

AMENDMENTS TO LB227

(Amendments to Standing Committee amendments, AM848)

Introduced by Hansen, B., 16.

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

3           Section 1. Sections 1 to 14 of this act shall be known and may be  
4 cited as the Behavior Analyst Practice Act.

5           Sec. 2. For purposes of the Behavior Analyst Practice Act, the  
6 definitions found in sections 3 to 8 of this act apply.

7           Sec. 3. Behavior technician means an individual who practices under  
8 the close, ongoing supervision of a licensed behavior analyst or a  
9 licensed assistant behavior analyst.

10          Sec. 4. Board means the Board of Behavior Analysts.

11          Sec. 5. Certifying entity means the Behavior Analyst Certification  
12 Board or another equivalent entity approved by the Board of Behavior  
13 Analysts which has programs to credential practitioners of applied  
14 behavior analysis that have substantially equivalent requirements as the  
15 programs offered by the Behavior Analyst Certification Board as  
16 determined by the Board of Behavior Analysts.

17          Sec. 6. Licensed assistant behavior analyst means an individual  
18 practicing under the close ongoing supervision of a licensed behavior  
19 analyst and who also meets the requirements specified in section 10 of  
20 this act and is issued a license as a licensed assistant behavior analyst  
21 under the Behavior Analyst Practice Act by the department.

22          Sec. 7. Licensed behavior analyst means an individual who meets the  
23 requirements specified in section 10 of this act and who is issued a  
24 license as a licensed behavior analyst under the Behavior Analyst  
25 Practice Act by the department.

26          Sec. 8. (1) Practice of applied behavior analysis means the design,

1 implementation, and evaluation of instructional and environmental  
2 modifications to produce socially significant improvements in human  
3 behavior.

4 (2) Practice of applied behavior analysis includes the empirical  
5 identification of functional relations between behavior and environmental  
6 factors, known as functional assessment and analysis.

7 (3) Applied behavior analysis interventions (a) are based on  
8 scientific research and direct and indirect observation and measurement  
9 of behavior and environment and (b) utilize contextual factors,  
10 motivating operations, antecedent stimuli, positive reinforcement, and  
11 other procedures to help individuals develop new behaviors, increase or  
12 decrease existing behaviors, and emit behaviors under specific  
13 environmental conditions.

14 (4) Practice of applied behavior analysis excludes (a) diagnosis of  
15 disorders, (b) psychological testing, (c) psychotherapy, (d) cognitive  
16 therapy, (e) psychoanalysis, (f) counseling, (g) functional movement  
17 analysis, (h) practice by persons required to be credentialed under the  
18 Audiology and Speech-Language Pathology Practice Act in the diagnosis or  
19 treatment of hearing, speech, communication, or swallowing disorders, or  
20 (i) practice by persons required to be credentialed under the  
21 Occupational Therapy Practice Act in the treatment of occupational  
22 performance dysfunction, such as activities of daily living and  
23 instrumental activities of daily living.

24 Sec. 9. The Behavior Analyst Practice Act shall not be construed as  
25 prohibiting the practice of any of the following:

26 (1) A licensed psychologist in the State of Nebraska and any person  
27 who delivers psychological services under the supervision of a licensed  
28 psychologist, if the applied behavior analysis services are provided  
29 within the scope of the licensed psychologist's education, training, and  
30 competence and the licensed psychologist does not represent that the  
31 psychologist is a licensed behavior analyst unless the psychologist is

1 licensed as a behavior analyst under the act;

2 (2) An individual licensed to practice any other profession in the  
3 State of Nebraska and any person who delivers services under the  
4 supervision of the licensed professional, if (a) applied behavior  
5 analysis is stated in the Uniform Credentialing Act as being in the scope  
6 of practice of the profession, (b) the applied behavior analysis services  
7 provided are within the scope of the licensed professional's education,  
8 training, and competence, and (c) the licensed professional does not  
9 represent that the professional is a licensed behavior analyst unless the  
10 professional is licensed as a behavior analyst under the act;

11 (3) A behavior technician who delivers applied behavior analysis  
12 services under the extended authority and direction of a licensed  
13 behavior analyst or a licensed assistant behavior analyst;

14 (4) A caregiver of a recipient of applied behavior analysis services  
15 who delivers those services to the recipient under the extended authority  
16 and direction of a licensed behavior analyst. A caregiver shall not  
17 represent that the caregiver is a professional behavior analyst;

18 (5) A behavior analyst who practices with animals, including applied  
19 animal behaviorists and animal trainers. Such a behavior analyst may use  
20 the title "behavior analyst" but may not represent that the behavior  
21 analyst is a licensed behavior analyst unless the behavior analyst is  
22 licensed under the act;

23 (6) A professional who provides general applied behavior analysis  
24 services to organizations, so long as those services are for the benefit  
25 of the organizations and do not involve direct services to individuals.  
26 Such a professional may use the title "behavior analyst" but may not  
27 represent that the professional is a licensed behavior analyst unless the  
28 professional is licensed under the act;

29 (7) A matriculated college or university student or postdoctoral  
30 fellow whose applied behavior analysis activity is part of a defined  
31 program of study, course, practicum, internship, or fellowship and is

1 directly supervised by a licensed behavior analyst licensed in Nebraska  
2 or a qualified faculty member of a college or university offering a  
3 program of study, course, practicum, internship or fellowship in applied  
4 behavior analysis. Such student or fellow shall not represent that the  
5 student or fellow is a professional behavior analyst and shall use a  
6 title that clearly indicates the trainee status, such as student, intern,  
7 or trainee;

8 (8) An unlicensed individual pursuing experience in applied behavior  
9 analysis consistent with the experience requirements of the certifying  
10 entity, if such experience is supervised in accordance with the  
11 requirements of the certifying entity;

12 (9) An individual who teaches behavior analysis or conducts  
13 behavior-analytic research, if such activities do not involve the direct  
14 delivery of applied behavior analysis services beyond the typical  
15 parameters of applied research. Such an individual may use the title  
16 "behavior analyst" but shall not represent that the individual is a  
17 licensed behavior analyst unless the individual is licensed under the  
18 act; and

19 (10) An individual employed by a school district performing the  
20 duties for which employed. Such an individual shall not represent that  
21 the individual is a licensed behavior analyst unless the individual is  
22 licensed under the act, shall not offer applied behavior analysis  
23 services to any person or entity other than the school which employs the  
24 individual, and shall not accept remuneration for providing applied  
25 behavior analysis services other than the remuneration received for the  
26 duties for which employed by the school employer.

27 Sec. 10. (1) Beginning one year after the operative date of this  
28 section, each applicant for licensure as a licensed behavior analyst or  
29 licensed assistant behavior analyst shall submit an application that  
30 includes evidence that the applicant meets the requirements of the  
31 Uniform Credentialing Act for a license as a licensed behavior analyst or

1 licensed assistant behavior analyst, as applicable.

2 (2) The board shall adopt rules and regulations to specify minimum  
3 standards required for a license as a licensed behavior analyst or a  
4 licensed assistant behavior analyst as provided in section 38-126. The  
5 board shall include certification by the certifying entity as a Board  
6 Certified Behavior Analyst® or a Board Certified Behavior Analyst-  
7 Doctoral® as part of the minimum standards for licensure as a licensed  
8 behavior analyst. The board shall include certification by the certifying  
9 entity as a Board Certified Assistant Behavior Analyst® as part of the  
10 minimum standards for licensure as a licensed assistant behavior analyst.

11 Sec. 11. (1) A behavior analyst or an assistant behavior analyst  
12 who is licensed in another jurisdiction or certified by the certifying  
13 entity to practice independently and who provides applied behavior  
14 analysis services in the State of Nebraska on a short-term basis may  
15 apply for a temporary license. An applicant for a temporary license shall  
16 submit evidence that the practice in Nebraska will be temporary as  
17 determined by the board according to rules and regulations adopted and  
18 promulgated pursuant to section 38-126. The department shall issue a  
19 temporary license under this subsection only if the department verifies  
20 the applicant's licensure or certification status with the relevant  
21 entity.

22 (2) An applicant for licensure as a licensed behavior analyst or as  
23 a licensed assistant behavior analyst under the Behavior Analyst Practice  
24 Act who is a military spouse may apply for a temporary license as  
25 provided in section 38-129.01.

26 Sec. 12. A behavior technician shall not represent that the  
27 technician is a professional behavior analyst and shall use a title that  
28 indicates the nonprofessional status, such as Registered Behavior  
29 Technician®, behavior technician, or tutor.

30 A behavior technician shall not design assessment or intervention  
31 plans or procedures but may deliver services as assigned by the

1 supervisor responsible for the technician's work as designated by the  
2 licensed behavior analyst.

3 Sec. 13. The board shall adopt a code of conduct for licensed  
4 behavior analysts and licensed assistant behavior analysts. The code of  
5 conduct shall be based on the Ethics Code for Behavior Analysts adopted  
6 by the certifying entity.

7 Sec. 14. The department shall establish and collect fees for  
8 initial licensure and renewal under the Behavior Analyst Practice Act as  
9 provided in sections 38-151 to 38-157.

10 Sec. 15. Section 38-101, Revised Statutes Cumulative Supplement,  
11 2022, is amended to read:

12 38-101 Sections 38-101 to 38-1,147 and the following practice acts  
13 shall be known and may be cited as the Uniform Credentialing Act:

- 14 (1) The Advanced Practice Registered Nurse Practice Act;
- 15 (2) The Alcohol and Drug Counseling Practice Act;
- 16 (3) The Athletic Training Practice Act;
- 17 (4) The Audiology and Speech-Language Pathology Practice Act;
- 18 (5) The Behavior Analyst Practice Act;
- 19 (6) ~~(5)~~ The Certified Nurse Midwifery Practice Act;
- 20 (7) ~~(6)~~ The Certified Registered Nurse Anesthetist Practice Act;
- 21 (8) ~~(7)~~ The Chiropractic Practice Act;
- 22 (9) ~~(8)~~ The Clinical Nurse Specialist Practice Act;
- 23 (10) ~~(9)~~ The Cosmetology, Electrology, Esthetics, Nail Technology,  
24 and Body Art Practice Act;
- 25 (11) ~~(10)~~ The Dentistry Practice Act;
- 26 (12) ~~(11)~~ The Dialysis Patient Care Technician Registration Act;
- 27 (13) ~~(12)~~ The Emergency Medical Services Practice Act;
- 28 (14) ~~(13)~~ The Environmental Health Specialists Practice Act;
- 29 (15) ~~(14)~~ The Funeral Directing and Embalming Practice Act;
- 30 (16) ~~(15)~~ The Genetic Counseling Practice Act;
- 31 (17) ~~(16)~~ The Hearing Instrument Specialists Practice Act;

- 1           ~~(18)~~ ~~(17)~~ The Licensed Practical Nurse-Certified Practice Act until  
2 November 1, 2017;
- 3           ~~(19)~~ ~~(18)~~ The Massage Therapy Practice Act;
- 4           ~~(20)~~ ~~(19)~~ The Medical Nutrition Therapy Practice Act;
- 5           ~~(21)~~ ~~(20)~~ The Medical Radiography Practice Act;
- 6           ~~(22)~~ ~~(21)~~ The Medicine and Surgery Practice Act;
- 7           ~~(23)~~ ~~(22)~~ The Mental Health Practice Act;
- 8           ~~(24)~~ ~~(23)~~ The Nurse Practice Act;
- 9           ~~(25)~~ ~~(24)~~ The Nurse Practitioner Practice Act;
- 10          ~~(26)~~ ~~(25)~~ The Nursing Home Administrator Practice Act;
- 11          ~~(27)~~ ~~(26)~~ The Occupational Therapy Practice Act;
- 12          ~~(28)~~ ~~(27)~~ The Optometry Practice Act;
- 13          ~~(29)~~ ~~(28)~~ The Perfusion Practice Act;
- 14          ~~(30)~~ ~~(29)~~ The Pharmacy Practice Act;
- 15          ~~(31)~~ ~~(30)~~ The Physical Therapy Practice Act;
- 16          ~~(32)~~ ~~(31)~~ The Podiatry Practice Act;
- 17          ~~(33)~~ ~~(32)~~ The Psychology Practice Act;
- 18          ~~(34)~~ ~~(33)~~ The Respiratory Care Practice Act;
- 19          ~~(35)~~ ~~(34)~~ The Surgical First Assistant Practice Act; and
- 20          ~~(36)~~ ~~(35)~~ The Veterinary Medicine and Surgery Practice Act.

21           If there is any conflict between any provision of sections 38-101 to  
22 38-1,147 and any provision of a practice act, the provision of the  
23 practice act shall prevail except as otherwise specifically provided in  
24 section 38-129.02.

25           Sec. 16. Section 38-121, Revised Statutes Cumulative Supplement,  
26 2022, is amended to read:

27           38-121 (1) No individual shall engage in the following practices  
28 unless such individual has obtained a credential under the Uniform  
29 Credentialing Act:

30           (a) Acupuncture;

31           (b) Advanced practice nursing;

- 1 (c) Alcohol and drug counseling;
- 2 (d) Asbestos abatement, inspection, project design, and training;
- 3 (e) Athletic training;
- 4 (f) Audiology;
- 5 (g) Speech-language pathology;
- 6 (h) Beginning one year after the operative date of this section,
- 7 behavior analysis;
- 8 (i) ~~(h)~~ Body art;
- 9 (j) ~~(i)~~ Chiropractic;
- 10 (k) ~~(j)~~ Cosmetology;
- 11 (l) ~~(k)~~ Dentistry;
- 12 (m) ~~(l)~~ Dental hygiene;
- 13 (n) ~~(m)~~ Electrology;
- 14 (o) ~~(n)~~ Emergency medical services;
- 15 (p) ~~(o)~~ Esthetics;
- 16 (q) ~~(p)~~ Funeral directing and embalming;
- 17 (r) ~~(q)~~ Genetic counseling;
- 18 (s) ~~(r)~~ Hearing instrument dispensing and fitting;
- 19 (t) ~~(s)~~ Lead-based paint abatement, inspection, project design, and
- 20 training;
- 21 (u) ~~(t)~~ Licensed practical nurse-certified until November 1, 2017;
- 22 (v) ~~(u)~~ Massage therapy;
- 23 (w) ~~(v)~~ Medical nutrition therapy;
- 24 (x) ~~(w)~~ Medical radiography;
- 25 (y) ~~(x)~~ Medicine and surgery;
- 26 (z) ~~(y)~~ Mental health practice;
- 27 (aa) ~~(z)~~ Nail technology;
- 28 (bb) ~~(aa)~~ Nursing;
- 29 (cc) ~~(bb)~~ Nursing home administration;
- 30 (dd) ~~(cc)~~ Occupational therapy;
- 31 (ee) ~~(dd)~~ Optometry;

- 1        (ff) ~~(ee)~~ Osteopathy;
- 2        (gg) ~~(ff)~~ Perfusion;
- 3        (hh) ~~(gg)~~ Pharmacy;
- 4        (ii) ~~(hh)~~ Physical therapy;
- 5        (jj) ~~(ii)~~ Podiatry;
- 6        (kk) ~~(jj)~~ Psychology;
- 7        (ll) ~~(kk)~~ Radon detection, measurement, and mitigation;
- 8        (mm) ~~(ll)~~ Respiratory care;
- 9        (nn) ~~(mm)~~ Surgical assisting; and
- 10       (oo) ~~(nn)~~ Veterinary medicine and surgery.

11       (2) No individual shall hold himself or herself out as any of the  
12 following until such individual has obtained a credential under the  
13 Uniform Credentialing Act for that purpose:

- 14       (a) Registered environmental health specialist;
- 15       (b) Certified marriage and family therapist;
- 16       (c) Certified professional counselor;
- 17       (d) Social worker; or
- 18       (e) Dialysis patient care technician.

19       (3) No business shall operate for the provision of any of the  
20 following services unless such business has obtained a credential under  
21 the Uniform Credentialing Act:

- 22       (a) Body art;
- 23       (b) Cosmetology;
- 24       (c) Emergency medical services;
- 25       (d) Esthetics;
- 26       (e) Funeral directing and embalming;
- 27       (f) Massage therapy; or
- 28       (g) Nail technology.

29       Sec. 17. Section 38-129.02, Revised Statutes Cumulative Supplement,  
30 2022, is amended to read:

31       38-129.02 (1) This section provides an additional method of issuing

1 a credential based on reciprocity and is supplemental to the methods of  
2 credentialing found in the various practice acts within the Uniform  
3 Credentialing Act. Any person required to be credentialed under any of  
4 the various practice acts who meets the requirements of this section  
5 shall be issued a credential subject to the provisions of this section.

6 (2) A person who has a credential that is current and valid in  
7 another state, a territory of the United States, or the District of  
8 Columbia may apply to the department for the equivalent credential under  
9 the Uniform Credentialing Act. The department, with the recommendation of  
10 the board with jurisdiction over the equivalent credential, shall  
11 determine the appropriate level of credential for which the applicant  
12 qualifies under this section. The department shall determine the  
13 documentation required to comply with subsection (3) of this section. The  
14 department shall issue the credential if the applicant meets the  
15 requirements of subsections (3) and (4) of this section and section  
16 38-129 and submits the appropriate fees for issuance of the credential,  
17 including fees for a criminal background check if required for the  
18 profession. A credential issued under this section shall not be valid for  
19 purposes of an interstate compact or for reciprocity provisions of any  
20 practice act under the Uniform Credentialing Act.

21 (3) The applicant shall provide documentation of the following:

22 (a) The credential held in the other state, territory, or District  
23 of Columbia, the level of such credential, and the profession for which  
24 credentialed;

25 (b) Such credential is valid and current and has been valid for at  
26 least one year;

27 (c) Educational requirements;

28 (d) The minimum work experience and clinical supervision  
29 requirements, if any, required for such credential and verification of  
30 the applicant's completion of such requirements;

31 (e) The passage of an examination for such credential if such

1 passage is required to obtain the credential in the other jurisdiction;

2 (f) Such credential is not and has not been subject to revocation or  
3 any other disciplinary action or voluntarily surrendered while the  
4 applicant was under investigation for unprofessional conduct or any other  
5 conduct which would be subject to section 38-178 if the conduct occurred  
6 in Nebraska;

7 (g) Such credential has not been subject to disciplinary action. If  
8 another jurisdiction has taken disciplinary action against the applicant  
9 on any credential the applicant has held, the appropriate board under the  
10 Uniform Credentialing Act shall determine if the cause for the  
11 disciplinary action was corrected and the matter resolved. If the matter  
12 has not been resolved, the applicant is not eligible for a credential  
13 under this section until the matter is resolved; and

14 (h) Receipt of a passing score on a credentialing examination  
15 specific to the laws of Nebraska if required by the appropriate board  
16 under the Uniform Credentialing Act.

17 (4) An applicant who obtains a credential upon compliance with  
18 subsections (2) and (3) of this section shall establish residency in  
19 Nebraska within one hundred eighty days after the issuance of the  
20 credential and shall provide proof of residency in a manner and within  
21 the time period required by the department. The department shall  
22 automatically revoke the credential of any credential holder who fails to  
23 comply with this subsection.

24 (5) In addition to failure to submit the required documentation in  
25 subsection (3) of this section, an applicant shall not be eligible for a  
26 credential under this section if:

27 (a) The applicant had a credential revoked, subject to any other  
28 disciplinary action, or voluntarily surrendered due to an investigation  
29 in any jurisdiction for unprofessional conduct or any other conduct which  
30 would be subject to section 38-178 if the conduct occurred in Nebraska;

31 (b) The applicant has a complaint, allegation, or investigation

1 pending before any jurisdiction that relates to unprofessional conduct or  
2 any other conduct which would be subject to section 38-178 if the conduct  
3 occurred in Nebraska. If the matter has not been resolved, the applicant  
4 is not eligible for a credential under this section until the matter is  
5 resolved; or

6 (c) The person has a disqualifying criminal history as determined by  
7 the appropriate board pursuant to the Uniform Credentialing Act and rules  
8 and regulations adopted and promulgated under the act.

9 (6) A person who holds a credential under this section shall be  
10 subject to the Uniform Credentialing Act and other laws of this state  
11 relating to the person's practice under the credential and shall be  
12 subject to the jurisdiction of the appropriate board.

13 (7) This section applies to credentials for:

14 (a) Professions governed by the Advanced Practice Registered Nurse  
15 Practice Act, the Behavior Analyst Practice Act, the Certified Nurse  
16 Midwifery Practice Act, the Certified Registered Nurse Anesthetist  
17 Practice Act, the Clinical Nurse Specialist Practice Act, the Dentistry  
18 Practice Act, the Dialysis Patient Care Technician Registration Act, the  
19 Emergency Medical Services Practice Act, the Medical Nutrition Therapy  
20 Practice Act, the Medical Radiography Practice Act, the Nurse  
21 Practitioner Practice Act, the Optometry Practice Act, the Perfusion  
22 Practice Act, the Pharmacy Practice Act, the Psychology Practice Act, and  
23 the Surgical First Assistant Practice Act; and

24 (b) Physician assistants and acupuncturists credentialed pursuant to  
25 the Medicine and Surgery Practice Act.

26 Sec. 18. Section 38-131, Revised Statutes Cumulative Supplement,  
27 2022, is amended to read:

28 38-131 (1) An applicant for an initial license to practice as a  
29 registered nurse, a licensed practical nurse, a physical therapist, a  
30 physical therapy assistant, a psychologist, an advanced emergency medical  
31 technician, an emergency medical technician, an audiologist, a speech-

1 language pathologist, a licensed independent mental health practitioner,  
2 an occupational therapist, an occupational therapy assistant, or a  
3 paramedic or to practice a profession which is authorized to prescribe  
4 controlled substances shall be subject to a criminal background check. A  
5 ~~criminal background check may also be required for initial licensure or~~  
6 ~~reinstatement of a license governed by the Uniform Credentialing Act if a~~  
7 ~~criminal background check is required by an interstate licensure compact.~~  
8 Except as provided in subsection (3) of this section, such an the  
9 applicant for an initial license shall submit ~~with the application~~ a full  
10 set of fingerprints ~~which shall be forwarded~~ to the Nebraska State Patrol  
11 ~~to be submitted to the Federal Bureau of Investigation~~ for a national  
12 criminal history record information check. The applicant shall authorize  
13 release of the results of the national criminal history record  
14 information check by the Federal Bureau of Investigation to the  
15 department. The applicant shall pay the actual cost of the fingerprinting  
16 and criminal background check.

17 (2) The Nebraska State Patrol is authorized to submit the  
18 fingerprints of such applicants to the Federal Bureau of Investigation  
19 and to issue a report to the department that includes the criminal  
20 history record information concerning the applicant. The Nebraska State  
21 Patrol shall forward submitted fingerprints to the Federal Bureau of  
22 Investigation for a national criminal history record information check.  
23 The Nebraska State Patrol shall issue a report to the department that  
24 includes the criminal history record information concerning the  
25 applicant.

26 (3) (2) This section shall not apply to a dentist who is an  
27 applicant for a dental locum tenens under section 38-1122, to a physician  
28 or osteopathic physician who is an applicant for a physician locum tenens  
29 under section 38-2036, or to a veterinarian who is an applicant for a  
30 veterinarian locum tenens under section 38-3335.

31 (4) (3) An applicant for a temporary educational permit as defined

1 in section 38-2019 shall have ninety days from the issuance of the permit  
2 to comply with subsection (1) of this section and shall have such ~~his or~~  
3 ~~her~~ permit suspended after such ninety-day period if the criminal  
4 background check is not complete or revoked if the criminal background  
5 check reveals that the applicant was not qualified for the permit.

6 (5) The department and the Nebraska State Patrol may adopt and  
7 promulgate rules and regulations concerning costs associated with the  
8 fingerprinting and the national criminal history record information  
9 check.

10 (6) For purposes of interpretation by the Federal Bureau of  
11 Investigation, the term department in this section means the Division of  
12 Public Health of the Department of Health and Human Services.

13 Sec. 19. Section 38-167, Revised Statutes Cumulative Supplement,  
14 2022, is amended to read:

15 38-167 (1) Boards shall be designated as follows:

16 (a) Board of Advanced Practice Registered Nurses;

17 (b) Board of Alcohol and Drug Counseling;

18 (c) Board of Athletic Training;

19 (d) Board of Audiology and Speech-Language Pathology;

20 (e) Board of Behavior Analysts;

21 (f) ~~(e)~~ Board of Chiropractic;

22 (g) ~~(f)~~ Board of Cosmetology, Electrology, Esthetics, Nail  
23 Technology, and Body Art;

24 (h) ~~(g)~~ Board of Dentistry;

25 (i) ~~(h)~~ Board of Emergency Medical Services;

26 (j) ~~(i)~~ Board of Registered Environmental Health Specialists;

27 (k) ~~(j)~~ Board of Funeral Directing and Embalming;

28 (l) ~~(k)~~ Board of Hearing Instrument Specialists;

29 (m) ~~(l)~~ Board of Massage Therapy;

30 (n) ~~(m)~~ Board of Medical Nutrition Therapy;

31 (o) ~~(n)~~ Board of Medical Radiography;

- 1           (p) ~~(o)~~ Board of Medicine and Surgery;
- 2           (q) ~~(p)~~ Board of Mental Health Practice;
- 3           (r) ~~(q)~~ Board of Nursing;
- 4           (s) ~~(r)~~ Board of Nursing Home Administration;
- 5           (t) ~~(s)~~ Board of Occupational Therapy Practice;
- 6           (u) ~~(t)~~ Board of Optometry;
- 7           (v) ~~(u)~~ Board of Pharmacy;
- 8           (w) ~~(v)~~ Board of Physical Therapy;
- 9           (x) ~~(w)~~ Board of Podiatry;
- 10          (y) ~~(x)~~ Board of Psychology;
- 11          (z) ~~(y)~~ Board of Respiratory Care Practice; and
- 12          (aa) ~~(z)~~ Board of Veterinary Medicine and Surgery.

13           (2) Any change made by the Legislature of the names of boards listed  
14 in this section shall not change the membership of such boards or affect  
15 the validity of any action taken by or the status of any action pending  
16 before any of such boards. Any such board newly named by the Legislature  
17 shall be the direct and only successor to the board as previously named.

18           Sec. 20. Section 38-186, Revised Statutes Cumulative Supplement,  
19 2022, is amended to read:

20           38-186 (1) A petition shall be filed by the Attorney General in  
21 order for the director to discipline a credential obtained under the  
22 Uniform Credentialing Act to:

23           (a) Practice or represent oneself as being certified under any of  
24 the practice acts enumerated in section 38-101 other than subdivision  
25 (21) subdivisions (1) through (19) and (21) through (35) of section  
26 38-101; or

27           (b) Operate as a business for the provision of services in body art;  
28 cosmetology; emergency medical services; esthetics; funeral directing and  
29 embalming; massage therapy; and nail technology in accordance with  
30 subsection (3) of section 38-121.

31           (2) The petition shall be filed in the office of the director. The

1 department may withhold a petition for discipline or a final decision  
2 from public access for a period of five days from the date of filing the  
3 petition or the date the decision is entered or until service is made,  
4 whichever is earliest.

5 (3) The proceeding shall be summary in its nature and triable as an  
6 equity action and shall be heard by the director or by a hearing officer  
7 designated by the director under rules and regulations of the department.  
8 Affidavits may be received in evidence in the discretion of the director  
9 or hearing officer. The department shall have the power to administer  
10 oaths, to subpoena witnesses and compel their attendance, and to issue  
11 subpoenas duces tecum and require the production of books, accounts, and  
12 documents in the same manner and to the same extent as the district  
13 courts of the state. Depositions may be used by either party.

14 Sec. 21. Section 38-1801, Reissue Revised Statutes of Nebraska, is  
15 amended to read:

16 38-1801 Sections 38-1801 to 38-1816 and sections 24, 27, 29, 31 to  
17 37, and 42 to 47 of this act shall be known and may be cited as the  
18 Medical Nutrition Therapy Practice Act.

19 Sec. 22. Section 38-1802, Reissue Revised Statutes of Nebraska, is  
20 amended to read:

21 38-1802 (1) The Legislature finds that:

22 (a) The unregulated practice of medical nutrition therapy can  
23 clearly harm or endanger the health, safety, and welfare of the public;

24 (b) The public can reasonably be expected to benefit from an  
25 assurance of initial and continuing professional ability; and

26 (c) The public cannot be effectively protected by a less cost-  
27 effective means than state regulation of the practice of medical  
28 nutrition therapy. The Legislature also finds that dietitians and  
29 nutritionists ~~medical nutrition therapists~~ must exercise independent  
30 judgment and that professional education, training, and experience are  
31 required to make such judgment.

1 (2) The Legislature further finds that the practice of medical  
2 nutrition therapy in the State of Nebraska is not sufficiently regulated  
3 for the protection of the health, safety, and welfare of the public. It  
4 declares that this is a matter of statewide concern and it shall be the  
5 policy of the State of Nebraska to promote high standards of professional  
6 performance by those persons representing themselves as licensed  
7 dietitian nutritionists and licensed nutritionists ~~medical nutrition~~  
8 ~~therapists.~~

9 Sec. 23. Section 38-1803, Reissue Revised Statutes of Nebraska, is  
10 amended to read:

11 38-1803 For purposes of the Medical Nutrition Therapy Practice Act  
12 and elsewhere in the Uniform Credentialing Act, unless the context  
13 otherwise requires, the definitions found in sections 38-1805 ~~38-1804~~ to  
14 38-1810 and sections 24, 27, 29, and 31 to 37 of this act apply.

15 Sec. 24. Appropriate supervision means the specific type,  
16 intensity, and frequency of supervision determined by an assessment of a  
17 combination of factors, which include discipline, level of education and  
18 experience of the supervisee, and assigned level of responsibility.

19 Sec. 25. Section 38-1806, Reissue Revised Statutes of Nebraska, is  
20 amended to read:

21 38-1806 Consultation means conferring with a physician, nurse  
22 practitioner, or physician assistant regarding the provision of medical  
23 nutrition therapy activities of the licensed medical nutrition therapist.  
24 In the inpatient setting, consultation may be satisfied by practicing  
25 under clinical privileges or following facility-established protocols. In  
26 the outpatient setting, consultation may be satisfied by conferring with  
27 a consulting physician or the referring primary care practitioner or  
28 physician of the patient.

29 Sec. 26. Section 38-1807, Reissue Revised Statutes of Nebraska, is  
30 amended to read:

31 38-1807 General nonmedical nutrition information means information

1 on any of the following:

2 (1) Principles of good nutrition and food preparation;

3 (2) Food that should be included in the normal diet;

4 (3) Essential nutrients needed by the human body;

5 (4) Recommended amounts of essential nutrients required by the human  
6 body;

7 (5) Actions of nutrients in the human body; and

8 (6) Food and supplements that are good sources of essential  
9 nutrients required by the human body.

10 ~~General nutrition services includes, but is not limited to:~~

11 ~~(1) Identifying the nutritional needs of individuals and groups in~~  
12 ~~relation to normal nutritional requirements; and~~

13 ~~(2) Planning, implementing, and evaluating nutrition education~~  
14 ~~programs for individuals and groups in the selection of food to meet~~  
15 ~~normal nutritional needs throughout the life cycle.~~

16 Sec. 27. General supervision for the purpose of post-degree  
17 clinical practice experience means the qualified supervisor is onsite and  
18 present at the location where nutrition-care services are provided or is  
19 immediately available by means of electronic communications to the  
20 supervisee providing the services and both maintains continued  
21 involvement in the appropriate aspects of patient care and has primary  
22 responsibility for all nutrition-care services rendered by the  
23 supervisee.

24 Sec. 28. Section 38-1808, Reissue Revised Statutes of Nebraska, is  
25 amended to read:

26 38-1808 Licensed dietitian nutritionist ~~medical nutrition therapist~~  
27 means a person who is licensed to practice medical nutrition therapy  
28 pursuant to the Uniform Credentialing Act and who holds a current license  
29 issued by the department pursuant to section 38-1813 ~~the Medical~~  
30 Nutrition Therapy Practice Act.

31 Sec. 29. Licensed nutritionist means a person who is licensed to

1 practice medical nutrition therapy pursuant to the Uniform Credentialing  
2 Act and who holds a current license issued by the department pursuant to  
3 section 42 of this act.

4 Sec. 30. Section 38-1809, Reissue Revised Statutes of Nebraska, is  
5 amended to read:

6 38-1809 Medical nutrition therapy means the assessment of the  
7 nutritional status of patients and the provision of the following  
8 nutrition-care services for the treatment or management of a disease or  
9 medical condition by: assessment of the nutritional status of patients.  
10 ~~Medical nutrition therapy involves the assessment of patient nutritional~~  
11 ~~status followed by treatment, ranging from diet modification to~~  
12 ~~specialized nutrition support, such as determining nutrient needs for~~  
13 ~~enteral and parenteral nutrition, and monitoring to evaluate patient~~  
14 ~~response to such treatment.~~

15 (1) Assessing and evaluating the nutritional needs of people and  
16 groups and determining resources and constraints in the practice setting,  
17 including ordering laboratory tests to check and track nutrition status,  
18 creating dietary plans and orders, and monitoring the effectiveness of  
19 such plans and orders;

20 (2) Establishing priorities, goals, and objectives that meet  
21 nutritional needs and are consistent with available resources and  
22 constraints;

23 (3) Providing nutrition counseling; and

24 (4) Ordering therapeutic diets.

25 Sec. 31. Nutrition-care services means any or all of the following  
26 services provided within a systematic process:

27 (1) Assessing and evaluating the nutritional needs of people and  
28 groups and determining resources and constraints in the practice setting,  
29 including ordering laboratory tests to check and track nutrition status,  
30 creating dietary plans and orders, and monitoring the effectiveness of  
31 such plans and orders;

1           (2) Establishing priorities, goals, and objectives that meet  
2 nutritional needs and are consistent with available resources and  
3 constraints;

4           (3) Providing nutrition counseling, including in health and disease;

5           (4) Developing, implementing, and managing nutrition-care systems;

6           (5) Evaluating, changing, and maintaining appropriate standards of  
7 quality in food and nutrition services; and

8           (6) Ordering therapeutic diets.

9           Sec. 32.     Nutrition counseling means a supportive process,  
10 characterized by a collaborative counselor-patient or counselor-client  
11 relationship with individuals or groups, to establish food and nutrition  
12 priorities, goals, and individualized action plans and general physical  
13 activity guidance that acknowledge and foster responsibility for self-  
14 care to treat or manage an existing disease or medical condition or to  
15 promote health and wellness.

16           Sec. 33.     Practice of dietetics and nutrition means the integration  
17 and application of scientific principles derived from the study of food,  
18 nutrition, biochemistry, metabolism, nutrigenomics, physiology, food  
19 management, and behavioral and social sciences in achieving and  
20 maintaining health throughout the life span and in providing nutrition  
21 care in person or by telehealth, including medical nutrition therapy, for  
22 the purpose of disease management and prevention, or to treat or  
23 rehabilitate an illness, injury, or condition. The primary functions of  
24 the practice of dietetics and nutrition are the provision of medical  
25 nutrition therapy for the purpose of disease management or to treat or  
26 rehabilitate an illness, injury, or condition and the provision of other  
27 nutrition-care services for health and wellness and as primary prevention  
28 of chronic disease.

29           Sec. 34.     Primary care practitioner means a physician licensed  
30 pursuant to section 38-2026 or sections 38-2029 to 38-2033 who provides  
31 primary care services, a nurse practitioner licensed pursuant to section

1 38-2317 who provides primary care services, or a physician assistant  
2 licensed pursuant to section 38-2049 who provides primary care services  
3 under a collaborative agreement with the supervision of a physician.

4 Sec. 35. (1) Qualified supervisor means:

5 (a) When supervising the provision of medical nutrition therapy by a  
6 person who is completing post-degree clinical practice experience, a  
7 person who either:

8 (i) Is a licensed dietitian nutritionist, a licensed nutritionist,  
9 or a health care provider licensed in any state or territory, including  
10 licensed or certified dietitian nutritionists and licensed nutritionists,  
11 whose scope of practice includes the provision of medical nutrition  
12 therapy; or

13 (ii) In the case of a person in a state that does not provide for  
14 such licensure or certification, meets such other criteria as the board  
15 may establish, including by a registered dietitian nutritionist or a  
16 certified nutrition specialist, or is a health care provider authorized  
17 in another state or territory to provide medical nutrition therapy; and

18 (b) When supervising the provision of nutrition-care services that  
19 does not constitute medical nutrition therapy, a person who:

20 (i) Meets the qualifications of subdivision (1)(a) of this section;  
21 or

22 (ii) Has worked in the field of clinical nutrition for at least  
23 three of the last five years immediately preceding commencement of the  
24 applicant's supervised practice experience and holds a master's or  
25 doctoral degree with a major course of study in dietetics, human  
26 nutrition, foods and nutrition, clinical nutrition, applied clinical  
27 nutrition, community nutrition, public health nutrition, naturopathic  
28 medicine, nutrition education, nutrition counseling, nutrition science,  
29 nutrition and functional medicine, nutritional biochemistry, or nutrition  
30 and integrative health, or an equivalent course of study as approved by  
31 the board.

1           (2) In order to qualify as a qualified supervisor in Nebraska, a  
2 supervisor obtaining a doctoral degree outside the United States or its  
3 territories shall have such degree validated by the board as equivalent  
4 to the doctoral degree conferred by an accredited college or university  
5 in the United States or its territories.

6           (3) A qualified supervisor shall be licensed under the Uniform  
7 Credentialing Act to provide medical nutrition therapy if supervising an  
8 applicant providing medical nutrition therapy to a person in this state.

9           Sec. 36. Registered dietitian or registered dietitian nutritionist  
10 means a person who is currently registered as a registered dietitian or a  
11 registered dietitian nutritionist by the Commission on Dietetic  
12 Registration of the Academy of Nutrition and Dietetics or a similar  
13 successor entity approved by the department.

14           Sec. 37. Therapeutic diet means a diet intervention prescribed by a  
15 physician or other health care professional that provides food or  
16 nutrients via oral, enteral, or parenteral routes as part of the  
17 treatment of a disease or diagnosed clinical condition to modify,  
18 eliminate, decrease, or increase identified micronutrients or  
19 macronutrients in the diet or to provide mechanically altered food when  
20 indicated.

21           Sec. 38. Section 38-1810, Reissue Revised Statutes of Nebraska, is  
22 amended to read:

23           38-1810 Patient means an individual recipient of medical nutrition  
24 therapy, whether in the outpatient or inpatient setting ~~a person with a~~  
25 ~~disease, illness, injury, or medical condition for which nutritional~~  
26 ~~interventions are an essential component of standard care.~~

27           Sec. 39. Section 38-1811, Reissue Revised Statutes of Nebraska, is  
28 amended to read:

29           38-1811 (1) The board shall consist of three professional members,  
30 one physician, and one public member appointed pursuant to section 38-158  
31 until December 1, 2023.

1           (2) Beginning on December 1, 2023, the board shall consist of five  
2 members as follows: Three professional members, of which one shall be a  
3 licensed nutritionist or a licensed dietitian nutritionist and two shall  
4 be licensed dietitian nutritionists; one physician; and one public  
5 member.

6           (3) The members shall meet the requirements of sections 38-164 and  
7 38-165.

8           Sec. 40. Section 38-1812, Reissue Revised Statutes of Nebraska, is  
9 amended to read:

10           38-1812 No person shall practice medical nutrition therapy unless he  
11 ~~or she is~~ licensed for such purpose pursuant to the Uniform Credentialing  
12 Act. The practice of medical nutrition therapy shall be provided with the  
13 consultation of a physician licensed pursuant to section 38-2026 or  
14 sections 38-2029 to 38-2033, a nurse practitioner licensed pursuant to  
15 section 38-2317, or a physician assistant licensed pursuant to section  
16 38-2049. The Medical Nutrition Therapy Practice Act shall not be  
17 construed to require a license under the act in order to ~~The practice of~~  
18 ~~medical nutrition therapy shall not include:~~

19           (1) Practice medical nutrition therapy within the scope of the  
20 official duties of an employee of the state or federal government or  
21 while serving in the armed forces of the United States;

22           (2) Engage in practice within the scope of a credential issued under  
23 the Uniform Credentialing Act;

24           (3) Practice medical nutrition therapy as a student while pursuing a  
25 course of study leading to a degree in dietetics, nutrition, or an  
26 equivalent major course of study from an accredited school or program as  
27 part of a supervised course of study, if all of the following apply: (a)  
28 The person is not engaged in the unrestricted practice of medical  
29 nutrition therapy; (b) the person uses a title clearly indicating the  
30 person's status as a student or trainee; and (c) the person is in  
31 compliance with appropriate supervision requirements developed by the

1 board, including the requirement that the supervised practice experience  
2 must be under the order, control, and full professional responsibility of  
3 such supervisor. Nothing in this subdivision shall be construed to permit  
4 students, trainees, or supervisees to practice medical nutrition therapy  
5 other than as specifically allowed in this subdivision and as provided in  
6 section 47 of this act;

7 (4) Be employed as a nutrition or dietetic technician or other food  
8 service professional who is working in a hospital setting or other  
9 regulated health care facility or program and who has been trained and is  
10 supervised while engaged in the provision of medical nutrition therapy by  
11 an individual licensed pursuant to the Medical Nutrition Therapy Practice  
12 Act whose services are retained by that facility or program on a full-  
13 time or regular, part-time, or consultant basis;

14 (5) Provide individualized nutrition information, guidance,  
15 motivation, nutrition recommendations, behavior change management, health  
16 coaching, holistic and wellness education, or other nutrition-care  
17 services that do not constitute medical nutrition therapy as long as such  
18 activity is being performed by a person who is not licensed under the  
19 Medical Nutrition Therapy Practice Act and who is not acting in the  
20 capacity of or claiming to be a licensed dietitian nutritionist or  
21 licensed nutritionist;

22 (6) Accept or transmit written, verbal, delegated, or  
23 electromagnetically transmitted orders for medical nutrition therapy from  
24 a referring provider by a registered nurse or licensed practical nurse;

25 (7) Provide medical nutrition therapy without remuneration to family  
26 members;

27 (8) Aide in the provision of medical nutrition therapy if:

28 (a) The person performs nutrition-care services at the direction of  
29 an individual licensed under the Uniform Credentialing Act whose scope of  
30 practice includes provision of medical nutrition therapy; and

31 (b) The person performs only support activities of medical nutrition

1 therapy that do not require the exercise of independent judgment for  
2 which a license under the Medical Nutrition Therapy Practice Act is  
3 required;

4 ~~(1) Any person credentialed in this state pursuant to the Uniform~~  
5 ~~Credentialing Act and engaging in such profession or occupation for which~~  
6 ~~he or she is credentialed;~~

7 ~~(2) Any student engaged in an academic program under the supervision~~  
8 ~~of a licensed medical nutrition therapist as part of a major course of~~  
9 ~~study in human nutrition, food and nutrition, or dietetics, or an~~  
10 ~~equivalent major course of study approved by the board, and who is~~  
11 ~~designated with a title which clearly indicates the person's status as a~~  
12 ~~student or trainee;~~

13 ~~(3) Persons practicing medical nutrition therapy who serve in the~~  
14 ~~armed forces of the United States or the United States Public Health~~  
15 ~~Service or who are employed by the United States Department of Veterans~~  
16 ~~Affairs or other federal agencies, if their practice is limited to that~~  
17 ~~service or employment;~~

18 (9) Practice ~~(4) Persons practicing medical nutrition therapy if the~~  
19 practitioner is ~~who are licensed in another state, United States~~  
20 territory possession, or country, has or have received at least a  
21 baccalaureate degree, and is are in this state for the purpose of:

22 (a) Consultation, ~~if the practice in this state is limited to~~  
23 ~~consultation; or~~

24 (b) Conducting a teaching clinical demonstration in connection with  
25 a program of basic clinical education, graduate education, or  
26 postgraduate education which is sponsored by a dietetic education program  
27 or a major course of study in human nutrition, food and nutrition, or  
28 dietetics, or an equivalent major course of study approved by the board;

29 (10) Perform individualized ~~(5) Persons performing general~~  
30 nutrition-care nutrition services, not constituting medical nutrition  
31 therapy, incidental to the practice of the profession insofar as it does

1 not exceed the scope of the person's ~~their~~ education and training;

2 (11) Market ~~(6) Persons who market~~ or distribute food, food  
3 materials, or dietary supplements, advise regarding ~~including persons~~  
4 ~~employed in health food stores, or persons engaged in the advising of the~~  
5 use of those products, ~~or the preparation of those products,~~ or counsel  
6 ~~the counseling of~~ individuals or groups in the selection of products to  
7 meet general nutrition needs;

8 (12) Conduct ~~(7) Persons conducting~~ classes or disseminate  
9 ~~disseminating information related to~~ general nonmedical nutrition  
10 information services;

11 (13) Provide ~~(8) Persons who~~ care for the sick in accordance with  
12 the tenets and practices of any bona fide church or religious  
13 denomination;

14 (14) Practice medical nutrition therapy for the limited purpose of  
15 education and research by any person with a master's or doctoral degree  
16 from a United States accredited college or university with a major course  
17 of study in nutrition or an equivalent course of study as approved by the  
18 department;

19 (15) Provide ~~(9) Persons who~~ provide information and instructions  
20 regarding food intake or exercise as a part of a weight control program;  
21 and

22 (16) Participate ~~(10) Persons with advanced postgraduate degrees~~  
23 ~~involved in academic teaching or research~~ with an advanced postgraduate  
24 degree; and -

25 (17) Present a general program of instruction for medical weight  
26 control for an individual with prediabetes or obesity if the program has  
27 been approved in writing by, consultation is available from, and no  
28 program change is initiated without prior approval from, any one of the  
29 following:

30 (a) A licensed dietitian nutritionist or a licensed nutritionist;

31 (b) A registered dietitian or registered dietitian nutritionist;

- 1           (c) A certified nutritionist specialist; or  
2           (d) A licensed health care practitioner acting within the scope of  
3 such practitioner's license as part of a plan of care.

4           Sec. 41. Section 38-1813, Revised Statutes Cumulative Supplement,  
5 2022, is amended to read:

6           38-1813 (1) A person shall be eligible ~~qualified~~ to be a licensed  
7 dietitian nutritionist ~~medical nutrition therapist~~ if such person is  
8 eighteen years of age or older, submits a completed application as  
9 required by the board, submits fees required by the board, and furnishes  
10 evidence of that he or she:

11           (a) A current, valid registration as a registered dietitian  
12 nutritionist with the Commission on Dietetic Registration or a similar  
13 successor entity approved by the department; or

14           (b)(i)(A) A master's or doctoral degree from a college or university  
15 accredited at the time of graduation from the appropriate accrediting  
16 agency recognized by the Council for Higher Education Accreditation and  
17 the United States Department of Education with a major course of study in  
18 human nutrition, foods and nutrition, dietetics, food systems management,  
19 nutrition education, nutrition, nutrition science, clinical nutrition,  
20 applied clinical nutrition, nutrition counseling, nutrition and  
21 functional medicine, nutritional biochemistry, nutrition and integrative  
22 health, or an equivalent course of study that, as approved by the board,  
23 meets the competency requirements of an accredited didactic program in  
24 dietetics of the Accreditation Council for Education in Nutrition and  
25 Dietetics or a similar successor entity approved by the Department of  
26 Health and Human Services; or

27           (B) An academic degree from a foreign country that has been  
28 validated as equivalent by a credential evaluation agency recognized by  
29 the United States Department of Education and that, as approved by the  
30 board, meets the competency requirements of an accredited didactic  
31 program in dietetics of the Accreditation Council for Education in

1 Nutrition and Dietetics;

2 (ii) Successful completion of a planned clinical program in an  
3 approved practice of dietetics and nutrition that, as approved by the  
4 board, meets the competency requirements of an accredited supervised  
5 practice experience in dietetics of the Accreditation Council for  
6 Education in Nutrition and Dietetics comprised of not less than one  
7 thousand hours of practice under the supervision of a registered  
8 dietitian nutritionist. A supervisor who obtained a doctoral degree  
9 outside of the United States and territories of the United States shall  
10 have the degree validated as equivalent to a doctoral degree conferred by  
11 an accredited college or university in the United States by a credential  
12 evaluation agency recognized by the United States Department of Education  
13 as approved by the Department of Health and Human Services; and

14 (iii) Successful completion of the examination for dietitian  
15 nutritionists administered by the Commission on Dietetic Registration of  
16 the Academy of Nutrition and Dietetics or a similar successor entity  
17 approved by the Department of Health and Human Services.

18 (2) A person licensed as a licensed medical nutrition therapist and  
19 credentialed as a registered dietitian nutritionist by the Commission on  
20 Dietetic Registration or a similar successor entity recognized by the  
21 board on the operative date of this section shall be deemed to be  
22 licensed as a licensed dietitian nutritionist for the term of the  
23 license. A person licensed as a licensed medical nutrition therapist who  
24 is not credentialed as a registered dietitian on the operative date of  
25 this section shall be deemed to be licensed as a licensed nutritionist  
26 for the term of the license.

27 ~~(a) Has met the requirements for and is a registered dietitian by~~  
28 ~~the American Dietetic Association or an equivalent entity recognized by~~  
29 ~~the board;~~

30 ~~(b)(i) Has satisfactorily passed an examination approved by the~~  
31 ~~board;~~

1           ~~(ii) Has received a baccalaureate degree from an accredited college~~  
2 ~~or university with a major course of study in human nutrition, food and~~  
3 ~~nutrition, dietetics, or an equivalent major course of study approved by~~  
4 ~~the board; and~~

5           ~~(iii) Has satisfactorily completed a program of supervised clinical~~  
6 ~~experience approved by the department. Such clinical experience shall~~  
7 ~~consist of not less than nine hundred hours of a planned continuous~~  
8 ~~experience in human nutrition, food and nutrition, or dietetics under the~~  
9 ~~supervision of an individual meeting the qualifications of this section;~~  
10 ~~or~~

11           ~~(c)(i) Has satisfactorily passed an examination approved by the~~  
12 ~~board; and~~

13           ~~(ii)(A) Has received a master's or doctorate degree from an~~  
14 ~~accredited college or university in human nutrition, nutrition education,~~  
15 ~~food and nutrition, or public health nutrition or in an equivalent major~~  
16 ~~course of study approved by the board; or~~

17           ~~(B) Has received a master's or doctorate degree from an accredited~~  
18 ~~college or university which includes a major course of study in clinical~~  
19 ~~nutrition. Such course of study shall consist of not less than a combined~~  
20 ~~two hundred hours of biochemistry and physiology and not less than~~  
21 ~~seventy-five hours in human nutrition.~~

22           ~~(2) For purposes of this section, accredited college or university~~  
23 ~~means an institution currently listed with the United States Secretary of~~  
24 ~~Education as accredited. Applicants who have obtained their education~~  
25 ~~outside of the United States and its territories shall have their~~  
26 ~~academic degrees validated as equivalent to a baccalaureate or master's~~  
27 ~~degree conferred by a United States accredited college or university.~~

28           ~~(3)(a) The practice of medical nutrition therapy shall be performed~~  
29 ~~under the consultation of a physician licensed pursuant to section~~  
30 ~~38-2026 or sections 38-2029 to 38-2033.~~

31           ~~(b) A licensed medical nutrition therapist may order patient diets,~~

1 ~~including therapeutic diets, in accordance with this subsection.~~

2       Sec. 42. A person shall be eligible to be a licensed nutritionist  
3 if such person is eighteen years of age or older, submits a completed  
4 application as required by the board, submits fees required by the board,  
5 and furnishes evidence of:

6       (1) Certification as a certified nutrition specialist or proof of  
7 successful completion of the examination administered by the board for  
8 Certification of Nutrition Specialists of the American Nutrition  
9 Association or a similar successor entity approved by the department or  
10 an equivalent examination dealing with all aspects of the practice of  
11 dietetics and nutrition approved by the department;

12       (2)(a) A master's or doctoral degree from a college or university  
13 accredited at the time of graduation from the appropriate accrediting  
14 agency recognized by the Council on Higher Education Accreditation and  
15 the United States Department of Education with a major course of study as  
16 approved by the board that provides the knowledge requirements necessary  
17 for the competent provision of medical nutrition therapy; or

18       (b) An academic degree from a foreign country that has been  
19 validated as equivalent to the degree and course of study described in  
20 subdivision (b) of this subdivision as determined by the board;

21       (3) Successful completion of coursework leading to competence in  
22 medical nutrition therapy which includes (a) fifteen semester hours of  
23 clinical or life sciences, including such courses as chemistry, organic  
24 chemistry, biology, molecular biology, biotechnology, botany, genetics,  
25 genomics, neuroscience, experimental science, immunotherapy, pathology,  
26 pharmacology, toxicology, research methods, applied statistics,  
27 biostatistics, epidemiology, energy production, molecular pathways,  
28 hormone and transmitter regulations and imbalance, and pathophysiologic  
29 base of disease, with at least three semester hours in human anatomy and  
30 physiology or the equivalent, and (b) fifteen semester hours of nutrition  
31 and metabolism, with at least six semester hours in biochemistry or an

1 equivalent approved by the board; and

2 (4) Successful completion of a board-approved, planned, continuous  
3 internship or a documented, planned, continuous, supervised practice  
4 experience with a qualified supervisor, demonstrating competency in  
5 nutrition-care services and the provision of medical nutrition therapy  
6 comprised of not less than one thousand hours involving at least two  
7 hundred hours of nutrition assessment and nutrition diagnosis, two  
8 hundred hours of nutrition intervention or counseling, and two hundred  
9 hours of nutrition monitoring and evaluation. A minimum of seven hundred  
10 hours of the supervised practice experience is required in professional  
11 work settings, and no more than three hundred hours may be in alternate  
12 supervised experiences such as observational interactions between patient  
13 and practitioner, simulation, case studies, or role playing. This  
14 experience shall be under the supervision of a qualified supervisor.  
15 Qualified supervisors shall provide general supervision of an applicant's  
16 supervised practice experience in the provision of medical nutrition  
17 therapy and provide appropriate supervision of an applicant's provision  
18 of other nutrition-care services that do not constitute medical nutrition  
19 therapy. For purposes of this subdivision, a supervisor shall be licensed  
20 in this state if supervising an applicant providing medical nutrition  
21 therapy to a person in this state. A supervisor who obtained a doctoral  
22 degree outside of the United States and territories of the United States  
23 shall have the degree validated as equivalent to a doctoral degree  
24 conferred by an accredited college or university in the United States by  
25 a credential evaluation agency recognized by the United States Department  
26 of Education.

27 Sec. 43. The board shall develop requirements for appropriate  
28 supervision consistent with prevailing professional standards considering  
29 factors that include, but are not limited to, level of education,  
30 experience, and level of responsibility. The requirements shall include:

31 (1) Adequate, active, and continuing review of the supervisee's

1 activities to assure that the supervisee is performing as directed and  
2 complying with the statutes and all related administrative regulations;

3 (2) Personal review by the qualified supervisor of the supervisee's  
4 practice on a regular basis and regularly scheduled, face-to-face,  
5 education and review conferences between the qualified supervisor and the  
6 supervisee;

7 (3) Personal review of all charts, records, and clinical notes of  
8 the supervisee on a regular basis;

9 (4) Designation of an alternate qualified supervisor to supervise  
10 any services provided in the event of a qualified supervisor's absence;  
11 and

12 (5) Knowledge of, and adherence to, by each supervisee and qualified  
13 supervisor, the assigned level of responsibility and the permissible  
14 types of supervision and documentation as determined by the board in  
15 supervision requirements.

16 Sec. 44. (1) A temporary license to practice medical nutrition  
17 therapy may be granted to any person who meets all the requirements for a  
18 license except passage of the examination required by section 38-1813 or  
19 section 42 of this act. A temporary licensee shall be supervised by a  
20 qualified supervisor. A temporary license shall be valid for one year or  
21 until the temporary licensee takes the examination, whichever occurs  
22 first. The temporary licensee shall be designated by a title clearly  
23 indicating such licensee's status as a student or trainee. If a temporary  
24 licensee fails the examination required by section 38-1813 or section 42  
25 of this act, the temporary license shall be null and void, except that  
26 the department, with the recommendation of the board, may extend the  
27 temporary license upon a showing of good cause for up to six months. A  
28 temporary license shall not be issued to any person who fails to pass the  
29 examination if such person did not hold a valid temporary license prior  
30 to the failure to pass the examination.

31 (2) This section shall not apply to a temporary license issued as

1 provided under section 38-129.01.

2 Sec. 45. (1) Unless otherwise authorized or exempted under the  
3 Medical Nutrition Therapy Practice Act:

4 (a) Only a licensed dietitian nutritionist or licensed nutritionist  
5 may provide medical nutrition therapy; and

6 (b) No person shall use the title dietitian nutritionist,  
7 nutritionist, dietitian, licensed dietitian nutritionist, licensed  
8 medical nutrition therapist, licensed nutritionist, medical nutrition  
9 therapist, or licensed nutrition specialist, or the abbreviation LDN or  
10 LN, or any other title, designation, word, letter, abbreviation, or  
11 insignia indicating that the person is a provider of medical nutrition  
12 therapy or licensed under the Medical Nutrition Therapy Practice Act  
13 unless the person is a licensed dietitian nutritionist or a licensed  
14 nutritionist.

15 (2) Only a person who is issued a license as a dietitian  
16 nutritionist under the act may use the words licensed dietitian  
17 nutritionist, dietitian nutritionist, or dietitian or the letters LDN in  
18 connection with such person's name. Only a person who is issued a license  
19 as a nutritionist under the act may use the words licensed nutritionist  
20 or the letters LN in connection with such person's name. Only a person  
21 licensed under the act may use the word nutritionist in connection with  
22 such person's name. A person may use any lawfully earned federally  
23 trademarked title, and the following persons may use the following words,  
24 titles, or letters: (a) A registered dietitian nutritionist may use  
25 registered dietitian, registered dietitian nutritionist, rd, or rdn; (b)  
26 a person who is credentialed by the Board for Certification of Nutrition  
27 Specialists as a certified nutrition specialist may use certified  
28 nutrition specialist or cns; or (c) a board-certified nutrition  
29 pharmacist may use the title nutrition specialist.

30 Sec. 46. (1) A licensed dietitian nutritionist or a licensed  
31 nutritionist, unless otherwise exempt, shall:

1       (a) Provide medical nutrition therapy using evidence-based practice  
2 and the nutrition-care services process for patients and clients in  
3 clinical and community settings for the purpose of treatment or  
4 management of a diagnosed medical disease or medical condition. The  
5 nutrition-care services process involves application of the scientific  
6 method to medical nutrition therapy and consists of four distinct, but  
7 interrelated, steps of nutrition assessment, nutrition diagnosis,  
8 nutrition intervention, and nutrition monitoring and evaluation;

9       (b) Use specialized knowledge and skill to apply the systematic  
10 problem-solving method to make diagnostic judgments when providing  
11 medical nutrition therapy for safe, effective, and high-quality care; and

12       (c) Use critical thinking to collect relevant data, determine  
13 nutrition diagnosis based upon interpreted data, establish patient and  
14 client goals, determine a nutrition plan and interventions to solve the  
15 problem, and evaluate the effectiveness of interventions and progress  
16 toward the desired goals or outcomes.

17       (2) A licensed dietitian nutritionist or a licensed nutritionist  
18 may:

19       (a) Accept or transmit written, verbal, delegated, or  
20 electromagnetically transmitted orders from a referring provider  
21 consistent with the Medical Nutrition Therapy Practice Act and rules and  
22 regulations adopted and promulgated pursuant to the act and with any  
23 controlling protocols established to implement medical nutrition therapy;

24       (b) Recommend and order patient diets, including therapeutic diets,  
25 oral nutrition supplements, and dietary supplements, in accordance with  
26 the Medical Nutrition Therapy Practice Act and the rules and regulations  
27 adopted and promulgated pursuant to the act. Therapeutic diets may  
28 include oral, enteral, or parenteral nutrition therapy. Enteral and  
29 parenteral nutrition therapy consists of enteral feedings or specialized  
30 intravenous solutions and associated nutrition-related services as part  
31 of a therapeutic diet and shall only be ordered, initiated, or performed

1 by a licensed dietitian nutritionist or licensed nutritionist who also  
2 meets one of the following criteria:

3 (i) The licensee is a registered dietitian nutritionist;

4 (ii) The licensee is a certified nutrition support clinician  
5 certified by the National Board of Nutrition Support Certification; or

6 (iii) The licensee meets other requirements demonstrating competency  
7 as determined by the board in evaluating and ordering enteral and  
8 parenteral therapy and administering enteral therapy;

9 (c) Order medical or laboratory tests related to nutritional  
10 therapeutic treatments;

11 (d) Implement prescription drug dose adjustments for specific  
12 disease treatment protocols within the limits of such licensee's  
13 knowledge, skills, judgment, and clinical practice guidelines pursuant to  
14 any applicable and controlling facility-approved protocol and as approved  
15 and delegated by the licensed prescriber, physician, or other authorized  
16 health care provider who prescribed the drug or drugs to be adjusted.  
17 Nothing in this subdivision shall be construed to permit individuals  
18 licensed under the Medical Nutrition Therapy Practice Act to  
19 independently prescribe or initiate drug treatment. A licensed dietitian  
20 nutritionist or a licensed nutritionist may recommend and order or  
21 discontinue vitamin and mineral supplements; and

22 (e) Develop, implement, and manage nutrition-care services systems  
23 and evaluate, change, and maintain appropriate standards of quality in  
24 food and nutrition-care services.

25 (3)(a) Nothing in this section shall be construed to limit the  
26 ability of any other licensed health care professional to order  
27 therapeutic diets if ordering therapeutic diets falls within the scope of  
28 practice of the licensed health care professional.

29 (b) Nothing in this section shall be construed to limit the ability  
30 of persons who are not licensed dietitian nutritionists or licensed  
31 nutritionists from providing services which they are lawfully able to

1 provide.

2       Sec. 47. A student enrolled in an accredited course on dietetics  
3 and nutrition recognized by the board may perform any action necessary to  
4 complete the student's course of study and engage in the practice of  
5 medical nutrition therapy under the appropriate supervision of a  
6 supervisor in accordance with section 38-1813 or section 42 of this act  
7 for a period of no more than five years after the student completes the  
8 course of study. The board may, in its discretion, grant a limited  
9 extension to such five-year period in the event of extraordinary  
10 circumstances to allow the student to satisfy the qualifications for  
11 licensure under section 38-1813 or section 42 of this act. For purposes  
12 of this section, extraordinary circumstances may include circumstances in  
13 which a person who legally provides medical nutrition therapy in another  
14 state has not met the qualifications for licensure under section 38-1813  
15 or section 42 of this act within the five-year period after completion of  
16 the course of study.

17       Sec. 48. Section 38-1816, Reissue Revised Statutes of Nebraska, is  
18 amended to read:

19       38-1816 (1) Nothing in the Medical Nutrition Therapy Practice Act  
20 shall be construed to permit a licensed dietitian nutritionist or a  
21 licensed nutritionist ~~medical nutrition therapist~~ to practice any other  
22 profession regulated under the Uniform Credentialing Act.

23       (2) Nothing in the Medical Nutrition Therapy Practice Act shall  
24 require assisted living facilities or nursing facilities to provide  
25 medical nutrition therapy, unless otherwise required by law, or employ or  
26 consult with licensed dietitian nutritionists or licensed nutritionists,  
27 so long as any medical nutrition therapy provided in such facilities is  
28 provided under an exemption listed under section 40 of this act.

29       Sec. 49. Section 38-2801, Revised Statutes Cumulative Supplement,  
30 2022, is amended to read:

31       38-2801 Sections 38-2801 to 38-28,107 and section 50 of this act and

1 the Nebraska Drug Product Selection Act shall be known and may be cited  
2 as the Pharmacy Practice Act.

3 Sec. 50. A prescription that is valid when written remains valid  
4 for the period stated in the medical order notwithstanding the  
5 prescribing practitioner's subsequent death or retirement or the  
6 suspension or revocation of the prescribing practitioner's credential by  
7 the appropriate board, and a pharmacist may use professional judgment to  
8 fill or refill such a prescription which has sufficient fills remaining.  
9 This section shall not apply to a prescription issued by a veterinarian.

10 Sec. 51. Section 38-2852, Reissue Revised Statutes of Nebraska, is  
11 amended to read:

12 38-2852 Every applicant for licensure as a pharmacist shall be  
13 required to attain a grade to be determined by the board in an  
14 examination in pharmacy and ~~a grade of seventy-five~~ in an examination in  
15 jurisprudence of pharmacy.

16 Sec. 52. Section 38-2867.01, Reissue Revised Statutes of Nebraska,  
17 is amended to read:

18 38-2867.01 (1) Any person authorized to compound shall compound in  
19 compliance with the standards of chapters 795 and 797 of The United  
20 States Pharmacopeia and The National Formulary, as such chapters existed  
21 on January 1, 2023 ~~2015~~, and shall compound (a) as the result of a  
22 practitioner's medical order or initiative occurring in the course of  
23 practice based upon the relationship between the practitioner, patient,  
24 and pharmacist, (b) for the purpose of, or as an incident to, research,  
25 teaching, or chemical analysis and not for sale or dispensing, or (c) for  
26 office use only and not for resale.

27 (2) Compounding in a hospital pharmacy may occur for any hospital  
28 which is part of the same health care system under common ownership or  
29 which is a member of or an affiliated member of a formal network or  
30 partnership agreement.

31 (3)(a) Any authorized person may reconstitute a commercially

1 available drug product in accordance with directions contained in  
2 approved labeling provided by the product's manufacturer and other  
3 manufacturer directions consistent with labeling.

4 (b) Any authorized person using beyond-use dating must follow the  
5 approved product manufacturer's labeling or the standards of The United  
6 States Pharmacopeia and The National Formulary if the product  
7 manufacturer's labeling does not specify beyond-use dating.

8 (c) Any authorized person engaged in activities listed in this  
9 subsection is not engaged in compounding, except that any variance from  
10 the approved product manufacturer's labeling will result in the person  
11 being engaged in compounding.

12 (4) Any authorized person splitting a scored tablet along scored  
13 lines or adding flavoring to a commercially available drug product is not  
14 engaged in compounding.

15 (5) No person shall compound:

16 (a) A drug that has been identified by the federal Food and Drug  
17 Administration as withdrawn or removed from the market because the drug  
18 was found to be unsafe or ineffective;

19 (b) A drug that is essentially a copy of an approved drug unless  
20 there is a drug shortage as determined by the board or unless a patient  
21 has an allergic reaction to the approved drug; or

22 (c) A drug that has been identified by the federal Food and Drug  
23 Administration or the board as a product which may not be compounded.

24 Sec. 53. Section 38-2891, Revised Statutes Cumulative Supplement,  
25 2022, is amended to read:

26 38-2891 (1) A pharmacy technician shall only perform tasks which do  
27 not require the professional judgment of a pharmacist and which are  
28 subject to verification to assist a pharmacist in the practice of  
29 pharmacy.

30 (2) A pharmacy technician may administer vaccines, and such  
31 administration shall not be considered to be performing a task requiring

1 the professional judgment of a pharmacist, when:

2 (a) The vaccines are verified by the pharmacist responsible for the  
3 supervision and verification of the activities of the pharmacy technician  
4 prior to administration;

5 (b) Administration is limited to intra-muscular in the deltoid  
6 muscle or subcutaneous on the arm to a person three years of age or  
7 older;

8 (c) The pharmacy technician is certified as required by section  
9 38-2890;

10 (d) The pharmacy technician has completed certificate training in  
11 vaccine administration that includes, at a minimum, vaccine  
12 administration, blood-borne pathogen exposure, safety measures during  
13 administration, and biohazard handling;

14 (e) The pharmacy technician is currently certified in basic life-  
15 support skills for health care providers as determined by the board; and

16 (f) The pharmacist responsible for the supervision and verification  
17 of the activities of the pharmacy technician is on site.

18 (3) ~~(2)~~ The functions and tasks which shall not be performed by  
19 pharmacy technicians include, but are not limited to:

20 (a) Receiving oral medical orders from a practitioner or his or her  
21 agent except as otherwise provided in subsection (4) of section 38-2870;

22 (b) Providing patient counseling;

23 (c) Performing any evaluation or necessary clarification of a  
24 medical order or performing any functions other than strictly clerical  
25 functions involving a medical order;

26 (d) Supervising or verifying the tasks and functions of pharmacy  
27 technicians;

28 (e) Interpreting or evaluating the data contained in a patient's  
29 record maintained pursuant to section 38-2869;

30 (f) Releasing any confidential information maintained by the  
31 pharmacy;

1 (g) Performing any professional consultations; and  
2 (h) Drug product selection, with regard to an individual medical  
3 order, in accordance with the Nebraska Drug Product Selection Act.

4 (4) {3} The director shall, with the recommendation of the board,  
5 waive any of the limitations in subsection (2) of this section for  
6 purposes of a scientific study of the role of pharmacy technicians  
7 approved by the board. Such study shall be based upon providing improved  
8 patient care or enhanced pharmaceutical care. Any such waiver shall state  
9 the length of the study and shall require that all study data and results  
10 be made available to the board upon the completion of the study. Nothing  
11 in this subsection requires the board to approve any study proposed under  
12 this subsection.

13 Sec. 54. Section 68-901, Revised Statutes Cumulative Supplement,  
14 2022, is amended to read:

15 68-901 Sections 68-901 to 68-9,101 and sections 55 to 57 of this act  
16 shall be known and may be cited as the Medical Assistance Act.

17 Sec. 55. The department shall enroll long-term acute care hospitals  
18 in Nebraska as providers eligible to receive funding under the medical  
19 assistance program.

20 Sec. 56. No later than July 1, 2023, the department shall submit a  
21 state plan amendment or waiver to the federal Centers for Medicare and  
22 Medicaid Services to provide coverage under the medical assistance  
23 program for long-term acute care hospitals.

24 Sec. 57. The department shall provide for rebasing inpatient  
25 interim per diem rates for critical access hospitals. The department  
26 shall rebase the rates every two years, and the most recent audited  
27 medicare cost report shall be used as the basis for the rebasing process  
28 within ninety days after receiving the cost report.

29 Sec. 58. Section 68-1006.01, Reissue Revised Statutes of Nebraska,  
30 is amended to read:

31 68-1006.01 The Department of Health and Human Services shall include

1 in the standard of need for eligible aged, blind, and disabled persons  
2 seventy-five at least sixty dollars per month for a personal needs  
3 allowance if such persons reside in an alternative living arrangement.

4 For purposes of this section, an alternative living arrangement  
5 shall include board and room, a boarding home, a certified adult family  
6 home, a licensed assisted-living facility, a licensed residential child-  
7 caring agency as defined in section 71-1926, a licensed center for the  
8 developmentally disabled, and a long-term care facility.

9 Sec. 59. (1) The state shall provide medicaid reimbursement to a  
10 hospital at one hundred percent of the statewide average nursing facility  
11 per diem rate for an individual if the individual: (a) Is enrolled in the  
12 medical assistance program; (b) has been admitted as an inpatient to such  
13 hospital; (c) no longer requires acute inpatient care and discharge  
14 planning as described in 42 C.F.R. 482.43; (d) requires nursing facility  
15 level of care upon discharge; and (e) is unable to be transferred to a  
16 nursing facility due to a lack of available nursing facility beds  
17 available to the individual or, in cases where the transfer requires a  
18 guardian, has been approved for appointment of a public guardian and the  
19 State Court Administrator is unable to appoint a public guardian.

20 (2) Reimbursement for services shall be subject to federal approval.

21 Sec. 60. (1) The Department of Health and Human Services shall  
22 either directly, or through a contract or grant to an eligible entity,  
23 implement a pilot program to facilitate the transfer of patients with  
24 complex health needs from eligible acute care hospitals to appropriate  
25 post-acute care settings, including facilities that provide skilled  
26 nursing or long-term care.

27 (2) The purposes of the pilot program are to ensure that:

28 (a) Patients with complex health needs are able to access timely  
29 transition from an acute care hospital to a post-acute care setting;

30 (b) Patients receive the appropriate type of care at the appropriate  
31 time to best meet their needs; and

1       (c) Acute-care hospitals have available capacity to meet the needs  
2 of patients.

3       (3) For purposes of this section:

4       (a) Eligible acute care hospital means a facility that is not  
5 designated as a critical access hospital by the federal Centers for  
6 Medicare and Medicaid Services and has reached or exceeded eighty percent  
7 of available staffed capacity for adult intensive-care-unit beds and  
8 acute care inpatient medical-surgical beds;

9       (b) Eligible entity means a nonprofit statewide association whose  
10 members include eligible acute care hospitals; and

11       (c) Patient means a person who is medically stable and who the  
12 provider believes, with a reasonable medical probability and in  
13 accordance with recognized medical standards, is safe to be discharged or  
14 transferred and is not expected to have his or her condition negatively  
15 impacted during, or as a result of, the discharge or transfer.

16       (4) The department or other eligible entity responsible for  
17 developing the pilot program shall:

18       (a) Determine criteria to define patients with complex health needs;

19       (b) Develop a process for eligible acute care hospitals to determine  
20 capacity and the manner and frequency of reporting changes in capacity;

21       (c) Develop a process to ensure funding is utilized for the purposes  
22 described in this section and in compliance with all applicable state and  
23 federal laws;

24       (d) Include regular consultation with the department and  
25 representatives of acute care hospitals, skilled nursing facilities, and  
26 nursing facilities; and

27       (e) Include quarterly updates to the department.

28       (5) The pilot program may include direct payments to post-acute care  
29 facilities that support care to patients with complex health needs.

30       (6) Funding utilized under the pilot program shall comply with all  
31 medicaid and medicare reimbursement policies for skilled nursing

1 facilities, nursing facilities, and swing-bed hospitals.

2 (7) It is the intent of the Legislature to appropriate one million  
3 dollars from the General Fund to carry out this section.

4 Sec. 61. Section 68-1206, Revised Statutes Cumulative Supplement,  
5 2022, is amended to read:

6 68-1206 (1) The Department of Health and Human Services shall  
7 administer the program of social services in this state. The department  
8 may contract with other social agencies for the purchase of social  
9 services at rates not to exceed those prevailing in the state or the cost  
10 at which the department could provide those services. The statutory  
11 maximum payments for the separate program of aid to dependent children  
12 shall apply only to public assistance grants and shall not apply to  
13 payments for social services.

14 (2)(a) As part of the provision of social services authorized by  
15 section 68-1202, the department shall participate in the federal child  
16 care assistance program under 42 U.S.C. 9857 et seq., as such sections  
17 existed on January 1, 2023 ~~2021~~, and provide child care assistance to  
18 families with incomes up to (i) one hundred eighty-five percent of the  
19 federal poverty level prior to October 1, 2026 ~~2023~~, or (ii) one hundred  
20 thirty percent of the federal poverty level on and after October 1, 2026  
21 ~~2023~~.

22 (b) As part of the provision of social services authorized by this  
23 section and section 68-1202, the department shall participate in the  
24 federal Child Care Subsidy program. A child care provider seeking to  
25 participate in the federal Child Care Subsidy program shall comply with  
26 the criminal history record information check requirements of the Child  
27 Care Licensing Act. In determining ongoing eligibility for this program,  
28 ten percent of a household's gross earned income shall be disregarded  
29 after twelve continuous months on the program and at each subsequent  
30 redetermination. In determining ongoing eligibility, if a family's income  
31 exceeds one hundred eighty-five percent of the federal poverty level

1 prior to October 1, ~~2026~~ ~~2023~~, or one hundred thirty percent of the  
2 federal poverty level on and after October 1, ~~2026~~ ~~2023~~, the family shall  
3 receive transitional child care assistance through the remainder of the  
4 family's eligibility period or until the family's income exceeds eighty-  
5 five percent of the state median income for a family of the same size as  
6 reported by the United States Bureau of the Census, whichever occurs  
7 first. When the family's eligibility period ends, the family shall  
8 continue to be eligible for transitional child care assistance if the  
9 family's income is below two hundred percent of the federal poverty level  
10 prior to October 1, ~~2026~~ ~~2023~~, or one hundred eighty-five percent of the  
11 federal poverty level on and after October 1, ~~2026~~ ~~2023~~. The family shall  
12 receive transitional child care assistance through the remainder of the  
13 transitional eligibility period or until the family's income exceeds  
14 eighty-five percent of the state median income for a family of the same  
15 size as reported by the United States Bureau of the Census, whichever  
16 occurs first. The amount of such child care assistance shall be based on  
17 a cost-shared plan between the recipient family and the state and shall  
18 be based on a sliding-scale methodology. A recipient family may be  
19 required to contribute a percentage of such family's gross income for  
20 child care that is no more than the cost-sharing rates in the  
21 transitional child care assistance program as of January 1, 2015, for  
22 those no longer eligible for cash assistance as provided in section  
23 68-1724.

24 (c) For the period beginning July 1, 2021, through September 30,  
25 ~~2026~~ ~~2023~~, funds provided to the State of Nebraska pursuant to the Child  
26 Care and Development Block Grant Act of 1990, 42 U.S.C. 9857 et seq., as  
27 such act and sections existed on January 1, 2023 ~~March 24, 2021~~, shall be  
28 used to pay the costs to the state resulting from the income eligibility  
29 changes made in subdivisions (2)(a) and (b) of this section by Laws 2021,  
30 LB485. If the available amount of such funds is insufficient to pay such  
31 costs, then funds provided to the state for the Temporary Assistance for

1 Needy Families program established in 42 U.S.C. 601 et seq. may also be  
2 used. No General Funds shall be used to pay the costs to the state  
3 resulting from the income eligibility changes made in subdivisions (2)(a)  
4 and (b) of this section by Laws 2021, LB485, for the period beginning  
5 July 1, 2021, through September 30, 2026 ~~2023~~.

6 (d) The Department of Health and Human Services shall collaborate  
7 with a private nonprofit organization with expertise in early childhood  
8 care and education for an independent evaluation of the income  
9 eligibility changes made in subdivisions (2)(a) and (b) of this section  
10 by Laws 2021, LB485, if private funding is made available for such  
11 purpose. The evaluation shall be completed by July 1, 2024 ~~December 15,~~  
12 ~~2023~~, and shall be submitted electronically to the department and to the  
13 Health and Human Services Committee of the Legislature.

14 (3) In determining the rate or rates to be paid by the department  
15 for child care as defined in section 43-2605, the department shall adopt  
16 a fixed-rate schedule for the state or a fixed-rate schedule for an area  
17 of the state applicable to each child care program category of provider  
18 as defined in section 71-1910 which may claim reimbursement for services  
19 provided by the federal Child Care Subsidy program, except that the  
20 department shall not pay a rate higher than that charged by an individual  
21 provider to that provider's private clients. The schedule may provide  
22 separate rates for care for infants, for children with special needs,  
23 including disabilities or technological dependence, or for other  
24 individual categories of children. The schedule may also provide tiered  
25 rates based upon a quality scale rating of step three or higher under the  
26 Step Up to Quality Child Care Act. The schedule shall be effective on  
27 October 1 of every year and shall be revised annually by the department.

28 Sec. 62. Section 68-1724, Revised Statutes Cumulative Supplement,  
29 2022, is amended to read:

30 68-1724 (1) Cash assistance shall be provided for a period or  
31 periods of time not to exceed a total of sixty months for recipient

1 families with children subject to the following:

2 (a) If the state fails to meet the specific terms of the self-  
3 sufficiency contract developed under section 68-1719, the sixty-month  
4 time limit established in this section shall be extended;

5 (b) The sixty-month time period for cash assistance shall begin  
6 within the first month of eligibility;

7 (c) When no longer eligible to receive cash assistance, assistance  
8 shall be available to reimburse work-related child care expenses even if  
9 the recipient family has not achieved economic self-sufficiency. The  
10 amount of such assistance shall be based on a cost-shared plan between  
11 the recipient family and the state which shall provide assistance up to  
12 two hundred percent of the federal poverty level prior to October 1, 2026  
13 ~~2023~~, or one hundred eighty-five percent of the federal poverty level on  
14 and after October 1, 2026 ~~2023~~. A recipient family may be required to  
15 contribute up to twenty percent of such family's gross income for child  
16 care. It is the intent of the Legislature that transitional health care  
17 coverage be made available on a sliding-scale basis to individuals and  
18 families with incomes up to one hundred eighty-five percent of the  
19 federal poverty level if other health care coverage is not available; and

20 (d) The self-sufficiency contract shall be revised and cash  
21 assistance extended when there is no job available for adult members of  
22 the recipient family. It is the intent of the Legislature that available  
23 job shall mean a job which results in an income of at least equal to the  
24 amount of cash assistance that would have been available if receiving  
25 assistance minus unearned income available to the recipient family.

26 The department shall develop policy guidelines to allow for cash  
27 assistance to persons who have received the maximum cash assistance  
28 provided by this section and who face extreme hardship without additional  
29 assistance. For purposes of this section, extreme hardship means a  
30 recipient family does not have adequate cash resources to meet the costs  
31 of the basic needs of food, clothing, and housing without continuing

1 assistance or the child or children are at risk of losing care by and  
2 residence with their parent or parents.

3 (2) Cash assistance conditions under the Welfare Reform Act shall be  
4 as follows:

5 (a) Adults in recipient families shall mean individuals at least  
6 nineteen years of age living with and related to a child eighteen years  
7 of age or younger and shall include parents, siblings, uncles, aunts,  
8 cousins, or grandparents, whether the relationship is biological,  
9 adoptive, or step;

10 (b) The payment standard shall be based upon family size;

11 (c) The adults in the recipient family shall ensure that the minor  
12 children regularly attend school. Education is a valuable personal  
13 resource. The cash assistance provided to the recipient family may be  
14 reduced when the parent or parents have failed to take reasonable action  
15 to encourage the minor children of the recipient family ages sixteen and  
16 under to regularly attend school. No reduction of assistance shall be  
17 such as may result in extreme hardship. It is the intent of the  
18 Legislature that a process be developed to insure communication between  
19 the case manager, the parent or parents, and the school to address issues  
20 relating to school attendance;

21 (d) Two-parent families which would otherwise be eligible under  
22 section 43-504 or a federally approved waiver shall receive cash  
23 assistance under this section;

24 (e) For minor parents, the assistance payment shall be based on the  
25 minor parent's income. If the minor parent lives with at least one  
26 parent, the family's income shall be considered in determining  
27 eligibility and cash assistance payment levels for the minor parent. If  
28 the minor parent lives independently, support shall be pursued from the  
29 parents of the minor parent. If the absent parent of the minor's child is  
30 a minor, support from his or her parents shall be pursued. Support from  
31 parents as allowed under this subdivision shall not be pursued when the

1 family income is less than three hundred percent of the federal poverty  
2 guidelines; and

3 (f) For adults who are not biological or adoptive parents or  
4 stepparents of the child or children in the family, if assistance is  
5 requested for the entire family, including the adults, a self-sufficiency  
6 contract shall be entered into as provided in section 68-1719. If  
7 assistance is requested for only the child or children in such a family,  
8 such children shall be eligible after consideration of the family's  
9 income and if (i) the family cooperates in pursuing child support and  
10 (ii) the minor children of the family regularly attend school.

11 Sec. 63. Section 71-417, Revised Statutes Cumulative Supplement,  
12 2022, is amended to read:

13 71-417 (1) Home health agency means a person or any legal entity  
14 which provides skilled nursing care or a minimum of one other therapeutic  
15 service as defined by the department on a full-time, part-time, or  
16 intermittent basis to persons in a place of temporary or permanent  
17 residence used as the person's home.

18 (2) Home health agency does not include a PACE center.

19 (3) Home health agency does not include a person or legal entity  
20 that engages only in social work practice as defined in section 38-2119.

21 Sec. 64. Section 71-475, Reissue Revised Statutes of Nebraska, is  
22 amended to read:

23 71-475 (1)(a) When administration of a drug occurs in a hospital  
24 pursuant to a chart order, hospital personnel may provide the unused  
25 portion of the drug to the patient upon discharge from the hospital for  
26 continued use in treatment of the patient if:

27 (i) The drug has been opened and used for treatment of the patient  
28 at the hospital and is necessary for the continued treatment of the  
29 patient and would be wasted if not used by the patient; and

30 (ii) The drug is:

31 (A) In a multidose device or a multidose container; or

1 (B) In the form of a liquid reconstituted from a dry stable state to  
2 a liquid resulting in a limited stability.

3 (b) A drug provided to a patient in accordance with this subsection  
4 shall be labeled with the name of the patient, the name of the drug  
5 including the quantity if appropriate, the date the drug was provided,  
6 and the directions for use.

7 (2)(a) A licensed health care practitioner authorized to prescribe  
8 controlled substances may provide to his or her patients being discharged  
9 from a hospital a sufficient quantity of drugs adequate, in the judgment  
10 of the practitioner, to continue treatment, which began in the hospital,  
11 until the patient is reasonably able to access a pharmacy.

12 (b) The pharmacist-in-charge at the hospital shall maintain records  
13 of the drugs provided to patients in accordance with this subsection  
14 which shall include the name of the patient, the name of the drug  
15 including the quantity if appropriate, the date the drug was provided,  
16 and the directions for use.

17 (3) If a drug is provided to a patient in accordance with subsection  
18 (1) or (2) of this section:

19 (a) The drug shall be kept in a locked cabinet or automated  
20 medication system with access only by a licensed health care practitioner  
21 authorized to prescribe, dispense, or administer controlled substances;

22 (b) Prior to providing the drug to the patient, a written or  
23 electronic order shall be in the patient's record;

24 (c) The process at the hospital shall be under the direct  
25 supervision of the prescriber;

26 (d) If the label is prepared by a nurse, the prescriber shall verify  
27 the drug and the directions for the patient;

28 (e) When possible, the directions for the patient shall be  
29 preprinted on the label by the pharmacist;

30 (f) The label shall include the name of the patient, the name of the  
31 drug including the quantity if appropriate, the date the drug was

1 provided, and the directions for use;

2 (g) A written information sheet shall be given to the patient for  
3 each drug provided; and

4 (h) Documentation in a readily retrievable format shall be  
5 maintained each time a drug is provided to a patient from the hospital  
6 pharmacy's inventory which shall include the date, the patient, the drug,  
7 and the prescriber.

8 (4)(a) When a hospital, an ambulatory surgical center, or a health  
9 care practitioner facility provides medication that is ordered at least  
10 twenty-four hours in advance for surgical procedures and is administered  
11 to a patient at the hospital, ambulatory surgical center, or health care  
12 practitioner facility, any unused portion of the medication shall be  
13 offered to the patient upon discharge when it is required for continuing  
14 treatment. The unused portion of any such medication accepted by the  
15 patient upon discharge shall be labeled by the prescriber or a pharmacist  
16 consistent with labeling requirements in section 71-2479.

17 (b) For purposes of this subsection, medication means any topical  
18 antibiotic, anti-inflammatory, dilation, or glaucoma drop or ointment  
19 that a hospital, ambulatory surgical center, or health care practitioner  
20 facility has on stand-by or is retrieved from a dispensing system for a  
21 specified patient for use during a procedure or visit.

22 (c) If the medication is used in an operating room or emergency  
23 department setting, the prescriber is responsible for counseling the  
24 patient on its proper use and administration and no other patient  
25 counseling is required under section 38-2869.

26 Sec. 65. Section 71-2461.01, Revised Statutes Cumulative Supplement,  
27 2022, is amended to read:

28 71-2461.01 (1) Central fill means the preparation, other than by  
29 compounding, of a drug, device, or biological pursuant to a medical order  
30 where the preparation occurs in a pharmacy other than the pharmacy  
31 dispensing to the patient or caregiver as defined in section 38-2809.

1           (2) If the dispensing pharmacy and central fill pharmacy are under  
2 common ownership, the central fill pharmacy may deliver such drug,  
3 device, or biological to the patient or caregiver on behalf of the  
4 dispensing pharmacy.

5           Sec. 66. Section 71-2479, Revised Statutes Cumulative Supplement,  
6 2022, is amended to read:

7           71-2479 (1) Any prescription for a legend drug which is not a  
8 controlled substance shall be kept by the pharmacy or the practitioner  
9 who holds a pharmacy license in a readily retrievable format and shall be  
10 maintained for a minimum of five years. The pharmacy or practitioner  
11 shall make all such files readily available to the department and law  
12 enforcement for inspection without a search warrant.

13           (2) Before dispensing a legend drug which is not a controlled  
14 substance pursuant to a written, oral, or electronic prescription, a  
15 label shall be affixed to the container in which the drug is dispensed.  
16 Such label shall bear (a) the name, address, and telephone number of the  
17 pharmacy or practitioner and the name and address of the central fill  
18 pharmacy if central fill is used, (b) the name of the patient, (c) the  
19 date of filling, (d) the serial number of the prescription under which it  
20 is recorded in the practitioner's prescription records, (e) the name of  
21 the prescribing practitioner, (f) the directions for use, (g) the name of  
22 the drug, device, or biological unless instructed to omit by the  
23 prescribing practitioner, (h) the strength of the drug or biological, if  
24 applicable, (i) the quantity of the drug, device, or biological in the  
25 container, except unit-dose containers, (j) the dosage form of the drug  
26 or biological, and (k) any cautionary statements contained in the  
27 prescription.

28           (3) For multidrug containers, more than one drug, device, or  
29 biological may be dispensed in the same container when (a) such container  
30 is prepackaged by the manufacturer, packager, or distributor and shipped  
31 directly to the pharmacy in this manner or (b) the container does not

1 accommodate greater than a thirty-one-day supply of compatible dosage  
2 units and is labeled to identify each drug or biological in the container  
3 in addition to all other information required by law.

4 Sec. 67. Section 71-8202, Reissue Revised Statutes of Nebraska, is  
5 amended to read:

6 71-8202 The Legislature finds and declares that:

7 (1) Trauma is a severe health problem in the State of Nebraska and a  
8 major cause of death and long-term disability;

9 (2) Trauma care is very limited in many parts of Nebraska,  
10 particularly in rural areas where there is a growing danger that some  
11 communities may be left without adequate emergency medical care;

12 (3) It is in the best interests of the citizens of Nebraska to  
13 establish an efficient and well-coordinated statewide trauma system to  
14 reduce costs and incidence of inappropriate and inadequate trauma care  
15 and emergency medical service; and

16 (4) The goals and objectives of a statewide trauma system are to:  
17 (a) Pursue trauma prevention activities to decrease the incidence of  
18 trauma; (b) provide optimal care for trauma victims; (c) prevent  
19 unnecessary death and disability from trauma and emergency illness  
20 ~~without regard to insurance or ability to pay and utilize the protocols~~  
21 ~~established in the rules and regulations adopted under the Statewide~~  
22 ~~Trauma System Act;~~ and (d) contain costs of trauma care and trauma system  
23 implementation.

24 Sec. 68. Section 71-8228, Reissue Revised Statutes of Nebraska, is  
25 amended to read:

26 71-8228 Regional medical director means a physician licensed under  
27 the Uniform Credentialing Act ~~who shall report to the Director of Public~~  
28 ~~Health and carry out the regional plan for his or her region.~~

29 Sec. 69. Section 71-8230, Reissue Revised Statutes of Nebraska, is  
30 amended to read:

31 71-8230 Specialty level burn or pediatric trauma center means a

1 trauma center that ~~(1)~~ provides specialized care in the areas of burns or  
2 pediatrics, ~~(2)~~ provides continuous accessibility regardless of day,  
3 season, or patient's ability to pay, and ~~(3)~~ has entry access from each  
4 of the designation levels as its online physician or qualified physician  
5 surrogate deems appropriate.

6 Sec. 70. Section 71-8231, Reissue Revised Statutes of Nebraska, is  
7 amended to read:

8 71-8231 State trauma medical director means a physician licensed  
9 under the Uniform Credentialing Act who advises reports to the department  
10 ~~Director of Public Health~~ and carries out duties under the Statewide  
11 Trauma System Act.

12 Sec. 71. Section 71-8234, Reissue Revised Statutes of Nebraska, is  
13 amended to read:

14 71-8234 Trauma team means a team of physicians, nurses, medical  
15 technicians, and other personnel compiled to respond ~~create a seamless~~  
16 ~~response~~ to an acutely injured patient upon the patient's arrival at the  
17 hospital ~~in a hospital emergency department.~~

18 Sec. 72. Section 71-8235, Reissue Revised Statutes of Nebraska, is  
19 amended to read:

20 71-8235 Trauma system means an organized approach to providing care  
21 to trauma patients that provides personnel, facilities, and equipment for  
22 effective and coordinated trauma care. The trauma system shall identify  
23 facilities with specific capabilities to provide care and provide that  
24 trauma patients be treated at a designated trauma center appropriate to  
25 the patient's level of injury. Trauma system includes prevention,  
26 prehospital or out-of-hospital care, hospital care, and rehabilitative  
27 ~~services regardless of insurance carrier or ability to pay.~~

28 Sec. 73. Section 71-8236, Revised Statutes Cumulative Supplement,  
29 2022, is amended to read:

30 71-8236 The State Trauma Advisory Board is created. The board shall  
31 be composed of representatives knowledgeable in emergency medical

1 services and trauma care, including emergency medical providers such as  
2 physicians, nurses, hospital personnel, prehospital or emergency care  
3 providers, local government officials, state officials, consumers, and  
4 persons affiliated professionally with health science schools. The  
5 Director of Public Health or his or her designee shall appoint the  
6 members of the board for staggered terms of three years each. The  
7 department shall provide administrative support to the board. All members  
8 of the board may be reimbursed for expenses incurred in the performance  
9 of their duties ~~as such members~~ as provided in sections 81-1174 to  
10 81-1177. The terms of members representing the same field shall not  
11 expire at the same time.

12 The board shall elect a chairperson and a vice-chairperson whose  
13 terms of office shall be for two years. The board shall meet at least  
14 twice per year by written request of the director or the chairperson.

15 Sec. 74. Section 71-8237, Revised Statutes Cumulative Supplement,  
16 2022, is amended to read:

17 71-8237 The State Trauma Advisory Board shall:

18 (1) Advise the department regarding trauma care needs throughout the  
19 state;

20 (2) Advise the Board of Emergency Medical Services regarding trauma  
21 care to be provided throughout the state by emergency medical services;

22 ~~(3) Review the regional trauma plans and recommend changes to the  
23 department before the department adopts the plans;~~

24 ~~(3)~~ (4) Review proposed departmental rules and regulations for  
25 trauma care; and

26 ~~(4)~~ (5) Recommend modifications in rules regarding trauma care. ;  
27 ~~and~~

28 ~~(6) Draft a five-year statewide prevention plan that each trauma  
29 care region shall implement.~~

30 Sec. 75. Section 71-8239, Reissue Revised Statutes of Nebraska, is  
31 amended to read:

1           71-8239 (1) The department, in consultation with and having  
2 solicited the advice of the State Trauma Advisory Board, shall establish  
3 ~~and~~ maintain the statewide trauma system.

4           (2) The department, with the advice of the board, shall adopt and  
5 promulgate rules and regulations and develop injury prevention strategies  
6 to carry out the Statewide Trauma System Act.

7           (3) The Director of Public Health or his or her designee shall  
8 appoint the state trauma medical director and the regional medical  
9 directors.

10          (4) The department, with the advice of the board, shall identify the  
11 state and regional activities that create, operate, maintain, and enhance  
12 the statewide trauma system.

13          Sec. 76. Section 71-8240, Revised Statutes Cumulative Supplement,  
14 2022, is amended to read:

15          71-8240 The department shall establish and maintain the following on  
16 a statewide basis:

17           (1) Trauma system objectives and priorities;

18           (2) Minimum trauma standards for facilities, equipment, and  
19 personnel for advanced, basic, comprehensive, and general level trauma  
20 centers and specialty level burn or pediatric trauma centers;

21           (3) Minimum standards for facilities, equipment, and personnel for  
22 advanced, intermediate, and general level rehabilitation centers;

23           (4) Minimum trauma standards for the development of facility patient  
24 care protocols;

25           (5) Trauma care regions as provided for in section 71-8250;

26           ~~(6) Recommendations for an effective trauma transportation system;~~

27           ~~(7) The minimum number of hospitals and health care facilities in~~  
28 ~~the state and within each trauma care region that may provide designated~~  
29 ~~trauma care services based upon approved regional trauma plans;~~

30           ~~(8) The minimum number of prehospital or emergency care providers in~~  
31 ~~the state and within each trauma care region that may provide trauma care~~

1 ~~services based upon approved regional trauma plans;~~

2 ~~(9) A format for submission of the regional trauma plans to the~~  
3 ~~department;~~

4 ~~(6) (10) A program for emergency medical services and trauma care~~  
5 ~~research and development; and~~

6 ~~(11) Review and approve regional trauma plans;~~

7 ~~(7) (12) The initial designation of hospitals and health care~~  
8 ~~facilities to provide designated trauma care services, in accordance with~~  
9 ~~needs identified in the approved regional trauma plan; and~~

10 ~~(13) The trauma implementation plan incorporating the regional~~  
11 ~~trauma plans.~~

12 Sec. 77. Section 71-8241, Reissue Revised Statutes of Nebraska, is  
13 amended to read:

14 71-8241 The department shall ~~coordinate the statewide trauma system~~  
15 ~~to assure integration and smooth operation among the trauma care regions~~  
16 ~~and~~ facilitate coordination of the State Trauma Advisory Board and the  
17 Board of Emergency Medical Services to advise the department on  
18 development of the statewide trauma ~~monitor the system.~~

19 Sec. 78. Section 71-8242, Reissue Revised Statutes of Nebraska, is  
20 amended to read:

21 71-8242 The department shall:

22 (1) Maintain ~~Purchase and maintain~~ the statewide trauma registry  
23 pursuant to section 71-8248 to assess the effectiveness of trauma  
24 delivery and modify standards and other requirements of the statewide  
25 trauma system, to improve the provision of emergency medical services and  
26 trauma care;

27 (2) Develop patient outcome measures to assess the effectiveness of  
28 trauma care in the system;

29 (3) Develop standards for regional trauma care quality assurance  
30 programs; and

31 (4) Coordinate and develop trauma prevention and education programs.

1           The department shall administer funding allocated to the department  
2 for the purpose of creating, maintaining, or enhancing the statewide  
3 trauma system.

4           Sec. 79. Section 71-8243, Reissue Revised Statutes of Nebraska, is  
5 amended to read:

6           71-8243 Designated trauma centers and rehabilitation centers that  
7 receive trauma patients shall be categorized according to designation  
8 under the Statewide Trauma System Act. ~~All levels of centers shall follow  
9 federal regulation guidelines and established referral patterns, as  
10 appropriate, to facilitate a seamless patient-flow system.~~

11          Sec. 80. Section 71-8244, Reissue Revised Statutes of Nebraska, is  
12 amended to read:

13          71-8244 (1) Any hospital, facility, rehabilitation center, or  
14 specialty level burn or pediatric trauma center that desires to be a  
15 designated center shall request designation from the department whereby  
16 each agrees to maintain a level of commitment and resources sufficient to  
17 meet responsibilities and standards required by the statewide trauma  
18 system. The department shall determine by rule and regulation the manner  
19 and form of such requests.

20          (2) Upon receiving a request, the department shall review the  
21 request to determine whether there is compliance with standards for the  
22 trauma care level for which designation is desired or whether the  
23 appropriate verification or accreditation documentation has been  
24 submitted. Any hospital, facility, rehabilitation center, or specialty  
25 level burn or pediatric trauma center which submits verification or  
26 accreditation documentation from a recognized independent verification or  
27 accreditation body or public agency with standards that are at least as  
28 stringent as those of the State of Nebraska for the trauma care level for  
29 which designation is desired, as determined by the State Trauma Advisory  
30 Board, shall be designated by the department and shall be included in the  
31 trauma system or plan established under the Statewide Trauma System Act.

1 Any medical facility that is currently verified or accredited shall be  
2 designated by the department at the corresponding level of designation  
3 for the same time period in Nebraska without the necessity of an onsite  
4 review by the department.

5 (3) Any medical facility applying for designation may appeal its  
6 designation. The appeal shall be in accordance with the Administrative  
7 Procedure Act.

8 (4) Except as otherwise provided in subsection (2) of this section,  
9 designation is valid for a period of four years and is renewable upon  
10 receipt of a request from the medical facility for renewal prior to  
11 expiration.

12 ~~(5) Regional trauma advisory boards shall be notified promptly of~~  
13 ~~designated medical facilities in their region so they may incorporate~~  
14 ~~them into the regional plan.~~

15 (5) ~~(6)~~ The department may revoke or suspend a designation if it  
16 determines that the medical facility is substantially out of compliance  
17 with the standards and has refused or been unable to comply after a  
18 reasonable period of time has elapsed. The department shall promptly  
19 notify the regional trauma medical director ~~advisory board~~ of designation  
20 suspensions and revocations. Any rehabilitation or trauma center ~~the~~  
21 ~~designation of which has been revoked or suspended~~ may request an  
22 administrative a hearing to review a revocation or suspension ~~the action~~  
23 of the department.

24 Sec. 81. Section 71-8245, Reissue Revised Statutes of Nebraska, is  
25 amended to read:

26 71-8245 (1) ~~The~~ As part of the process to designate and renew the  
27 ~~designation of hospitals and health care facilities as advanced, basic,~~  
28 ~~comprehensive, or general level trauma centers, the department may~~  
29 contract for onsite reviews of such hospitals and health care facilities  
30 to determine compliance with required standards as part of the process to  
31 designate and renew the designation of hospitals and health care

1 facilities as advanced, basic, comprehensive, or general level trauma  
2 centers. The ~~As part of the process to designate a health care facility~~  
3 ~~as a general, an intermediate, or an advanced level rehabilitation center~~  
4 ~~or a specialty level burn or pediatric trauma center, the applicant shall~~  
5 submit to the department documentation of current verification or  
6 accreditation as part of the process to designate a health care facility  
7 as a general, intermediate, or advanced level rehabilitation center or a  
8 specialty level burn or pediatric trauma center.

9 (2) Members of ~~onsite~~ review teams and staff included in onsite  
10 visits shall not divulge and cannot be subpoenaed to divulge information  
11 obtained or reports written pursuant to this section in any civil action,  
12 except pursuant to a court order which provides for the protection of  
13 sensitive information of interested parties, including the department, in  
14 actions arising out of:

15 (a) ~~The~~ In actions arising out of the designation of a hospital or  
16 health care facility pursuant to section 71-8244;

17 (b) ~~The~~ In actions arising out of the revocation or suspension of a  
18 designation under such section; or

19 (c) ~~The~~ In actions arising out of the restriction or revocation of  
20 the clinical or staff privileges of a health care provider, subject to  
21 any further restrictions on disclosure that may apply.

22 (3) Information that identifies an individual patient shall not be  
23 publicly disclosed without the patient's consent.

24 ~~(4) When a medical facility requests designation for more than one~~  
25 ~~service, the department may coordinate the joint consideration of such~~  
26 ~~requests. Composition and qualification of the designation team shall be~~  
27 ~~set forth in rules and regulations adopted under the Statewide Trauma~~  
28 ~~System Act. Reports prepared pursuant to this section shall not be~~  
29 ~~considered public records.~~

30 (4) ~~(5)~~ The department may establish fees to defray the costs of  
31 carrying out onsite reviews required by this section, but such fees shall

1 not be assessed to health care facilities designated as basic or general  
2 level trauma centers.

3 (5) (6) This section does not restrict the authority of a hospital  
4 or a health care provider to provide services which it has been  
5 authorized to provide by state law.

6 Sec. 82. Section 71-8247, Reissue Revised Statutes of Nebraska, is  
7 amended to read:

8 71-8247 The board shall establish a committee for each trauma  
9 region to maintain a ~~In each trauma region, a regional~~ trauma system  
10 quality assurance program ~~shall be~~ established and maintained by the  
11 health care facilities designated as advanced, basic, comprehensive, and  
12 general level trauma centers. The quality assurance program shall  
13 evaluate trauma data quality, trauma care delivery, patient care  
14 outcomes, and compliance with the Statewide Trauma System Act. The  
15 regional medical director shall participate in the program and all health  
16 care providers and facilities which provide trauma care services within  
17 the region shall be invited to participate in the quality assurance  
18 program.

19 Sec. 83. Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15,  
20 16, 17, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34,  
21 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52,  
22 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74,  
23 75, 76, 77, 78, 79, 80, 81, 82, 84, and 86 of this act become operative  
24 three calendar months after the adjournment of this legislative session.  
25 The other sections of this act become operative on their effective date.

26 Sec. 84. Original sections 38-1801, 38-1802, 38-1803, 38-1806,  
27 38-1807, 38-1808, 38-1809, 38-1810, 38-1811, 38-1812, 38-1816, 38-2852,  
28 38-2867.01, 68-1006.01, 71-475, 71-8202, 71-8228, 71-8230, 71-8231,  
29 71-8234, 71-8235, 71-8239, 71-8241, 71-8242, 71-8243, 71-8244, 71-8245,  
30 and 71-8247, Reissue Revised Statutes of Nebraska, and sections 38-101,  
31 38-121, 38-129.02, 38-167, 38-186, 38-2801, 68-1206, 68-1724, 71-417,

1 71-2461.01, 71-2479, 71-8236, 71-8237, and 71-8240, Revised Statutes  
2 Cumulative Supplement, 2022, are repealed.

3 Sec. 85. Original sections 38-131, 38-2891, and 68-901, Revised  
4 Statutes Cumulative Supplement, 2022, are repealed.

5 Sec. 86. The following sections are outright repealed: Sections  
6 38-1804, 71-8208, 71-8216, 71-8220, 71-8222, 71-8238, 71-8246, and  
7 71-8252, Reissue Revised Statutes of Nebraska, and sections 71-8226,  
8 71-8227, and 71-8251, Revised Statutes Cumulative Supplement, 2022.

9 Sec. 87. Since an emergency exists, this act takes effect when  
10 passed and approved according to law.