charge” to mean the management of the technical and financial aspects of engineering or architectural work through an organization.

Section 24: 81-3427 is amended to clarify that technical submissions constitute or may be prepared in conjunction with a project. The previous language did not provide for the parameters related to the project.

Section 25: 81-3428 (1) is amended to revise the structure of the Board of Engineers and Architects. The board’s membership shall be appointed by the Governor for terms of five years terminating on the last day of February, and shall consist of (a) three architect members, two of whom shall be appointed after consulting with the appropriate architectural professional organizations and one of whom shall be a faculty member of the University of Nebraska appointed upon the recommendation of the Dean of Architecture, (b) four professional engineer members, three of whom shall be appointed after consulting with the appropriate architectural professional organizations and one of whom shall be a faculty member of the University of Nebraska appointed upon the recommendation of the Dean of Engineering, and (c) one public member. (2) is amended to eliminate outdated concerning board membership prior to the

appointment of a public member. (3) is added to specify that each member of the board shall be licensed and shall be both a citizen of the United States and a resident of the State of Nebraska for at least a year, shall have been actively engaged in design for at least ten years, and shall have had direct supervision of work for at least five years prior to his or her appointment. These qualifications are taken and slightly modified from the former 81-3429. (4) is amended so that emeritus members may not be designated for more than ten years after his or her original board membership expires. (5) is added to clarify that the board offices shall be located in Lincoln, Nebraska

Section 26: 81-3429 is amended so that each member of the board shall receive as compensation not more than one hundred dollars per each day or substantial portion of a day spend traveling or attending to or attending the activities of the board. Each member shall also be reimbursed for all necessary and authorized expenses. The prior daily pay was \$60.

Section 27: 81-3430 is amended to eliminate outdated references.

Section 28: 81-3432 is amended to change “loan” to “debt” and eliminate outdated provisions.

Section 29: 81-3432.01 (3) is amended to change “loan repayment” to “debt repayment.”

Section 30: 81-3433 is amended to clarify its wording and to make the entire board responsible for the directory, rather than just the secretary.

Section 31: 81-3434 (1) is amended to include “and promote the public welfare” among the Legislature’s findings. (3) is reworded.

Section 32: 81-3435 (1) is amended to expand its scope to include applications for examination, intern enrollment, a certificate of authorization, or emeritus status. The requirements that the application show the applicant’s credentials and reference addresses is eliminated. (3) revises the application and licensure fees. (a) All fees are nonrefundable. (b) Application fees may not exceed three hundred dollars. (c) The fee for examination applications may be set to recover the costs of examination and its administration. (d) The fee for intern enrollment may not exceed one hundred dollars. (e) The certificate of authorization fee for organizations may not exceed three hundred dollars. (f) The emeritus status fee shall not exceed one hundred dollars.

Section 33: 81-3436 (1) is reworded and simplified. (2), (3), and (4) revise the application process for an organization applying for a certificate of authorization, which shall be for a defined period and may be renewed. Such an organization shall designate at least one licensed architect and at least one professional engineer as being in responsible charge of any practice of architecture or engineering, respectively. One who renders only occasional professional services may not be so designated. The names and license numbers of these designees shall be included in the organization’s application and the organization shall notify the board of any changes in their status within thirty days after the effective date of the change. (5) adds that all technical submissions issued or filed for public record by these organizations shall be sealed. (7) is reworded and drops the requirement that the organization supply its certificate of authorization with its application for incorporation or licensure. The original statute barred registration of trade name or service mark using “engineer” or “architect” or derivative without certificate of

authorization and may have led to consumer confusion. The new language allows for registration of business name if the board determines the nature of the business could not reasonably be construed as engineering or architecture focused. (8) updates outdated language. (9) adds that a public service provider does not need a certificate of authorization to practice architecture or engineering for itself.

Section 34, New Section: (1) allows the provision of combined architectural or engineering and construction services if (a) an architect has substantial participation in and direct supervision of the project's architectural services, (b) a professional engineer has the same with regard to the project's engineering services, and (c) the rendering of those services conforms to the Engineers and Architects Regulation Act and the rules and regulations. (2) specifies that a temporary permit holder may perform engineering or architectural services pursuant to this section.

Section 35: 81-3437 (1) is reworded for clarity and amended to add that a certificate of licensure shall specify the specific discipline in which it was issued, if any. (2) is reworded for clarification. (3) is reworded for clarification and "in the opinion of the board" is changed to "on the basis of education and examination."

Section 36, New Section: licensees are required to be issued a seal. (1) requires and describes the information to be included on a seal issued to each licensee authorized to practice architecture or engineering. (2) requires the licensee's signature to appear across the seal whenever it is applied and authorized the board to adopt and promulgate rules and regulations for the seal's application. (3) requires the seal and its date of placement to be placed on all technical submissions and calculations presented to any client or government agency, and may not be placed on any document after the expiration of the certificate or in order to aid and abet any other person to evade or attempt to evade the Engineers and Architects act. (4) specifies on which pages the seal must be placed, and that the application of the seal constitutes certification by the licensee that the work was done in accordance with the act. (5) requires licensees with temporary permits to affix his or her seal, signature, and permit to all his or her work.

Section 37, New Section: (1) requires projects involving more than one licensed architect or professional engineer to designate one of these as the coordinating professional for the entire project. That person may, but need not, provide actual architectural or engineering services, and shall apply his or her seal, denoted as that of the coordinating professional, to the cover sheet of all documents. (2) specifies that the coordinating professional is responsible for review and coordination of technical documents prepared by others for compatibility with the project design. (3) clarifies that a licensed professional landscape architect may act as the coordinating professional when the majority of the project encompasses the practice of professional landscape architecture notwithstanding 81-3408.

Section 38: Language added to 81-3438 about licensure and certificate expiration as general cleanup of the statute.

Section 39: 81-3441 is amended to update a statutory citation; reference to 81-3413 is removed as an exception for individuals not engaging in the practice of architecture or engineering.

Section 40: 81-3442 is reworded and updated. (1)(d) adds the advertisement of any title or description which tends to convey the false impression that the advertiser is a licensed architect or professional engineer to the list of punishable offenses. The criminal penalties remain the same.

Section 41: 81-3443 is reworded for clarity. In (4), the requirement that the board notify the clerk of the city or village in the state where the person or organization has a place of business when it issues an order revoking, suspending, or canceling a license is eliminated. A hearing on the complaint is no longer at the discretion of the board.

Section 42: 81-3444 is reworded for clarity. (1) is amended to change the required vote to determine that any person or organization has violated the Engineers and Architects Regulation Act or any rules or regulations from a majority to a two-thirds vote. (2) is amended to clarify that one or more of the disciplinary actions listed in that subsection may be taken.

Section 43: 81-3446 (1) is added to specify that a project on private land is subject to the Engineers and Architects Regulation Act unless exempt under 81-3449 or 81-3453.

Section 44, New Section: (1) stipulates that before issuing a building permit, a building official shall assure (a) that the application is accompanied by a sealed set of plans or (b) that the applicant establishes that the project is exempt under the act. (2) provides that a building official should promptly notify the board if he or she discovers that a building project is being designed or constructed in violation of the act, but that a failure to notify the board that a nonexempt building project is being constructed without the required set of sealed plans shall not subject a building official to liability. (3) clarifies that nothing in this section shall inhibit the ability of a building official to reject an application for a building permit.

Section 45: 81-3448 is stripped and rewritten in its entirety. (1) describes the minimum evidence to prove to the satisfaction of the board that an applicant is eligible for admission to an examination on technical and professional subjects of architecture as prescribed by the board: (a) graduation from a program accredited by the National Architectural Accrediting Board or satisfying the requirements of the Education Standard of the National Council of Architectural Registration Boards as determined by the council, (b) establishment of a record maintained by the National Council of Architectural Registration Boards for the purpose of documenting architectural work experience for the council's Intern Development Program; and (c) submittal of an application with the requisite fee. (2) describes the minimum evidence to prove to the satisfaction of the board that an applicant is eligible for initial licensure as an architect: (a) passage of an examination on technical subjects as described in (1); (b) completion of the Intern Development Program of the National Council of Architectural Registration Boards or its equivalent; (c) passage of an examination on the statutes, rules, and other requirements of this state; and (d) demonstration of good reputation and good ethical character by attestation of references whose names and addresses shall be included in the application for licensure. Under (3-5), the requirements of (2) (c) and (d) (3) are also applicable to individuals licensed in another jurisdiction whose credentials do not conflict with (2) of this section and other sections of this Act individuals who currently hold a valid National Council of Architectural Registration Boards certification, and individuals who have been licensed for fifteen years. (6) provides that an

individual who holds a valid license to practice architecture in another jurisdiction may be issued a temporary permit to provide architectural services for a specific project no more than once. (7) clarifies that examination materials described in this section are not public records. (8) provides that the board may adopt the examinations, grading procedures, or guidelines of the National Council of Architectural Registration Boards. (9) clarifies that licensure is effective upon issuance.

Section 46: 81-3449 is amended to remove subsection (9) and clarify the wording and numbering of other subsections. (9) formerly exempted a number of combined architecture and construction services from the Act and is partly replaced by section 34. In the new (9), “design professional” is changed to “licensee.”

Section 47: 81-3450 is reorganized and amended. (1) states that an architect may affix his or her seal and signature to technical submissions only if those submissions were prepared (a) entirely by the architect, (b) entirely under the supervision of the architect, or (c) partially by others if the architect has reviewed and integrated the work into his or her own technical submissions. (2) states an architect may affix his or her seal to technical submissions not subject to the act if the architect has reviewed or adapted in whole or in part such submissions and integrated them into his or her work.

Section 48: 81-3451 (1) describes the minimum evidence satisfactory to the board that an applicant is eligible for enrollment as an engineer-intern: (a) graduation from a program properly accredited or which meets the standard determined by the council; (b) passage of an examination in the fundamentals of engineering as accepted by the board; (c) submittal of an application and the requisite fee; and (d) demonstration of good reputation and good ethical character by attestation of references whose names and addresses shall be included in the application for licensure. (2) (a) Provides for the minimum evidence satisfactory to the board that an applicant is eligible for admission to the examination. This section allows “engineering experience” necessary for licensure to be gained after passing the Professional Engineering exam. However the license will not be issued until four years of experience has been gained. (i-iv) mirror those standards verbatim in describing the minimum evidence satisfactory to the board that an applicant is eligible for admission to the examination on the principles and practice of engineering. (b) specifies that a candidate who fails the examination may apply for reexamination and be granted reexamination upon payment of a fee established by the board. In the event of a second or subsequent failure, the examinee may be required to appear before the board with evidence of having acquired the necessary additional knowledge to qualify before admission to the examination. (3) describes the minimum evidence satisfactory to the board that an applicant is eligible for licensure as a professional engineer: (a) passage of the examination described in (2); (b) a record of four years or more of progressive post-accredited-degree experience on engineering projects of a grade and character which indicates the applicant’s competence; (c) demonstration of good reputation and good ethical character by attestation of references whose names and addresses shall be included in the application for licensure; and (d) successful passage of an examination on the statutes, rules, and other requirements unique to this state. (4) and (5) mirror exactly 81-3448 (3) and (5) with regard to engineers rather than architects. (6) provides that the board may designate a professional engineer as being licensed in

a specific discipline or branch of engineering. (7) mirrors exactly 81-3448 (6) with regard to engineers rather than architects. (8) provides that none of the examination materials described in this section are to be considered public records. (9) provides that the board or its agent shall direct the time and place of engineering examinations referenced in subsections (1-3) of this section. (1) allows the board (“may”) to adopt the examinations, grading procedures, and guidelines of the National Council of Examiners for Engineering and Surveying. (11) says that licensure shall be effective upon issuance.

Section 49: 81-3453 is amended for rewording of “design professional” to “licensee”.

Section 50: 81-3454 is revised and amended. (1-2) exactly mirror 31-3450 with regard to engineers, rather than architects pertaining to seal and signature of technical submissions for professional engineers.

LB 690 (Bolz) Create the Aging Nebraskans Task Force and require a grant application
(Passed notwithstanding objections of Governor 30-12-7)

Passed on Final Reading with the Emergency Clause stricken 32-11-6

The original purpose of the bill is to prepare for the challenges associated with Nebraska's aging population through the creation of The Aging Nebraskans Task Force.

Section 1 requires (1) the Department of Health and Human Services (the department) to apply to the United States Department of Health and Human Services for a grant under the State Balancing Incentive Payments Program not later than September 1, 2014, and to use the funds from that grant to develop a comprehensive and coordinated system of home and community-based long-term care services. (2) The department shall report to the Health and Human Services Committee of the Legislature on the status of the grant application on or before December 1, 2014.

Section 2 (1) creates The Aging Nebraskans Task Force (the task force), whose purpose is to develop and facilitate implementation of a statewide strategic plan for addressing the needs of the aging population of Nebraskans and to provide a permanent forum for collaboration among state, local, community, public, and private stakeholders in long-term care programs. (2) The task force shall consist of nine members representing the legislative, judicial and executive branches of government. The task force's five-member executive committee shall consist of (a) the chief executive officer of the department or his or her designee, (b) the Chief Justice of the Nebraska Supreme Court or his or her designee, (c) the chairperson of the Health and Human Services Committee of the Legislature, and (d) a member of the Appropriations Committee of the Legislature and a member of the Health and Human Services Committee of the Legislature, appointed by the Executive Board of the Legislative Council. The other four members of the task force shall represent stakeholders in the long-term care system and be appointed by the executive committee through an application and selection process. (3) The members of the executive committee shall represent their own branch of government, shall not participate in actions that could be deemed to improperly exercise the duties and prerogatives of another branch or improperly delegate powers and duties of one branch to another, and shall cooperatively advise the entire task force regarding the interaction among the three branches related to long-term care programs and services. (4) The task force shall establish effective community collaboration for

informed decision making among a number of organizations and stakeholders that supports the provisions of effective and efficient long-term care services. (5) The task force shall create a statewide strategic plan for long-term care considering, but not limited to: (a) long-term services and support that enable independent living; (b) provision of financial leadership to support sound fiscal management as demand for long-term care services continues to grow in Nebraska; (c) expedited creation of workforce development and training programs related to Nebraska's growing aging population (d) a system-wide budgetary evaluation by a national expert; (e) identification of gaps in the service delivery system that contribute to inefficiency and ineffectiveness of delivery; and (f) development of an evaluation process for the quality of long-term services and support.

Section 3 requires the task force provide a report of recommendations for the statewide strategic plan described in section 2 on or before December 15, 2014 to the Legislature.

The Committee Amendment provides that the Aging Task Force terminate on June 30, 2016 unless extended by the Legislature. Additionally, the amendment clarifies the designation of members of the Aging Task Force as voting and non-voting members to address separation of powers between the Legislative, Judicial and Executive branches of government. The Legislative members of the Task Force executive committee, including the members from the Health and Human Services Committee, the Appropriations Committee and the member assigned by the Executive Board of the Legislative Council shall be voting members. The chief executive of the Department of Health and Human Services and the Chief Justice of the Supreme Court, or their designees, shall be nonvoting ex officio members of the executive committee of the task force.

The bill was further amended to include a member of the Legislature's Planning Committee appointed by the Executive Board of the Legislative Council, and an at-large member appointed by the Executive Board of the Legislative Council; The voting members of the executive committee shall choose a chairperson and vice chairperson from among the voting members.; removed the evaluation by a national entity and the hiring of staff; in addition to the electronic report of recommendations the Department of Health and Human Services shall also annually report electronically to the Legislature the percentage growth of Medicaid spending for people over sixty-five years of age for no fewer than five years following acceptance of the application to the State Balancing Incentive Payments Program.

LB 695 (Haar) Require an affidavit relating to radon levels at a child care location (*Placed on General File, Indefinitely postponed on April 17, 2014*)

The purpose of the bill is to require, under the Child Care Licensing Act, communication regarding radon levels. The bill states that when a building in which a child care is located has a radon level greater than four picocuries per liter of air, affidavits containing that information be sent to the Department of Health and Human Services and to each parent or guardian of each child served by the program. This action is required for both original siting (5) and relocation (6).

LB 705 (Coash) Change personal needs allowance under Medicaid (*Placed on General File, Indefinitely postponed April 17, 2014*)

The purpose of LB 705 is to increase for Medicaid eligible aged, blind and disabled persons, who reside in an alternative living arrangement, the personal needs allowance from fifty to seventy-five dollars.

LB 711 (Watermeier) Change provisions relating to contamination of property by clandestine drug labs *(Placed on General File, Indefinitely postponed April 17, 2014)*

The bill provides changes to the process for hearing relating to property where a clandestine drug lab resided. The bill states that (2) a report of a clandestine drug lab made under the new subsection (1) shall be prima facie evidence of contamination of the property. (3) The owner(s) of the property may request an administrative hearing pursuant to the Administrative Procedure Act to be held by the department to dispute a mistake of fact, defined as an error (a) in the report as to ownership of the property, (b) in the determination that the property was the site of a clandestine drug lab, or (c) in the determination that the property needs rehabilitation. (4) The owner(s) may also request a hearing in writing, but the department shall deny any request which is either not postmarked within fifteen calendar days of the request or is not based on a mistake of fact. The hearing shall be held within fifteen calendar days of the department's receipt of its request, and the department shall notify the requesting party of its results within fifteen calendar days of the hearing. (5) The owner(s) shall not permit human habitation or use of the property until the property has been completely rehabilitated and released for habitation, or use under this section or 71-2434. An owner who knowingly violates (5) may be subject to a civil penalty not to exceed one thousand dollars.

The proposed Committee Amendment clarifies that both owners and "alleged owners" shall have standing to request an administrative hearing under the Administrative Procedure Act regarding contamination of property as a result of a clandestine drug lab. Additionally, the Committee Amendment adds "mailing", prior to "date of the report" so the requirement for a request for a hearing shall be requested within fifteen calendar days after the mailing date of the report.

LB 728 (Harms) Change provisions relating to criminal history record information checks for certain employees of the Division of Developmental Disabilities of the Department of Health and Human Services *(Passed on Final Reading with Emergency Clause 44-0-5)*

LB 728 amends the statute regarding the requirement for employees of state-operated services and facilities to undergo FBI Fingerprint National Criminal Background Check, specifically: (1) to require each of employee of state operated services and facilities providing developmental disabilities services to file a complete set of his or her legible fingerprints with the department. The department shall transmit a copy of the fingerprints to the Nebraska State Patrol, who shall transmit a copy to the FBI's Identification Division for a national criminal history record check. (2) specifies that the FBI check shall include information from federal sources and from other states' sources if authorized by federal law for use by the department. (3) requires the Nebraska State Patrol to undertake a criminal history record search for the employee and issue a report to the department containing the results of that search. (4) requires that any criminal history record information subject to federal confidentiality requirements shall remain confidential except upon

written authorization of the employee. (5) requires the department to cooperate with the Nebraska State Patrol in adopting and promulgating rules and regulations to carry out this section

LB 732 (Kowlowski) Change asset limitation for certain programs of public assistance (*LB 732 as amended by the Committee Amendment was amended into LB 359; Placed on General File, LB 732 Indefinably Postponed April 17, 2014*)

The purpose of LB 732 is to exempt specific sources of income designated for use in paying for higher education, from various calculations of income, assets, and available resources. In determining eligibility for the Supplemental Nutrition Assistance program, the child care subsidy program, aid to dependent children programs and cooperating programs of work incentive work experience, job training, Earned Income Disregard, Financial Assistance Disregard, and the Welfare Reform Act these exceptions shall not be included: (1) Assets in or income from an educational savings account, a Coverdell educational savings account, a qualified tuition program, or any similar savings account or plan established to save for qualified higher education expenses; (2) Income from need-based and/or merit-based scholarships or grants related to postsecondary education; and (3) Income from postsecondary education work-study programs regardless of their funding source.

LB 790 (Howard) Require training for case managers as prescribed (*Provisions/portions of LB 790 amended into LB 853; Placed on General File, LB 790 Indefinitely postponed April 17, 2014*)

The purpose of LB 790 as originally introduced is to facilitate consistency in training practices for all case managers whether employed by the Department of Health and Human Services (the Department) or by an organization under contract with the Department. Additionally, utilizing a common training program will allow reimbursement of case manager training under Title IV-E of the federal Social Security Act. Currently the lead agency in the eastern service area pilot provides separate trainings, therefore disqualifying those training costs from Title IV-E funding. The initial training for all case managers shall be provided by the same entity, whether that entity is the Department or an organization under contract with the Department. If a contractor performs the training required in this bill for all case managers, the Department shall create a formal system for measuring and evaluating the quality of such training. The curriculum for this training shall include but not be limited to three specific components: (a) an understanding of the benefits of utilizing evidence-based and promising casework practices; (b) the importance of guaranteeing service providers fidelity to evidence-based and promising casework practices; and (c) a commitment to evidence-based and promising family-centered case work practices that utilize a least restrictive approach for children and families. All case managers shall complete a formal competency assessment process after initial training and before assuming responsibilities as a case manager.

The proposed Committee Amendment, to improve the quality of employees providing child welfare services, establishes a program to add stipends for undergraduate and graduate social work students who are committed to working in the field of child welfare. The stipends will be paid for with Title IV-E funds. The department and governing boards of colleges providing social work degrees shall develop an application process and shall determine the awards

provided to eligible students, based on the amount of funds available. Additionally, the Committee Amendment removes the requirement that the initial training of all case managers be provided by the same entity to that it shall be provided by the department or one or more contractors.

LB 790 as originally introduced with the portion of the Committee Amendment that removes the requirement that the initial training of all case managers be provided by the same entity to that it shall be provided by the department or one or more contractors is amended into LB 853. (The rest of the Committee Amendment regarding stipends was not included.)

LB 843 (Johnson) change provisions relating to membership on the Board of Veterinary Medicine and Surgery (*Indefinitely postponed by HHS Committee February 4, 2014*)

LB 843 adds the qualification that no members appointed on or after the effective date of this act to the Board of Veterinary Medicine and Surgery shall be employed by the same employer as another member of the board.

LB 852 (Crawford) Change provisions relating to asbestos regulation (*Indefinitely postponed April 17, 2014, Not advanced from HHS Committee*)

The purpose of this bill is to change provisions relating to asbestos abatement and removal projects consistent with guidance from the EPA regarding National Emission Standard for Hazardous Air Pollutants (NESHAP) regulations. The bill incorporates 40 C.F.R. § 61.141 as of January 1, 2014:

Facility means any institutional, commercial, public, industrial, or residential structure, installation, or building (including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative, but excluding residential buildings having four or fewer dwelling units); any ship; and any active or inactive waste disposal site. For purposes of this definition, any building, structure, or installation that contains a loft used as a dwelling is not considered a residential structure, installation, or building. Any structure, installation or building that was previously subject to this subpart is not excluded, regardless of its current use or function.

The bill removes language in Neb. Revised statute 71-6301 to comply with the above definition.

LB 853 (McGill) Change and rename acts, a register, and an advisory committee relating to children and young adults and require case manager training as prescribed

(*Provisions/portions of LB 790 amended into LB 853; Provisions/portions of LB 503 amended into LB 853; Passed on Final Reading 42-0-7*)

The purpose of the bill is to change and rename the Young Adult Voluntary Services and Support Act to the Young Adult Bridge to Independence Act and make changes to the program. 43-284.02 is amended so that payments made on behalf of a child who has been a ward of the Department of Health and Human Services ("the Department") after the appointment of a guardian will no longer terminate on or before the child's nineteenth birthday if the child is

eligible for extended guardianship assistance pursuant to 43-4511 and 43-4514. 43-905 is amended so guardianship of, and services by, the Department shall continue until the child reaches the age of twenty-one if the child is in the Bridge to Independence program regardless whether the child is regularly attending school or training programs. 43-4503 is amended to define the Bridge to Independence program as the extended services and support available to a young adult under the Bridges program, exclusive of the state-extended guardianship assistance program in 43-4514(3)(b). 43-4507(1) is amended so that, if a young adult chooses to terminate the voluntary services and support agreement, the Department shall provide information about and contact information for community resources that may benefit the young adult, specifically including information regarding state programs established pursuant to 42 U.S.C. 677 (the John H. Chafee Foster Care Independence Program). 43-4507(2) is amended so that, if the department determines that a young adult is no longer eligible, an independence coordinator shall meet with that young adult to explain the information in the termination notice, and to assist the young adult in reestablishing eligibility if he or she wishes to do so. The young adult's right to appeal the termination includes any other administrative action or inaction by the Department as allowed under the Administrative Procedure Act. 43-4507(3) adds that, if a young adult remains in the Bridge to Independence program until he or she attains twenty-one years of age, the Department shall provide him or her with written notice of the termination and with information about and contact information for community resources that may benefit the young adult, specifically including information regarding state programs established pursuant to 42 U.S.C. 677 (the John H. Chafee Foster Care Independence Program). LB 853 requires that within forty-five days the Department shall file a petition with the juvenile court regarding the youth and the signed voluntary agreement. 43-4508 is amended to extend to the juvenile court the jurisdiction to conduct permanency reviews. The bill outlines the permanency review process under the bridges program. At the direction of a young adult, the Department shall prepare and present to the juvenile court a report addressing progress made in meeting the goals in the case plan, including the independent living transition proposal, and shall propose modifications as necessary to further those goals. The court shall determine whether the Bridge to Independence program is providing the appropriate services and support provided for in the voluntary services and support agreement, the Bridges program, the department's policies, state law, or federal law to help the young adult move toward permanency and self-sufficiency, and the court has the authority to do so. If the court believes the young adult requires additional services and support, it may make appropriate findings or order the department to take action to ensure that the young adult receives those services and support. At least thirty days before each permanency or case review, the independence coordinator shall meet with the young adult under review to notify the young adult of the date, time, and location of the review, explain its purpose, identify and assist in making arrangements for the attendance of additional persons the young adult would like to attend the hearing, and help the young adult prepare for issues of concern that may arise in the review. 45-4509 is amended so that the Department shall seek to facilitate the participation of the young adult when conducting its periodic case review. Reviews shall be conducted informally and, whenever possible, scheduled at times that allow for the attendance and participation of the young adult. At the end of each case review, the reviewer shall notify the young adult of the young adult's right to request an additional permanency review or a client-directed attorney, as well as explain the benefits and necessary procedures to obtain either.

The Committee Amendment addresses some technical concerns raised by the Department of Health and Human Services (DHHS). The amendment adds language to strengthen and clarify the purpose of extended guardianship and adoption subsidies to clarify that guardians and adoptive parents receiving assistance funds shall use those subsidies for the benefit of the young adult. The department shall adopt and promulgate rules and regulations defining what services and supports may be included. It clarifies that creation of a health care power of attorney for young adults is optional and not mandatory for all young adults in the program. This is consistent with the federal Affordable Care Act (ACA). The Committee Amendment removes the requirement that DHHS conduct a re-determination of income eligibility on young adults in the program for purposes of Title IV-E because this might result in the disqualification of individuals who otherwise would have remained eligible for IV-E funds. It clarifies that independence coordinators must "make an effort to meet" with young adults who are being terminated from the program rather than "shall meet", because the young adult may be unwilling to meet with the independence coordinator. It strikes the requirement in LB 853 that independence coordinators "help the young adult prepare for how he or she may respond to issues of concern that may arise in the review" when meeting with young adults 30 days prior to each permanency or case review. This amendment addresses concerns that the language might result in independence coordinators acting beyond their professional training and inappropriately providing legal advice. Finally, it changes the title of the "Young Adult Voluntary Services and Support Advisory Committee" to the "Bridge to Independence Advisory Committee."

Portions of LB 790 (Howard) are amended into the bill. To facilitate consistency in training all case managers and allow for Title IV-E reimbursement for case manager training under Title IV-E the same program for initial training of case managers shall be utilized for all case managers, whether they are employed by the department or by an organization under contract with the department. The initial training of all case managers shall be provided by the department or one or more organizations under contract with the department. The department shall create a formal system for measuring and evaluating the quality of such training. All case managers shall complete a formal assessment process after initial training to demonstrate competency prior to assuming responsibilities as a case manager. The training curriculum for case managers shall include, but not be limited to: (a) An understanding of the benefits of utilizing evidence-based and promising casework practices; (b) the importance of guaranteeing service providers' fidelity to evidence-based and promising casework practices; and (c) a commitment to evidence-based and promising family-centered casework practices that utilize a least restrictive approach for children and families.

Provisions/portions of LB 503 (Coash) amended into LB 853

"Alternative response" is an alternative to traditional response and does not include an investigation or a formal determination as to whether child abuse or neglect has occurred and the subject of the report does not get entered into the central registry.

Sec 1: would provide that the bill be known as the Child Protection and Family Safety This section provides a number of new definitions for purposes of interpreting the bill. These include, alternative response, comprehensive assessment investigation, Review, Evaluate, and Decide Team, and traditional response.

Summaries of the definitions are below:

(2)(a) "alternative response"(AR) which is a comprehensive assessment of i) child safety, ii) risk of future child abuse or neglect, iii) family strengths and needs, and iv) provision of or referral for necessary services;

(2)(c) comprehensive assessment means an analysis of child safety, risk of future abuse, and family strengths and needs and does not include a determination as to whether abuse or neglect occurred;

(2)(e) investigation is fact gathering as to the current safety of the child and the risk of future abuse/neglect that determines whether the child abuse/neglect has occurred and whether child protective services are needed;

(2)(h) Review, Evaluate, and Decide Team (RED Team) means an internal team of staff within the DHHS; County attorneys, child advocacy centers, or law enforcement agency personnel may attend team reviews upon request of a party;

(2)(i) traditional response means an investigation by law enforcement or DHHS pursuant to 28-713 which requires a formal determination of abuse/neglect.

Sec 2: makes legislative and policy findings as to families and children and their safety and unity.

Sec 3: would require DHHS in consultation with the Nebraska Children's Commission to develop an alternative response implementation plan in accordance with sections 2 to 4 of the Act. The alternative response implementation plan shall include the provision of concrete supports and voluntary services to include assistance with food, clothing, housing; transportation, child care and mental health and substance abuse services. Once the plan is developed, DHHS may begin using alternative response in up to five (5) locations. DHHS shall provide an evaluation report by November 2015 to the Children's Commission and the Legislature. After January 2016, DHHS may use alternative response in up to five additional locations and provide another report by November 2016. DHHS may continue to use alternative response until July 1, 2017 and any continued use thereafter, shall require the approval of the Legislature. DHHS shall contract with an independent entity to evaluate their alternative response demonstration projects. The bill would set out the minimum requirements of the evaluation, to include, but not limited to, the number and proportion of repeat child abuse and neglect allegations, of substantiated child abuse and neglect allegations, of families with any child entering out-of-home care; changes in child and family well-being in the areas of behavioral an emotional functioning and physical health as measured by a standardized assessment instrument chosen by DHHS; the number of children and families assigned to alternative response who are reassigned to traditional response; and a cost analysis. DHHS shall provide to the Nebraska Children's Commission regular updates on: the implementation plan; status of implementation plan; inclusion of stakeholders on the implementation plan; any findings or recommendations made by the independent evaluator; any programmatic modifications; and the status of the adoption and promulgation of rules and regulations. DHHS shall promulgate rules and regulations to carry out alternative response. The bill would provide that such rules and regulations shall include, but not be limited to, provisions on the transfer of cases from alternative response to traditional response, notice to families subject to a comprehensive assessment and served through alternative response of the alternative response and their rights, including the opportunity to challenge agency determinations; the provision of services through AR; the collection, sharing and reporting of data, and the AR ineligibility criteria. When DHHS proposes to change the AR ineligibility criteria, DHHS shall give public notice at least sixty (60) days prior to public hearing on regulation changes and shall

provide a copy of proposed rules and regulations to the Children's Commission no later than October 1, 2014.

Sec 4: would apply to AR demonstration projects established under section 3. Section 4 describes the duties of the Review, Evaluate, and Decide Team ("The team"). The team meets to review intakes "pursuant to the department's rules, regulations, and policies to evaluate the information and" determines whether alternative or traditional response shall be used. (Change in language of Judiciary Committee Amendment due to amendment to ER Amendment of ER 162 of LB 853; original language in Committee Amendment stated "that are not immediately assigned to traditional response based on the criteria, provide critical analysis of the information and". The rationale was to clarify that DHHS does not plan to review every care, only those who are flagged via the six criteria) The team shall use consistent criteria to review the allegations. Decisions would be made by consensus of the team and if there was no consensus, then traditional response is default. If alternative response was used, DHHS would complete a comprehensive assessment. If there is a finding that the child is unsafe, DHHS shall transfer the case to traditional response. If it is determined that the child is safe, participation in services under alternative response would be voluntary for the family and the case would not be transferred to traditional response based upon a family's failure to enroll or participate in services and the subject of the report shall not be entered into the central registry. DHHS would, by the next working day after the receipt of a report of abuse or neglect, enter into the tracking system of child protection cases all reports of child abuse or neglect received under this section that are opened for AR and any action taken. DHHS shall make available upon request by the appropriate investigating law enforcement agency and county attorney, a copy of all reports relative to a case of suspected abuse or neglect. DHHS shall make aggregate, non-identifying data available quarterly to requesting agencies outside of the department. No other agency or individual except the Office of Inspector General of Nebraska Child Welfare, the Public Counsel, law enforcement agency personnel and the county attorneys shall be provided specific, identifying reports of child abuse or neglect being given AR. The Office of the Inspector General of Nebraska Child Welfare would have access to all reports relative to cases of suspected abuse or neglect subject to traditional and alternative response. The Inspector General shall include in the report pursuant to section 43-4331 a summary of all cases reviewed.

Sec 5: would exempt intakes assigned to alternative response from following the procedures set out in 28-711 regarding the central registry.

Sec 6: would make a minor word change from "register" to "registry."

Sec 7: Removes the public notice requirement for DHHS regarding changes to the central registry concerning 28-720 as required by LB122 (2009).

Sec 8: would make a minor word change from "register" to "registry" and would reflect the name change of the act.

Sec 9: would amend section 28-720(3) requiring that an investigation under section 4 of this Act be classified as "agency substantiated" where DHHS' determination against the subject of the report was supported by a preponderance of the evidence.

Sec 10, 11, 12, 13, 14, 15, 16: would harmonize word changes.

Sec 17: would require the child abuse and neglect investigation teams to set out protocols for how reports will be shared between DHHS and the child abuse and neglect investigation team law enforcement regarding alternative response.

Rest of Sections involving AR would harmonize word changes.

LB 854 (Krist) Prohibit issuance of a long term care request for proposals before September 1, 2015 *(Passed on Final Reading 46-0-3)*

The purpose of this bill is to provide a moratorium on requests for proposals relating to procurement of managed care for long-term care services and support until September 1, 2015.

LB 854 states that the Legislature finds that sufficient planning and meaningful input from stakeholders, including, but not limited to, service providers and consumers, is critical for establishing an effective managed care system for Medicaid recipients. To ensure the safety and well-being of the state's most vulnerable population, the Department of Health and Human Services shall not release a request for proposals relating to procurement of managed care for long-term care services and support prior to September 1, 2015.

LB 859 (Krist) Change provisions for onsite vaccinations at certain health care facilities *(Passed on Final Reading 48-0-1)*

The purpose of this bill is to amend sections 71-467, 468, and 469 to clarify that when a national shortage of vaccine exists or it is contraindicated in individual cases immunization under these sections will not be required.

LB 869 (Gloor) Change and transfer provisions on prescriptions and controlled substances *(Provisions/portions of LB 869 amended into LB 811; Placed on General File and Indefinitely postponed April 17, 2014)*

The purpose of this act is to update language and references, as well as to substantively change some of the prescription requirements for controlled substances. In Section 1, a number of vocabulary substitutions are made to eliminate "shall" and "may" from 28-401: "shall mean" becomes "means"; "shall not" becomes "does not"; "shall include" becomes "includes"; and "may include" becomes "includes". (42) is added to clarify that "Compounding" has the same meaning as in section 382811. (38-2811. Compounding, defined. Compounding means the preparation of components into a drug product (1) as the result of a practitioner's medical order or initiative occurring in the course of practice based upon the relationship between the practitioner, patient, and pharmacist or (2) for the purpose of, or as an incident to, research, teaching, or chemical analysis and not for sale or dispensing. Compounding includes the preparation of drugs or devices in anticipation of receiving medical orders based upon routine, regularly observed prescribing patterns. In Section 2, 28-401.01 is amended to add sections 5 to 11 of that act to the Uniform Controlled Substances Act. In Section 3, 28-413 is amended to clarify that controlled substances listed in Schedules I and II of 28-405 shall be distributed pursuant either to an order form or the electronic controlled substance orderings system. Conforms to federal law that allows pharmacies to order Schedule II controlled substances via the DEA electronic controlled substances ordering system. CSOS) In Section 4, 28-414 Adds the requirements for a Schedule II Controlled Substance prescription and requirements for electronic prescribing of Schedule II Controlled Substances: (1) is amended to clarify that a Schedule II controlled substance requires a prescription from an authorized practitioner; and (2). is added to required that such a prescription must contain the following information prior to being filled: (a) Patient's name and address, (b) name of the drug, device, or biological, (c) strength of the prescription, (d) dosage

form, if applicable, (e) quantity prescribed, (f) directions for use, (g) date of issuance, (h) prescribing practitioner's name and address, and (i) DEA number of prescribing practitioner. The prescription must have a proper signature, whether manual or electronic in conformance with 21 U.S.C. 801 et seq. (3) is amended so that in emergency situations, a Schedule II controlled substance may be dispensed pursuant to an oral prescription reduced to writing in accordance with (2). Eliminates "faxing" of emergency Schedule II Controlled Substances, which is not allowed in federal law. (4)(a) is amended to clarify in nonemergency situations the requirements of paper prescriptions, oral prescriptions and electronic prescription prescriptions for a Schedule II controlled substance (b) must be made on paper (5) is amended to clarify that a pharmacist may make the various required notations either on the face of the prescription or in the electronic record. Language is added to allow for those notations to also be made in an electronic record if the prescription is an electronic prescription in compliance with federal law. In Section 5, (1) is added to clarify that Schedule III, IV, or V controlled substances shall not be dispensed without a written, oral, or electronic medical order except as otherwise provided in that section or when administered directly by a practitioner to an ultimate user; (2) is added to mirror the amended 28-414(2) exactly except that Schedule II, IV, or V controlled substance prescriptions additionally require the number of refills, not to exceed five refills within six months after the date of issuance; (3) is added to clarify that Schedule III, IV, or V controlled substances may be dispensed pursuant to a facsimile of a written, signed paper prescription, which serves as the original for purposes of this subsection. (4) is added to allow partially fillings of Schedule III, IV, or V controlled substances if the partial fills are (a) recorded in the same manner as a refilling, (b) not cumulatively in excess of the total quantity prescribed, and (c) dispensed within six months of the issuance of the prescription. In Section 6, New language that clearly authorizes electronic prescribing of controlled substances, as well as clarifies the storage requirement so electronic prescription, inconformity with federal law: (1) is added to require that all records related to a prescription that is created, signed, transmitted, and received electronically are maintained electronically; (2) Electronic records must be maintained electronically for five years after the date of their creation or receipt; (3) Records regarding controlled substances must be readily retrievable from all other records, and electronic records must be either easily readable or easily rendered into a readable format; (4) Records of electronic prescriptions for controlled substances shall be maintained in an application pursuant to 21 C.F.R. 1311. These must be readily retrievable at the registered location on request of an agent of the administration or law enforcement agent and must be in a format those personnel can readily understand. In Section 7, (1) is added to require that paper prescriptions for all Schedule II controlled substances shall be kept in a separate file by the dispensing practitioner, maintained for a minimum of five years, and made readily available to the department and law enforcement for inspection without a search warrant.(2) All Schedule III, IV, or V controlled substance prescriptions shall be maintained either separately from other prescriptions or in a form in which their information can be readily retrieved from ordinary business records of the dispensing practitioner, and shall be maintained for a minimum of five years. These too shall be made readily available to the department and law enforcement for inspection without a search warrant. (3) is added to require that, prior to dispensing any Schedule II, III, IV, or V controlled substance, the dispensing practitioner shall affix a label to its container bearing the name and address of the pharmacy or dispensing practitioner, the name of the patient, the date of filling,

the serial number of the prescription under which it is recorded in the practitioner's prescription records, the name of the prescribing practitioner, and the directions for use of the controlled substance. Unless the prescribing practitioner writes "do not label" or words of similar import on the original paper, electronic, or oral prescription, the label shall also bear the name of the controlled substance. Section 8 adds (1) and (2) to permit a registrant who is the owner of a controlled substance may transfer any Schedule I or II controlled substance to another registrant as provided by law or by rule or any Schedule III, IV, or V substance to another person if such owner complies with 28-411 (4). Section 9 (1) adds that the owner of any stock of controlled substances may cause those controlled substances to be destroyed pursuant to this section when they are no longer needed. Complete records of the destruction shall be maintained by the registrant for five years after the date of destruction. (2) If the owner is a registrant, (a) Schedule II, III, IV, or V controlled substances may be destroyed by a pharmacy inspector, a reverse distributor, or the administration. Upon their destruction, the required forms must be completed. (b) allows that liquid controlled substances in opened containers originally containing fifty milliliters or less or compounded liquid controlled substances within the facility where they were compounded may be destroyed if witnessed by two individuals credentialed under the Uniform Credentialing Act and properly designated and recorded by the facility. (c) Solid controlled substances in opened unit-dosed containers or which have been adulterated within a hospital where they were to be administered to patients in such hospital may be destroyed if witnessed by two individuals credentialed under the Uniform Credentialing Act and designated by the hospital and recorded in accordance 28-411 (4). (3) clarifies that a patient-owner may utilize a medication take-back program or other lawfully recognized disposal program to dispose of his or her prescribed controlled substances. (4) clarifies that Schedule II, III, IV, or V controlled substances owned by a resident of a long-term care facility or hospital shall be destroyed by two individuals credentialed under the Uniform Credentialing Act and designated by the facility or hospital. Section 10 amends 28-1438.01 and transfers it to the Uniform Controlled Substances Act. (1) is the liability immunity provision re giving information to law enforcement or professional board. It is amended to clarify that the professional board is the board appointed pursuant to the Uniform Credentialing Act. Section 11 transfers 28-1439 to the Uniform Credentialing Act.

LB 887 (Campbell) Adopt the Wellness in Nebraska Act (*Indefinitely postponed; March 19, 2014 after a cloture motion failed*)

LB 887, the Wellness in Nebraska Act provides, through Medicaid expansion demonstration waivers, health care coverage to uninsured and underinsured newly eligible individuals, age 19 through 64 between 0 and 133% of the Federal Poverty Limit. Coverage will begin January 1, 2015, or as soon after as the waivers are accepted. In order to maximize the federal funds available to the state, within thirty day of enactment of LB 887, the department will apply for Medicaid expansion for the newly eligible adult population within the Medicaid managed care program, through a State Plan Amendment, until the demonstration waivers takes effect.

The WIN Act provides coverage: (1) through the WIN Marketplace with health insurance premiums paid by Medicaid funds (a) to purchase qualified health plans on the health benefit exchange for newly eligible with 100-133% FPL or (b) through payment of the employee portion of employer sponsored insurance (if determined by the state to be cost effective); and (2) through

WIN Medicaid Coverage with Medicaid managed care for newly eligible (a) at or below one hundred percent of the federal poverty level or (b) at or below one hundred thirty-three percent federal poverty level for newly eligibles who are medically frail or have exceptional medical conditions. The Medicaid funding is provided through an enhanced match of federal funds: for 2014-2016 federal funds will cover 100% of costs, for 2017-95%, for 2018-94%, for 2019-93% and for 2020 and after 90% federal funds. The administrative costs are a 50%-50% match; and the IT costs are 90% federal funds with 10% state funds. Newly eligible individuals may enroll in WIN coverage if they provide all information regarding residence, financial eligibility, citizenship immigration status, eligibility for employer-sponsored health insurance and is determined to be eligible by the department for WIN coverage. WIN Marketplace Newly eligible adult members will select a commercial health plan, through the Health Benefits Exchange (also known as the Marketplace). Members will select from a commercial high value silver plan. The Medicaid program will pay the premium, plus any co-pays, co-insurance deductible and wrap-around benefits for the qualified health plan (QHP) to health plan issuer on the individual's behalf. The commercial plan will provide coverage for comprehensive health services as required including Essential Health Benefits that include: ambulatory patient services, emergency services, hospitalization, mental health and substance use disorder services, rehabilitative and habilitative services, laboratory services, preventive and wellness services, and prescription drugs. In addition, wrap around benefits required by Medicaid that are not covered by QHP such as non-emergency transportation, early preventative screening, diagnosis and treatment services for individuals under twenty-one years of age and dental will be provided by the department. Monthly contributions of 2% of income for newly eligible adults participating in the Marketplace Coverage plan will be required after the first year of WIN. The WIN Marketplace will provide incentives for members to engage in health and wellness activities that will provide the opportunity to waive monthly contributions. Initially the preventive services and wellness activities shall include an appointment with a primary care physician and a health risk assessment. There will be no co-payments under WIN, except for a copay for the inappropriate utilization of the emergency room. Marketplace Coverage through a QHP will allow individuals to stay on the same plan on the Exchange as their income increases above 133%, they are no longer eligible for Medicaid and begin to pay for premiums. The delivery innovation includes emphasis on whole-person orientation and incorporating primary care systems as a foundation of care, including patient-centered medical homes. The Wellness in Nebraska Act through the WIN Marketplace will provide additional stability to the Exchange as the 20,000 plus newly eligible population assist in lowering the cost to all Nebraska Marketplace participants. The involvement of the 100-133% newly eligible population in the Marketplace will, also, help reduce the churning between Medicaid and the Marketplace-saving state funds and providing stability in coverage for members who will stay enrolled in the same plan regardless of whether coverage is subsidized through Medicaid or tax credits as member incomes increase. WIN Employer-sponsored Insurance New eligibles with access to employer-sponsored insurance (ESI) will participate in the WIN employer sponsor insurance premium program if the department determines such participation to be cost effective to the state. Premium payments for the employee portions of the coverage shall be made by the department for the continued purchase of employer-sponsored insurance. The department shall provide for wrap-around benefits that are not covered by the ESI. This WIN ESI policy will support the continuation of employer

sponsored insurance by maintaining the members on the ESI group plan, if cost effective, thereby supporting employers' provision of insurance, lower cost participation for all employees participating in the group plan, lower cost to the Medicaid program, and providing the newly eligible employee with Medicaid subsidy. WIN Medicaid Managed Care New eligibles between 0-100% FPL will be provided coverage through Managed Care. Coverage will include mandatory and optional Medicaid services required by the current Nebraska Medicaid Program and an additional services required under the Affordable Care Act. Members are required to schedule, within the first sixty days of enrollment, an appointment with a primary care provider, and where available, participate in a patient-centered medical home. After the first year of WIN there is a monthly contributions of 2% of income for adults with incomes greater than 50% of the Federal Poverty Level. To encourage wellness and preventative services the contributions are waived after the first year if the member completes preventive services and/or wellness activities that include the initial appointment, a yearly exam, and a risk assessment. The monthly contributions are utilized rather than co-payments, except for inappropriate use of the emergency room when there was no medical emergency. The WIN Medicaid Coverage will assist in health care reform by enhancing delivery systems through innovations and utilizing the managed care system to focus on primary care and patient centered medical homes, emphasize preventive care, and encourage the appropriate utilization of services in the most cost-effective manner. Without WIN Medicaid the 0-100% FPL newly eligible population will be left with no coverage assistance, no premium assistance and no tax subsidies to purchase insurance, leaving thousands of Nebraskans without life-saving care and continuing the expensive uncompensated cost shifting to Nebraska health providers and health care consumers. WIN Medically frail and exception medical needs newly eligible members with FPL from 0-133% that are medically frail or have exceptional medical conditions shall be covered under Medicaid managed care. Medically frail or exceptional medical condition means a disabling mental disorder, a serious and complex medical condition, and physical or mental disability that significantly impair an individual's ability to perform one or more activities of daily living. Medically frail or exceptional medical condition includes at least two chronic conditions, or one chronic condition and the risk of a second chronic condition, or a serious and persistent mental health condition. The waiver application for WIN shall include a pilot program requiring each managed health organization to provide at least three health homes programs for this population. Health homes shall provide intensive care management and patient navigation services headed by a primary care provider who shall lead a multidisciplinary team which shall collectively take responsibility for the health related needs of the patient to provide integrated cost effective quality services. Health Delivery Innovations The goal of WIN is to engage newly eligible participants in health care and leverage the corresponding financial resources made available through the ACA to assist in the transformation of Nebraska's health care system to quality patient-centered wellness, coordinated appropriate level of care and value-based reimbursement. WIN shall include health care innovations and integrated care models to deliver health care to newly eligible individual through WIN with an emphasis on whole person orientation and incorporating primary care systems. A foundational component of such innovations and integrated care models shall be participation in patient-centered medical homes. The WIN Oversight Committee shall be chaired by the Health and Human Services Committee Chairperson and include as members: two members for the Health and Human Services Committee; two members of the Appropriations

Committee; two members of the Banking, Commerce and Insurance Committee; and two at-large members of the Legislature. All member shall be appointed by the Executive Committee of the Legislature. This Oversight Committee will coordinate with the executive branch and health care stakeholders to: a) apply to CMS for the demonstration waivers, b) plan for health care innovations, including the increase of patient centered medical homes and health homes to care for individuals with complex health needs, c) review emergency room usage to improve appropriate health intervention and treatment systems, d) develop policies for purposes of minimizing the disruption of care for individuals moving between Medicaid, the Exchange and Employer provided insurance to minimize churning, and d) recommend reimbursement methodology to promote value based payments, wellness, prevention, and chronic care management in a cost effective manner. The Oversight Committee may hire a consultant with training and expertise in health care system innovation and Medicaid, preferably including specialized knowledge and experience in the process of applying and negotiating Medicaid waivers. The committee may, also, utilize stakeholders in work groups to assist with the WIN Act. The wellness plan offers members the predictability and certainty of monthly financial contribution, which can be eliminated through the completion of healthy behaviors. Required contributions will provide individuals with consistent program policies and assist in developing financial management skills that will help as member income increases and they move to Marketplace participation through tax subsidies and premium assistance. Preventive care services and wellness activities shall include, but are not limited to, the engagement of a primary care provider within sixty days of enrollment, an annual physical and completion of an approved health risk assessment to identify unhealthy characteristics, including chronic disease, alcohol use, substance use disorders, tobacco use, obesity and immunization status. The demonstration waiver application will include an evaluation of WIN. If the federal funding under the ACA falls below ninety percent, the Legislature in the first regular legislative session following such reduction in federal funding shall review WIN to determine how to mitigate the impact on state expenditures and review health coverage options available for person receiving coverage under WIN.

The Committee Amendment divides "medically frail and exceptional medical condition" in to two definitions and provides consistency in the use of the terms throughout the bill. Adds "primary care" definition. The definition reflects the Institute of Medicine definition and the examples from current Nebraska statute. Under primary care provider changes the "advance care practitioner" to "advance practice registered nurse", who are the only advanced care practitioner covered under Nebraska credentialing. The Committee Amendment, also: takes out risk bearing in the Accountable Care Organization; clarifies that wrap-around services are not to be part of a QHP but that DHHS will provide for the services required under CMS; takes out the requirement that the DOI "promote" two or more QHP in the exchange; removes the requirement that all participating carriers in the health benefit exchange shall offer coverage conforming to WIN; clarifies that WIN beneficiaries have access to the same network and comparable coverage in in Marketplace without discrimination in network because an individual is a WIN participant; removes the language that the Oversight Committee recommendations for policy for transition may include managed care companies being required to provide QHP in the exchange because some Medicaid Managed Care Companies do not provide any commercial insurance; removes

the requirement that as a part of the health risk assessment members receive information on, and discuss with their provider, advance directives. The Committee Amendment removes the requirement for PCMH to be certified, or plan to be certified, by January 1, 2016. Instead, gives the Oversight Committee responsibility for reviewing national certification entities' certification requirements, the PCMH Agreement experience, and the PCMH Pilot to recommend certification standards for Nebraska PCMH. The Committee Amendment adds that the Oversight Committee will make a proposal for a Coordinator of Medicaid Quality Improvement and Cost Analysis to review Quality in Nebraska Medicaid. This may include responsibilities re health care analytics for quality improvement, cost and outcome metrics, analyzing trends, etc. Additionally, the amendment requires an actuarial study to provide statistical data and analysis for the waiver applications to enact WIN. It provides as a contingency that if CMS does not approve the WIN Marketplace waiver, the WIN Marketplace newly eligibles population will participate in the WIN Medicaid waiver. Finally, the Committee Amendment adds the language of LB 578, as amended by the proposed HHS LB 578 Committee Amendment, to redirect a portion of the funding previously used to subsidize health insurance coverage for Nebraskans with pre-existing conditions through the Nebraska Comprehensive Health Insurance Pool to a newly-created Health Care Access and Support Fund. This new fund shall be used to financially support the health care coverage costs provided through the Medicaid state plan amendment and waivers for newly eligible adults below the 133% poverty level required under the Wellness in Nebraska Act.

LB 898 (Legislative Performance Audit Committee) Require reports for public benefit programs delivery system *(Placed on General File, Indefinitely postponed April 17, 2014)*

LB 898 provides that in order to monitor the Department of Health and Human Services service delivery system for public benefit programs and to ensure compliance with federal and state law, the department shall develop and submit to the Clerk of the Legislature a quarterly report including the following: (a) the number of days in increments taken to process applications for aid to dependent children, SNAP, assistance to the aged, blind, or disabled, and the child care subsidy program, overall and broken down by county; (b) the same for applications for Medicaid and the Children's health program, separating the data between those applying on the basis of disability and those not applying on the basis of disability; (c) the reasons for benefit application processing delays in any of the aforementioned applications that are processed beyond federal and state timeliness in aid timelines, including the number of cases for each respective reason; (d) the number of case closures in the aforementioned applications and the reason for each closure, overall and broken down by county; (e) the number of case closures due to failure to recertify benefits, overall and broken down by county; (f) the total number of first-time applicants for benefits, categorized by state, county, and month; (g) the percentage of applications that are reapplications, categorized by state, county, and month; (h) the percentage of individuals whose cases are closed who reapply for benefits within thirty days and sixty days after case closure, categorized by state, county, and month; (i) for Medicaid and economic assistance calls: (A) the overall wait time for call center response, and the average and maximum wait times for each queue available in the menu option from the time when the call is transferred to the customer

service center to the time when the worker answers the call, presented by month and by day;(B) the number of client call terminations that occur prior to speaking with a staff member, and the average wait time prior to call abandonment which shall be defined as the time a call is transferred to the customer service center to the time when the caller terminates the call, presented by month and day; (C) the number of clients who receive a busy signal by month and day, showing the specific hours when all lines are full (D) The total number of work tasks created and/or completed each month and day, the average number of days taken to complete work tasks broken down by type or priority, and the total number of work tasks older than five days.(2) The department shall similarly submit a quarterly report containing the number of social service workers, eligibility technicians, and social service lead workers and the number of vacancies in these positions at the beginning of each month; the number of these positions vacated within a month; and the number of these positions filled within a month for workers in the public benefit programs call centers, the department's web site called ACCESS Nebraska, and in local offices.

LB 901 (McGill) Provide for psychology internships and change duties of the Behavioral Health Education Center and Adopt the Nebraska Mental Health First Aid Training Act *(Passed as amended with provisions/portions of LB 931)*

The purposes of LB 901 are to update outdated language and to institute a doctoral-level internship program designed to improve access to behavioral health services for rural and underserved populations in Nebraska. Section 1: 71-830 is amended throughout to remove outdated language. (2) (a) (ii) is added to require the Behavioral Health Education Center to provide funds for five one-year doctoral-level internships in Nebraska within twelve months of its enactment. The center shall increase the number of interns in the program to ten within 36 months of this section's enactment. The interns shall be placed in communities where their presence will improve access to behavioral health services for patients residing in rural and underserved areas of Nebraska. (2) (e) is amended to change "Curriculum" to "curricula."

LB 931, as amended, that institutes a Mental Health First Aid program, is included in LB 901.

LB 916 (Crawford) Eliminate integrated practice agreements and provide for transition-to-practice agreements for nurse practitioners *(Passed by Legislature returned by Governor without approval April 22, 2014)*

LB 916 amends current statute to remove nurse practitioners from the list of standardized integrated practice agreements. It removes the requirement for an integrated practice agreement between a nurse practitioner and a collaborating physician. It also removes the requirement that a nurse practitioner complete a minimum of two thousand hours of practice under the supervision of a physician. The amendment provides for a "Transition-to-practice agreement" which is a collaborative agreement between a nurse practitioner and a supervising provider. A transition-to-practice agreement shall be: (a) A formal written agreement that provides that both the nurse practitioner and supervising provider practice collaboratively within the framework of their respective scopes of practice; (b) each party in the agreement shall be responsible for his or her individual decisions and shall have joint responsibility for the delivery of health care; (c) the supervising provider shall be responsible for supervision of the nurse practitioner; and (d) for a

nurse practitioner to serve as the supervising provider he or she shall have ten thousand hours of practice as a nurse practitioner. "Supervising provider" means a physician, osteopathic physician, or nurse practitioner licensed and practicing in Nebraska. The supervising provider must be practicing in the same practice specialty, related specialty or field of practice as the nurse practitioner being supervised. "Supervision" means the ready availability of the supervising provider for consultation and direction of the activities within the nurse practitioner's defined scope of practice. The amendment requires that, in order to practice in the state, a licensed nurse practitioner shall submit to the department a transition to practice agreement, or evidence of completion of two thousand hours of practice as a nurse practitioner completed under a transition-to-practice agreement, under a collaborative agreement, under an integrated practice agreement, through independent practice, or under any combination of such agreements and practice as allowed in this state or another state.

LB 931 (Bolz) Adopt the Nebraska Mental Health First Aid Training Act (*Placed on General File, provisions/portions of LB 931 amended into LB 901*)

The purpose of this bill is to create the Nebraska Mental Health First Aid Training Act (NMHFATA). Section 1: Sections 1 to 5 shall be known and may be cited as the NMHFATA. Section 2: The Legislature finds that (1) national statistics show one in four Americans will face a mental illness in his or her lifetime, and that (2) mental health first aid builds an understanding of how mental illness affects Nebraskans, provides an overview of common treatments, and teaches basic assistance skills. Section 3: For purposes of the NMHFATA, mental health first aid means "the help provided to a person who is experiencing a mental health or substance abuse problem or in a mental health crisis before the appropriate professional assistance or other support are secured." Section 4: (1) The Department of Health and Human Services ("HHS") shall establish a mental health first aid training program ("the program") to help the public identify and understand signs of mental illness, substance abuse, and mental health crises, help a person dealing with one of those situations, and de-escalate crisis situations if needed. The program shall provide an interactive mental health first aid training course through the state's regional behavioral health authorities. The program's instructors shall be certified by a national authority for Mental Health First Aid USA or a similar organization. The program shall cooperate with local entities to provide instructor training.(2) The program shall be designed to train individuals to accomplish three objectives as deemed appropriate for the trainee's age: (a) help the public identify, understand, and respond to the signs of mental illness and substance abuse; (b) emphasize the need to reduce the stigma of mental illness; and (c) assist a person believed to be developing or having developed a mental health problem, substance abuse problem, or mental health crisis. Section 5: HHS shall ensure the establishment of evaluative criteria are established to measure the efficacy of the program. HHS shall submit an annual report electronically to the Legislature on trainee demographics and outcomes of the established criteria. Section 6: HHS shall offer services to a number of agencies and organizations, including those named in this section, to implement the NMHFATA. Section 7: The Legislature intends to appropriate \$100,000 annually to HHS to carry out the NMHFATA.

The Committee Amendment makes three changes. The first adds a definition for a mental health first aid program as an education program recognized by the Substance Abuse and Mental Health

Services Administration's National Registry of Evidence-based Programs and Practices, clarifies language, and clarifies that section 4 of the bill refers to the Division of Behavioral Health. The second replaces DHHS with the behavioral health regions established pursuant to section 71-807 in section 6, and clarifies that those regions shall work with agencies and local health departments. The third directs those regions to develop a program to implement the Act in ways that are representative and inclusive with respect to the economic and cultural diversity of Nebraska.

LB 994 (Health and Human Services Committee) Change fees as prescribed for vital statistics (*Passed with Emergency Clause*)

The purpose of this bill is to increase the amount in fees the Department of Health and Human Services may charge for issuing certified copies or abstracts of marriage and for searches of death certificates. Under LB 994, Nebraska Revised Statute 71-612 (1) is amended to change the fee for issuing a certified copy or abstract of marriage from \$11 to \$16. (5) is amended to change the fee for a search of death certificates from no more than \$2 to no more than \$3.

LB 1017 (Krist) Change and transfer pharmacy, prescription, and drug provisions (*Held in Committee Indefinitely Postponed April 17, 2014*)

The purpose of this act is to revise and add various provisions relating to pharmaceutical practice in Nebraska.

Section 1: Sections 1-29 are to be known as the Prescription Drug Safety Act (PDSA).

Section 2: Definitions in the PDSA are to be found in sections 3-20.

Section 3: Defines *Administer*: to directly apply a drug or device by injection, inhalation, ingestion, or other means to the body of a patient or research subject.

Section 4: Defines *Administration*: the act of (1) administering, (2) keeping a record of such activity, and (3) observing, monitoring, reporting, and otherwise taking appropriate action regarding desired effect, side effect, interaction, and contraindication associated with administering the drug or device.

Section 5: 71-2401 is amended to move the definition of adulteration from that section into the PDSA and update the references to the United States Pharmacopeia and the National Formulary.

Section 6: Defines *Chart Order*: an order, other than a prescription, for a drug or device issued by a practitioner for a patient who is in the hospital or long-term care facility where the chart is stored or for a patient receiving detoxification treatment or maintenance treatment pursuant to section 28-412.

Section 7: Defines *Compounding*: as found in 38-2811.

Section 8: Defines *Controlled substance*: as found in 28-401

Section 9: Defines *Dispense or dispensing*: interpreting, evaluating, and implementing a medical order, including preparing and delivering a drug or device to a patient or caregiver in a suitable container appropriately labeled for subsequent administration to, or use by, a patient. Includes

(a) dispensing incident to practice, (b) dispensing pursuant to a delegated dispensing permit, (c) dispensing pursuant to a medical order, and (d) any transfer of a prescription drug or device to a patient or caregiver as defined in section 38-2809 other than by administering.

Section 10: Defines *Distribute*: to deliver a drug or device, other than by administering or dispensing.

Section 11: Defines *Drugs, medicines, and medicinal substances*: (1) articles recognized in the United States Pharmacopoeia and the National Formulary, the Homeopathic Pharmacopoeia of the United States, or any supplement to any of them, (2) articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of diseases in humans or animals, (3) articles, except food, intended to affect the structure or any function of the body of a human or an animal, (4) articles intended for use as a component of any articles specified in subdivision (1), (2), or (3) of this section, except any device or its components, parts, or accessories, and (5) prescription drugs or devices.

Section 12: Defines *Labeling*: the process of preparing and affixing a label to any drug container or device container, exclusive of the labeling by a manufacturer, packager, or distributor of a nonprescription drug or commercially packaged legend drug or device. Any such label shall include all information required by section 27 of this act and federal law or regulation. Compliance with labeling requirements under federal law for devices described in subsection (2) of section 38-2841, medical gases, and medical gas devices constitutes compliance with state law and regulations for purposes of this section.

Section 13: Defines *Medical order*: a prescription, a chart order, or an order for pharmaceutical care issued by a practitioner.

Section 14: 71-2402 is amended to move and update the definition of misbranding into the PSDA. The definition is not significantly altered in any way.

Section 15: Defines *Pharmacist*: any person who is licensed by the State of Nebraska to practice pharmacy as defined in section 38-2837.

Section 16: Defines *Pharmacy*: same meaning as in section 71-425.

Section 17: Defines *Practitioner*: a certified registered nurse anesthetist, a certified nurse midwife, a dentist, an optometrist, a nurse practitioner, a physician assistant, a physician, a podiatrist, or a veterinarian credentialed under the Uniform Credentialing Act.

Section 18: Defines *Prescribe*: to issue a medical order.

Section 19: Defines *Prescription*: an order for a drug or device issued by a practitioner for a specific patient, for emergency use, or for use in immunizations. Prescription does not include a chart order.

Section 20: Defines *Prescription drug or device or legend drug or device*: (a) A drug or device which is required under federal law to be labeled with one of statements listed in (i-iii) prior to being dispensed or delivered; or (b) a drug or device required by law to be dispensed pursuant only to a prescription or chart order or which is restricted to use by practitioners only. This

definition expressly excludes a type of device, including supplies and device components, which carries the federal Food and Drug Administration legend "Caution: Federal law restricts this device to sale by or on the order of a licensed health care practitioner" or an alternative legend approved by the federal Food and Drug Administration which it recognizes, in published guidance, as conveying essentially the same message.

Section 21: Clarifies that nothing in the PDSA shall be construed as authority for a practitioner to perform any activity he or she is not otherwise authorized to perform by another law of this state. A practitioner that stores, dispenses incident to practice, administers, or otherwise provides any drug to a patient shall comply with the PDSA.

Section 22: 28-1437 is amended to move the legend drug statute into the PDSA, update the section to recognize and allow electronic prescriptions for non-controlled substance legend drugs, update the references to the federal Food, Drug and Cosmetic Act to January 1, 2014 and delete references to the Controlled Substance Act, due to the changes made by LB 869.

Section 23: 28-1438 is amended to update the penalty section to section 22 of this act.

Section 24: 71-2404 is amended to move the section that outlines that adulterated and misbranded drugs may be confiscated and the seller criminally prosecuted into the PDSA.

Section 25: 71-2405 is amended to move the section that states it is illegal to sell or have intent to sell adulterated and misbranded drugs into the PDSA.

Section 26: Creates a penalty section for violation of the adulteration and misbranding provisions of the PDSA of a Class III misdemeanor for a first violation and a Class II misdemeanor for a second violation.

Section 27: States the requirements of a non-controlled legend drug prescription.

Section 28: States the requirements of a chart order.

Section 29: States that an employee or agent of a prescribing practitioner may communicate a prescription, chart order or refill authorization to a pharmacist or pharmacist intern.

Section 30: 38-2801 is amended to recognize statutes within the Pharmacy Practice Act.

Section 31: 38-2802 is amended to recognize all of the definitions that are applicable within the Pharmacy Practice Act.

Section 32: Defines *Calculated expiration date*: the expiration date on the manufacturer's, packager's, or distributor's container or one year from the date the drug or device is repackaged, whichever is earlier.

Section 33: 38-2810 is amended allow chart orders to be used for dispensing drugs or devices other than prescriptions for long-term care facility patients.

Section 34: 38-2811 is amended to change the definition of compounding to require compliance with standards of chapters 795 and 797 of the United States Pharmacopeia and the National Formulary, as such chapters exist on January 1, 2014.

Section 35: 38-2819 is amended to update references to the United States Pharmacopeia and the National Formulary.

Section 36: Defines *Hospital pharmacy*: the division, department, or place in a hospital in which the compounding, preparation for administration, or dispensing of drugs or devices pursuant to chart order occurs for patients within the confines of the hospital with oversight by a pharmacist in charge.

Section 37: 38-2831 is amended to expressly require that pharmaceutical care must be provided by a pharmacist.

Section 38: amends 38-2833. Clarifies that a pharmacist in charge must also be designated in a hospital pharmacy context. Removes the requirement that a pharmacist in charge must work in the physical confines of the pharmacy “for a majority of the hours per week that the pharmacy is opened for business averaged over a twelve month period or thirty hours per week, whichever is less”.

Section 39: amends 38-2837 to include medication therapy management in the definition of the practice of pharmacy.

Section 40: Amends 38-2843 to remove the qualification that public health clinic workers may only dispense “oral” contraception.

Section 41: Defines *radiopharmaceutical services*: includes but is not limited to the compounding, dispensing, labeling, and delivery of radiopharmaceuticals, the participation in radiopharmaceutical selection, and radiopharmaceutical utilization reviews by a pharmacist, pursuant to a medical order.

Section 42: Defines *telepharmacy*: the provision of pharmaceutical care, by a pharmacist located within the United States, using telecommunications, remote order entry, or other automations and technologies to deliver care to patients or their agents who are located at sites other than where the pharmacist is located.

Section 43: Amends 38-2850. Updates the exceptions to the practice of pharmacy statutes. Removes “persons who sell, offer, or expose for sale completely denatured alcohol or concentrated lye, insecticides, and fungicides in original packages”. Removes the hospital exception (requirements for a license for dispensing out-patient medications can be found in Sections 71 & 72). Changes “prepackaged drugs” to “repackaged drugs”. Removes exceptions for pharmacies or businesses (as entities distinct from the pharmacists or other persons in those organizations’ employ).

Section 44: Amends 38-2866. Deletes an outdated statutory reference (replaced by Section 42). Adds “repackaging” to the list of purposes for which a pharmacist may possess prescription medications.

Section 45: Adds permission for a pharmacist to supervise a total of three pharmacy technicians and pharmacist interns in any combination, excluding pharmacist interns in training. The current

pharmacist/technician ratio is 1 to 3, but no more than 2 technicians at any time. That provision is in pharmacy regulations.

Section 46: Updates statutory references.

Section 47: Adds new provisions for a pharmacist in charge of a hospital pharmacy, by January 1, 2015, to develop policies and procedures to ensure that a pharmacist has reviewed all medical orders prior to the first dose being administered to a patient in a hospital. Includes several exceptions for which a review by a pharmacist is not necessary.

Section 48: Amends 38-2869. Adds the requirement that a pharmacist must document a verbal offer to counsel the patient or caregiver prior to dispensing a drug or device. Updates the “telephone service” to “telepharmacy”. Updates “certified physician’s assistant” to “physician assistant.” Deletes a reference to “a business” pursuant to the amended 38-2850 (11) in Section 43.

Section 49: Amends 38-2870 to reflect that medical orders can be oral, written, or electronic. Clarifies that pharmacists and pharmacist interns are not required to dispense, compound, administer, or prepare for administration any drug or device pursuant to a medical order. Allows electronic orders or faxing of written medical orders as permissible means of transmission to a pharmacy. Clarifies that an unsigned medical order shall be treated as if it were an oral medical order.

Section 50: Amends 38-2884 to update references to other changes in this act. Clarifies that expiration dates printed by the manufacturer, packager, or distributor are to be used in finding the calculated expiration date. Deletes “oral” in regards to contraceptives within 38-2884.

Section 51: Amends 38-2887 to delete “oral” in regard to contraceptives within 38-2884.

Section 52: Amends 38-2890. Mandates that pharmacy technicians must be registered with the state prior to and during employment as a pharmacy technician. Eliminates the 30-day grace period for pharmacy technicians to become registered with the state once hired as pharmacy technicians.

Section 53: Amends 38-2892 to clarify that the pharmacist in charge of the pharmacy or the hospital pharmacy shall be responsible for the supervision and performance of the pharmacy technicians. Deletes the requirement for the written control procedures and guidelines of the training and employment of pharmacy technicians, and the requirement to submit these materials to the Board of Pharmacy. Clarifies that the supervision of the pharmacy technicians at a hospital pharmacy must be performed by the licensed pharmacist assigned by the pharmacist in charge to be responsible for the supervision and performance of activities of the pharmacy technician.

Section 54: Amends 38-2895 to delete an outdated reference to the statutes revised in Section 53.

Section 55: Amends 38-2899 to delete references to statutes that will be deleted by the passage of this bill.

Section 56: Requires that a pharmacy or hospital providing radiopharmaceutical services must be managed by a nuclear pharmacist. Clarifies that the nuclear pharmacist must directly supervise all personnel performing tasks in the preparation and distribution of radioactive drugs. Clarifies that it is unlawful for anyone to provide radiopharmaceutical services unless that person is or is supervised by a pharmacist.

Section 57: Adds requirements for a prescription. In order to be filled, a prescription a prescription must contain the following information: Patient's name; the name of the drug, device, or biological; strength of the drug or biological, if applicable; dosage form of the drug or biological, if applicable; quantity of drug, device, or biological prescribed; authorized number of refills; directions for use; date of issuance; prescribing practitioner's name; and if the prescription is written, the prescribing practitioner's signature. Prescriptions for controlled substances must meet the requirements of section 28-414.

Section 58: Adds requirements for a chart order, which must contain: Patient's name; date of the order; name of the drug, device, or biological; strength of the drug or biological, if applicable; directions for administration to the patient, including the dose to be given; and the prescribing practitioner's name. An employee or agent of a prescribing practitioner may communicate a prescription, chart order, or refill authorization issued by the prescribing practitioner to a pharmacist or a pharmacist intern.

Section 59: Amends 71-2421. Removes an outdated statutory reference and moves the disposal, repackaging, and returns requirements into the Pharmacy Practice Act. Clarifies that an assisted living facility is not considered a long-term care facility for purposes of returns. Updates "Board of Pharmacy" to "board" and strikes the definitions are already found in the Pharmacy Practice Act.

Sections 60 - 68: Moves the Drug Product Selection Act into the Pharmacy Practice Act, and deletes duplicative definitions. Updates the sections to recognize electronic prescribing and several changes in terminology noted earlier in the act.

Section 69: Amends 71-403 to update statutory references.

Section 70: Amends 71-403 to update statutory references.

Section 71: Defines *Hospital Pharmacy*: the division, department, or place in a hospital in which the compounding, preparation for administration, or dispensing of drugs or devices pursuant to a chart order occurs for patients within the confines of the hospital with oversight by a pharmacist in charge.

Section 72: Adds that a hospital is only required to obtain a pharmacy license if compounding or dispensing of drugs or devices is done in the hospital pharmacy for persons not registered as patients within the confines of the hospital. Requires a pharmacist in charge of a hospital pharmacy to establish and implement policies and procedures for the practice of pharmacy and medication use in the hospital.

Section 73: Amends 71-436. Creates an exception for obtaining licensure as outlined section 72.

Section 74: Amends 71-448 to add violation of the Pharmacy Practice Act as a grounds for disciplinary action.

Sections 75 - 78: Creates references to the Prescription Drug Safety Act within the Cancer Drug Repository Act and the Immunosuppressant Drug Act.

Section 79: Amends 71-2453 to update the calculated expiration date reference.

Section 80: Creates a title for the Poison Control Act (sections 71-2501 to 71-2512) and adds statutory references to the Act.

Section 81: Amends 71-2501 to clarify language in the definition of Poison and strike outdated statutory references.

Section 82: Amends 71-2502 to update statutory references and add gender inclusive language.

Section 83: Amends 71-2505 to exempt the sale of patent or proprietary medicines in the original package of the manufacturer when labeled in conformity with 71-2502 from the Poison Control Act.

Section 84: Amends 71-2506 to update language and references.

Section 85: Amends 71-2507 to add a statutory reference.

Section 86 & 87: Amends 71-2509 and 71-2510 to update language and references.

Section 88: Adds 28-425 to the Poison Control Act with no changes.

Section 89: Amends 71-2512 to update statutory references.

Section 90: Amends 71-7447 to update a statutory reference.

Section 91: The original sections amended by this act are repealed.

Section 92: Sections 38-2848, 71-2403, and 71-2511 are outright repealed.

LB 1050 (Campbell) Change provisions relating to inspections of certain child care facilities (*Passed*)

LB 1050 requires all child care providers who are required to be licensed by the State of Nebraska to have a health and safety inspection prior to being issued a license. Previous law allowed for Family Child Care Home I providers to obtain licenses before undergoing basic health and safety inspections. Specifically, law allowed applicants to self-certify that they are in compliance with all health and safety regulations and then gives the Department of Health and Human Services 60 days to complete the inspection after the license is granted. The bill removes this gap between licensing and inspections.

The Committee Amendment removes language that family child care home I inspections may occur within sixty days of an amendment to a license. The Committee Amendment requires the inspection to occur when there is a change of ownership or location.

LB 1054 (Karpisek) Redefine treatment under the Health Care Facility Licensure Act
(Held in Committee; Indefinitely Postponed April 17, 2014)

The purpose of this bill is to redefine treatment under the Health Care Facility Licensure Act to clarify that *treatment* includes a minimum amount of supervision and monitoring of noncommunicative persons.

LB 1072 (Lathrop) Change provisions relating to prescription drug monitoring and create a fund *(Passed on Final Reading as amended)*

The original purpose of the bill would create the Prescription Monitoring and Health Information Exchange Act. The bill as amended allows the department to use state funds and accept grants, gifts or other funds in order to implement and operate the technology for prescription drug monitoring. It creates the Prescription Drug Monitoring Program Fund. The department shall administer the fund to carry out prescription drug monitoring.

LB 1076 (Campbell) Provide for Medical Rates and Service regarding home health *(Passed with provisions/portions of LB 1078 amended into LB 1076)*

LB 1076 as introduced provides that the legislature finds that (a) the federal Patient Protection and Affordable Care Act (ACA) provides for Medicaid reimbursement to permit disabled or elderly adults to live at home rather than in long-term care facilities, (b) States may apply for federal funds to implement programs with that aim, and (c) A number of states are already doing so and will publish the results of those efforts when their programs are completed. The bill states that beginning January 1, 2014, for Medicaid authorization and payment for home health care services, there shall be no reduction in reimbursement rates or limitation on services including, but not limited to, extended-home nursing services, second visit on same day, and nursing services for adults twenty-one years or age and older until Balancing Incentives Programs under the ACA have been completed and the department can review the results of these programs with the goal of assessing and improving Nebraska's provision of Medicaid home health services. The proposed Committee Amendment corrects LB 1076 language that mandated no reduction in reimbursement rates and "no limitation" on services. The language is amended to "no changes in limitations" on services for Medicaid home health. This will clarify that the intent of the bill is to not change the current program, rather than imply that there are to be no limitations. Additionally, the amendment more accurately reflects the services that are not to be changed and are to remain in place until the results of Balancing Incentives Programs can be assessed. The amendment specifies "services including, but not limited to, more than one home health visit in a day to provide skilled nursing services, nursing services, and aid services".

The bill as passed on Select File removed the introduced and adopted Committee Amendment of LB 1078 and substituted LB 1076 as amended. LB 1076 as passed amends the definition for Telehealth and adds the definition for Telemonitoring to the Nebraska Telehealth Act. The Telehealth Act governs health care practitioners that are Nebraska Medicaid-enrolled providers who are licensed, to practice in the state by the department. Reimbursement under the Act relates to health care services covered by and reimbursed under the Medicaid fee-for-service program and managed care contracts for Medicaid services. The bill removes the prior distant requirement for reimbursement and provides that reimbursement rate for telehealth consultation

shall be comparable to in-person consultation and the rate shall not depend on the distance between the health care practitioner and the patient.

LB 1078 (Nordquist) Change the Nebraska Telehealth Act, provide for the establishment of a patient relationship through video conferencing, and require insurance coverage for telehealth (*Provisions/portions of LB 1078 as amended were amended into LB 1076; LB 1078 was indefinitely postponed on April 17, 2014; Provisions/portions of LB1078 amended into LB1076 by AM2305*)

The purpose of this bill as originally introduced is to expand Nebraska's permissible uses for telehealth services.

Section 1: Amends 38-2001 to add section 2 to the Medicine and Surgery Practice Act.

Section 2: Allows a properly licensed physician to establish a physician-patient relationship for the purpose of prescribing medication either through an in-person meeting or by seeing the patient through the use of a real-time, two-way electronic video conference.

Section 3: Amends 38-2301 to add section 4 of this act to the Nurse Practitioner Act. Section 4: Allows a nurse practitioner to establish a nurse practitioner-patient relationship for the purpose of prescribing medication either through an in-person meeting or by seeing the patient through the use of a real-time, two-way electronic video conference.

Section 5: Amends 38-2801 to add section 6 of this act to the Pharmacy Practice Act.

Section 6: Allows a pharmacist to establish a pharmacist-patient relationship for the purpose of prescribing medication either through an in-person meeting or by seeing the patient through the use of a real-time, two-way electronic video conference.

Section 7: (1) Requires various insurance policies or contracts to include coverage for treatment provided using telehealth that would be covered if provided in person. Applies notwithstanding 44-3,131 and only to the extent not preempted by federal law. (2) Provides that such coverage shall not be less favorable than for similar treatment provided in person. (3) Clarifies that deductibles and copays may apply, (4) Clarifies that coverage need not be provided if telehealth services are not medically necessary, and (5) Applies this section to policies, contracts, or plans delivered, issued, or renewed on or after October 1, 2014. (6) Defines telehealth and telemonitoring.

Section 8: Amends 71-8503. (3) changes the definition of telehealth for purposes of the Nebraska Telehealth Act to match the definition in section 7 of this act. (4) removes exclusions from the definition of telehealth consultation. (5) defines telemonitoring.

Section 9: Amends 71-8506 (2) to clarify that the reimbursement rate for a telehealth consultation shall be set at least as high as the medical assistance program rate for a comparable in-person consultation regardless of the distance between the health care practitioner and the patient.

The Committee Amendment as introduced would remove Section 7 of LB 1078. With the removal of Section 7 the bill no longer includes private insurance policies. As amended the bill continues to: define telehealth and telemonitoring; clarify that a physician, physician assistant, nurse practitioner, and pharmacist may establish a patient relationship either in person or with the use of real-time, two way electronic video conference; and provides that the reimbursement rate for telehealth consultation shall, as a minimum, be set at the same rate as the medical

assistance program rate for comparable in person consultation and shall not depend on the distance between the health care practitioner and the patient.

The bill was further limited in the amendment placed on LB 1078. It amends the definition for Telehealth and adds the definition for Telemonitoring to the Nebraska Telehealth Act. The Telehealth Act governs health care practitioners that are Nebraska Medicaid-enrolled providers who are licensed, to practice in the state by the department. Reimbursement under the Act relates to health care services covered by and reimbursed under the Medicaid fee-for-service program and managed care contracts for Medicaid services. The bill removes the prior distant requirement for reimbursement and provides that reimbursement rate for telehealth consultation shall be comparable to in-person consultation and the rate shall not depend on the distance between the health care practitioner and the patient.

LB 1088 (Conrad) Change income eligibility provisions relating to federal child care assistance (*Indefinitely postponed*)

The purpose of this bill is to increase the income levels at which the department must provide child care assistance to families.

68-1206 (1) is amended. Under current statute the department shall provide child care assistance to families with incomes up to one hundred twenty-five percent of the federal poverty level for FY2013-14. The bill changes eligibility from one hundred thirty to one hundred thirty-five percent of the federal poverty level for FY2014-15, and one hundred forty percent of the federal poverty level for FY2015-16 and each fiscal year thereafter

LB 1107 (Conrad) Change Medicaid payment provisions for federally qualified health centers as prescribed (*Placed on General File then Indefinitely postponed April 17, 2014*)

The purpose of this bill is to change Medicaid provisions for federally qualified health centers. LB 1107: (1) Defines multiple encounters that occur with one or more health care professionals on the same day constitute a single visit unless one of the following qualifications is met: (a) One of the additional health care professionals is a psychiatrist, clinical psychologist, licensed mental health practitioner, licensed independent mental health practitioner, certified diabetes educator, registered dietician, or pharmacist; or (b) The patient suffers an illness or injury requiring additional diagnosis or treatment after the first encounter.

LR 422 (Campbell) Provide the Health and Human Services Committee, in cooperation with the Banking, Commerce and Insurance Committee, be designated to develop policy recommendations towards transformation of Nebraska's health care system. (*Adopted*)

LR 422 will provide for legislative leadership to facilitate cooperation between health care stakeholders and policy makers in Nebraska to work towards health care system transformation. LR 422 will continue the work LR 22 started. LR 422 will bring stakeholders together to work towards the shared objectives of: Improving the health and health care of Nebraskan; controlling health care costs; and improving health care quality. Under LR 422 the HHS Committee and

Banking/Insurance Committee shall continue to provide a comprehensive review of: Nebraska's health care delivery, cost, and coverage demands; Define opportunities for expansion of health care delivery to rural and medically underserved regions through telemedicine, electronic home care devices and Internet-based care; determine the role of team based care, including patient centered medical homes and accountable care organization; Assess the effectiveness of loan forgiveness programs; and Develop cooperative strategies and initiatives for design, implementation, and accountability of services that improve care quality and value-based care while advancing the overall health of all Nebraskans. A joint public hearing, by the Health and Human Services Committee and the Banking, Commerce and Insurance, will be held on the progress and strategies developed as a result of LR 422.

LR 487 (McCoy) Urge Congress to enact comprehensive Health care reform (*Held in Committee, Indefinitely Postponed April 7,2014*) LR487 urges the United States Congress to enact comprehensive health care reform that coverage fits the individual needs of the consumer and encourages increased competition, consumer choice, and cost reduction within the private marketplace.

Bills by Subject Matter

Aged

LB 690 (Bolz) Create the Aging Nebraskans Task Force and require a grant application (*Passed notwithstanding objections of Governor 30-12-7*)

Alternative Response

LB 853 (McGill) Change and rename acts, a register, and an advisory committee relating to children and young adults and require case manager training as prescribed

Architects and Engineers

LB 665 (Krist) Change the Engineers and Architects Regulation Act (*Not advanced from HHS Committee, Indefinitely postponed April 17, 2014*)

Asbestos

LB 852 (Crawford) Change provisions relating to asbestos regulation (*Indefinitely postponed April 17, 2014, Not advanced from HHS Committee*)

Background Checks

LB 728 (Harms) Change provisions relating to criminal history record information checks for certain employees of the Division of Developmental Disabilities of the Department of Health and Human Services (*Passed on Final Reading with Emergency Clause 44-0-5*)

Balancing Incentives Payment Program

LB 690 (Bolz) Create the Aging Nebraskans Task Force and require a grant application (*Passed notwithstanding objections of Governor 30-12-7*)

LB 1076 (Campbell) Provide for Medical Rates and Service regarding home health (*Passed with provisions/portions of LB 1078 amended into LB 1076*)

Behavioral Health

LB 901 (McGill) Provide for psychology internships and change duties of the Behavioral Health Education Center and Adopt the Nebraska Mental Health First Aid Training Act (*Passed as amended with provisions/portions of LB 931*)

Building Codes

LB 852 (Crawford) Change provisions relating to asbestos regulation (*Indefinitely postponed April 17, 2014, Not advanced from HHS Committee*)

Case Management

LB 790 (Howard) Require training for case managers as prescribed (*Provisions/portions of LB 790 amended into LB 853; Placed on General File, LB 790 Indefinitely postponed April 17, 2014*)

LB 853 (McGill) Change and rename acts, a register, and an advisory committee relating to children and young adults and require case manager training as prescribed

Child Care

LB 359 (Cook) Change eligibility redeterminations relating to a child care subsidy

LB 695 (Haar) Require an affidavit relating to radon levels at a child care location (*Placed on General File, Indefinitely postponed on April 17, 2014*)

LB 1050 (Campbell) Change provisions relating to inspections of certain child care facilities (*Passed*)

LB 1088 (Conrad) Change income eligibility provisions relating to federal child care assistance (*Indefinitely postponed*)

Child Welfare

LB 660 (Krist) Provide for extension of a pilot project and a contract relating to case management

LB 790 (Howard) Require training for case managers as prescribed (*Provisions/portions of LB 790 amended into LB 853; Placed on General File, LB 790 Indefinitely postponed April 17, 2014*)

Children's Commission, Nebraska

LB 660 (Krist) Provide for extension of a pilot project and a contract relating to case management

Drug Labs

LB 711 (Watermeier) Change provisions relating to contamination of property by clandestine drug labs (*Placed on General File, Indefinitely postponed April 17, 2014*)

Economic Assistance

LB 359 (Cook) Change eligibility redeterminations relating to a child care subsidy

LB 732 (Kowlowski) Change asset limitation for certain programs of public assistance (*LB 732 as amended by the Committee Amendment was amended into LB 359; Placed on General File, LB 732 Indefinably Postponed April 17, 2014*)

LB 898 (Legislative Performance Audit Committee) Require reports for public benefit programs delivery system (*Placed on General File, Indefinitely postponed April 17, 2014*)

LB 1088 (Conrad) Change income eligibility provisions relating to federal child care assistance (*Indefinitely postponed*)

Engineers and Architects

LB 665 (Krist) Change the Engineers and Architects Regulation Act (*Not advanced from HHS Committee, Indefinitely postponed April 17, 2014*)

Environmental Health Threats

LB 711 (Watermeier) Change provisions relating to contamination of property by clandestine drug labs (*Placed on General File, Indefinitely postponed April 17, 2014*)

LB 852 (Crawford) Change provisions relating to asbestos regulation (*Indefinitely postponed April 17, 2014, Not advanced from HHS Committee*)

Federally Qualified Health Centers

LB 1107 (Conrad) Change Medicaid payment provisions for federally qualified health centers as prescribed (*Placed on General File then Indefinitely postponed April 17, 2014*)

Fees

LB 994 (Health and Human Services Committee) Change fees as prescribed for vital statistics (*Passed with Emergency Clause*)

Foster Care

LB 660 (Krist) Provide for extension of a pilot project and a contract relating to case management

Grants

LB 690 (Bolz) Create the Aging Nebraskans Task Force and require a grant application (*Passed notwithstanding objections of Governor 30-12-7*)

Health Care/Insurance

LB 76 (Nordquist) Adopt the Health Care Transparency Act (*Passed*)

LB 132 (Nordquist) Adopt the Indoor Tanning Facility Act. (*Passed*)

LR 422 Campbell Provide the Health and Human Services Committee, in cooperation with the Banking, Commerce and Insurance Committee, be designated to develop policy recommendations towards transformation of Nebraska's health care system. (*Adopted*)

Health and Human Services, Department of

LB 132 (Nordquist) Adopt the Indoor Tanning Facility Act. (*Passed*)

LB 359 (Cook) Change eligibility redeterminations relating to a child care subsidy (*Passed, Portions of LB 732 is included in the bill.*)

LB 526 (Howard) Change optometry licensure and certification to perform minor surgery and use pharmaceutical agents (*Passed*)

LB 660 (Krist) Provide for extension of a pilot project and a contract relating to case management
(*LB 660 Passed as amended by the Committee Amendment with Emergency Clause 43-0-6*)

LB 690 (Bolz) Create the Aging Nebraskans Task Force and require a grant application (*Passed notwithstanding objections of Governor 30-12-7*)

LB 665 (Krist) Change the Engineers and Architects Regulation Act (*Not advanced from HHS Committee, Indefinitely postponed April 17, 2014*)

LB 695 (Haar) Require an affidavit relating to radon levels at a child care location (*Placed on General File, Indefinitely postponed on April 17, 2014*)

LB 705 (Coash) Change personal needs allowance under Medicaid (*Placed on General File, Indefinitely postponed April 17, 2014*)

LB 711 (Watermeier) Change provisions relating to contamination of property by clandestine drug labs (*Placed on General File, Indefinitely postponed April 17, 2014*)

LB 728 (Harms) Change provisions relating to criminal history record information checks for certain employees of the Division of Developmental Disabilities of the Department of Health and Human Services (*Passed on Final Reading with Emergency Clause 44-0-5*)

LB 790 (Howard) Require training for case managers as prescribed (*Provisions/portions of LB 790 amended into LB 853; Placed on General File, LB 790 Indefinitely postponed April 17, 2014*)

LB 843 (Johnson) change provisions relating to membership on the Board of Veterinary Medicine and Surgery (*Indefinitely postponed by HHS Committee February 4, 2014*)

LB 1050 (Campbell) Change provisions relating to inspections of certain child care facilities (*Passed*)

LB 1076 (Campbell) Provide for Medical Rates and Service regarding home health (*Passed with provisions/portions of LB 1078 amended into LB 1076*)

Home Health

LB 1076 (Campbell) Provide for Medical Rates and Service regarding home health (*Passed with provisions/portions of LB 1078 amended into LB 1076*)

Internships

LB 901 (McGill) Provide for psychology internships and change duties of the Behavioral Health Education Center and Adopt the Nebraska Mental Health First Aid Training Act (*Passed as amended with provisions/portions of LB 931*)

Licensure/regulation

LB 526 (Howard) Change optometry licensure and certification to perform minor surgery and use pharmaceutical agents (*Passed*)

LB 695 (Haar) Require an affidavit relating to radon levels at a child care location (*Placed on General File, Indefinitely postponed on April 17, 2014*)

LB 1050 (Campbell) Change provisions relating to inspections of certain child care facilities (*Passed*)

LB 1054 (Karpisek) Redefine treatment under the Health Care Facility Licensure Act (*Held in Committee; Indefinitely Postponed April 17, 2014*)

LB 1072 (Lathrop) Change provisions relating to prescription drug monitoring and create a fund (*Passed on Final Reading as amended*)

Long Term Care

LB 854 (Krist) Prohibit issuance of a long term care request for proposals before September 1, 2015 (*Passed on Final Reading 46-0-3*)

Managed Care

LB 854 (Krist) Prohibit issuance of a long term care request for proposals before September 1, 2015 (*Passed on Final Reading 46-0-3*)

Medicaid/Medical Assistance

LB 705 (Coash) Change personal needs allowance under Medicaid (*Placed on General File, Indefinitely postponed April 17, 2014*)

LB 854 (Krist) Prohibit issuance of a long term care request for proposals before September 1, 2015 (*Passed on Final Reading 46-0-3*)

LB 887 (Campbell) Adopt the Wellness in Nebraska Act (*Indefinitely postponed; March 19, 2014 after a cloture motion failed*)

LB 1078 (Nordquist) Change the Nebraska Telehealth Act, provide for the establishment of a patient relationship through video conferencing, and require insurance coverage for telehealth (*Provisions/portions of LB 1078 as amended were amended into LB 1076; LB 1078 was indefinitely postponed on April 17, 2014; Provisions/portions of LB1078 amended into LB1076 by AM2305*)

LB 1107 (Conrad) Change Medicaid payment provisions for federally qualified health centers as prescribed (*Placed on General File then Indefinitely postponed April 17, 2014*)

Mental Health

LB 901 (McGill) Provide for psychology internships and change duties of the Behavioral Health Education Center and Adopt the Nebraska Mental Health First Aid Training Act (*Passed as amended with provisions/portions of LB 931*)

LB 931 (Bolz) Adopt the Nebraska Mental Health First Aid Training Act (*Placed on General File, provisions/portions of LB 931 amended into LB 901*)

Nurse Practitioners

LB 916 (Crawford) Eliminate integrated practice agreements and provide for transition-to-practice agreements for nurse practitioners (*Passed by Legislature returned by Governor without approval April 22, 2014*)

Nursing Homes

LB 690 (Bolz) Create the Aging Nebraskans Task Force and require a grant application (*Passed notwithstanding objections of Governor 30-12-7*)

LB 705 (Coash) Change personal needs allowance under Medicaid (*Placed on General File, Indefinitely postponed April 17, 2014*)

Optometrists

LB 526 (Howard) Change optometry licensure and certification to perform minor surgery and use pharmaceutical agents (*Passed*)

Pharmacies/Prescriptions

LB 526 (Howard) Change optometry licensure and certification to perform minor surgery and use pharmaceutical agents (*Passed*)

LB 869 (Gloor) Change and transfer provisions on prescriptions and controlled substances (*Provisions/portions of LB 869 amended into LB 811; Placed on General File and Indefinitely postponed April 17, 2014*)

LB 1017 (Krist) Change and transfer pharmacy, prescription, and drug provisions (*Held in Committee Indefinitely Postponed April 17, 2014*)

LB 1072 (Lathrop) Change provisions relating to prescription drug monitoring and create a fund (*Passed on Final Reading as amended*)

Public Assistance

LB 359 (Cook) Change eligibility redeterminations relating to a child care subsidy

LB 732 (Kowlowski) Change asset limitation for certain programs of public assistance (*LB 732 as amended by the Committee Amendment was amended into LB 359; Placed on General File, LB 732 Indefinably Postponed April 17, 2014*)

LB 898 (Legislative Performance Audit Committee) Require reports for public benefit programs delivery system (*Placed on General File, Indefinitely postponed April 17, 2014*)

LB 1088 (Conrad) Change income eligibility provisions relating to federal child care assistance (*Indefinitely postponed*)

Radon

LB 695 (Haar) Require an affidavit relating to radon levels at a child care location (*Placed on General File, Indefinitely postponed on April 17, 2014*)

Rates

LB 1076 (Campbell) Provide for Medical Rates and Service regarding home health (*Passed with provisions/portions of LB 1078 amended into LB 1076*)

LB 1107 (Conrad) Change Medicaid payment provisions for federally qualified health centers as prescribed (*Placed on General File then Indefinitely postponed April 17, 2014*)

Reporting

LB 660 (Krist) Provide for extension of a pilot project and a contract relating to case management

LB 690 (Bolz) Create the Aging Nebraskans Task Force and require a grant application (*Passed notwithstanding objections of Governor 30-12-7*)

LB 76 (Nordquist) Adopt the Health Care Transparency Act (*Passed*)

LB 898 (Legislative Performance Audit Committee) Require reports for public benefit programs delivery system (*Placed on General File, Indefinitely postponed April 17, 2014*)

SNAP (Supplemental Nutrition Assistance Program)

LB 359 (Cook) Change eligibility redeterminations relating to a child care subsidy

LB 732 (Kowlowski) Change asset limitation for certain programs of public assistance (*LB 732 as amended by the Committee Amendment was amended into LB 359; Placed on General File, LB 732 Indefinably Postponed April 17, 2014*)

LB 898 (Legislative Performance Audit Committee) Require reports for public benefit programs delivery system (*Placed on General File, Indefinitely postponed April 17, 2014*)

Tanning

LB 132 (Nordquist) Adopt the Indoor Tanning Facility Act. (*Passed*)

Telehealth

LB 1078 (Nordquist) Change the Nebraska Telehealth Act, provide for the establishment of a patient relationship through video conferencing, and require insurance coverage for telehealth (*Provisions/portions of LB 1078 as amended were amended into LB 1076; LB 1078 was indefinitely postponed on April 17, 2014; Provisions/portions of LB1078 amended into LB1076 by AM2305*)

Treatment

LB 1054 (Karpisek) Redefine treatment under the Health Care Facility Licensure Act (*Held in Committee; Indefinitely Postponed April 17, 2014*)

Vaccinations

LB 859 (Krist) Change provisions for onsite vaccinations at certain health care facilities (*Passed on Final Reading 48-0-1*)

Veterinary Medicine

LB 843 (Johnson) change provisions relating to membership on the Board of Veterinary Medicine and Surgery (*Indefinitely postponed by HHS Committee February 4, 2014*)

Vital Statistics

LB 994 (Health and Human Services Committee) Change fees as prescribed for vital statistics (*Passed with Emergency Clause*)

Wellness

LB 887 (Campbell) Adopt the Wellness in Nebraska Act (*Indefinitely postponed; March 19, 2014 after a cloture motion failed*)

Young Adults

LB 853 (McGill) Change and rename acts, a register, and an advisory committee relating to children and young adults and require case manager training as prescribed

**REPORT ON THE PRIORITIZING
OF INTERIM STUDY RESOLUTIONS
Pursuant to Rule 4, Section 3(c)**

COMMITTEE: Health and Human Services

DATE: April 2014

The following resolutions were referred to the Committee on Health and Human Services. The committee has prioritized the resolutions in the following order:

<u>Resolution No.</u>	<u>Subject</u>
LR 422 (Campbell, Gloor)	Resolution for Nebraska Health Care strategic planning
1. 601 (Davis)	Interim Study to examine the impact of implementing, and the impact of failing to implement, medicaid expansion in Nebraska
2. 586 (Howard)	Interim study to gather information and make recommendations to craft policy to support and continue electronic health records exchanges and health information initiatives
3. 576 (Campbell)	Interim study to examine the current status of the sharing of electronic health records and health information exchanges in Nebraska
4. 559 (Mello)	Interim study to examine issues surrounding the Medicaid Reform Council
5. 539 (Campbell)	Interim study to examine whether the maximum payment rate in the Aid to Dependent Children program, is adequate to meet the goals of the Temporary Assistance for Needy Families program, including keeping children in their own home
6. 530 (Nordquist)	Interim study to examine existing and proposed programs, policies, administrative rules, and statutes that impact the financial stability of working families in Nebraska
7. 540 (Campbell)	Interim study to examine the treatment and services for people dually diagnosed with I/DD and MI or I/DD and behavioral health problems
8. 533 (Crawford)	Interim study to assess the enrollment of former foster youth in the new medicaid category for youth formerly in foster care up to age 26 in Nebraska under the new federal Patient Protection and Affordable Care Act
9. 541 (Campbell)	Interim study to examine the implementation of educational stability plans for children in foster care under the federal Fostering Connections to Success and Increasing Adoptions Act of 2008

10. 575 (Mello)	Interim study to examine issues surrounding in-home personal services
11. 518 (Haar)	Interim study to examine the need to craft a policy to ensure that women who choose to give birth at home are adequately supported by trained health care professionals.
12. 587 (Howard)	Interim study to gather information and make recommendations to craft policy to support the creation of a sustainable community health workforce in Nebraska.
13. 517 (Haar)	Interim study to examine ways to improve the quality and availability of interpreter services for Nebraskans who are deaf or hard of hearing.
14. 574 (Coash)	Interim study to explore the need for fully integrated residential services for people who are deaf or hard of hearing
15. 580 (Campbell)	Interim study to examine the reform effort of Nebraska's behavioral health system
16. 592 (McGill)	Interim study to examine various methods of behavioral health workforce development
17. 565 ((Gloor)	Interim study to examine whether adding antidepressant, anti-psychotic, and anticonvulsant drugs to the medicaid preferred drug list would be of benefit to Nebraska medicaid or Nebraska medicaid clients
18. 596 (Watermeier)	Interim study to evaluate the potential uses of Physician Orders for Life-Sustaining Treatment and out-of-hospital Do Not Resuscitate protocols
19. 583 (Crawford)	Interim study to assess the behavioral health and mental health needs of Nebraska's k-12 students and available resources to meet those needs
20. 624 (HHS Comm)	Interim study to examine issues under the jurisdiction of the Health and Human Services Committee