

## LEGISLATIVE BILL 459

Approved by the Governor March 26, 1987

Introduced by Health & Human Services Committee,  
Wesely, 26, Chairperson; Beyer, 3;  
Schellpeper, 18; Goodrich, 20;  
Morehead, 30; Lynch, 13

AN ACT relating to health care; to amend sections 71-2017, 71-2017.01, 71-2017.03, 71-2020, and 71-2024, Reissue Revised Statutes of Nebraska, 1943, and section 81-502, Revised Statutes Supplement, 1986; to change and eliminate provisions relating to waiver of certain rules, regulations, and standards; to provide for intermediate care facilities instead of three categories; to change provisions relating to supervision of nursing and other health services; to harmonize provisions; to repeal the original sections, and also sections 71-2024.01 and 71-2024.02, Reissue Revised Statutes of Nebraska, 1943; and to declare an emergency.

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

Section 1. That section 71-2017, Reissue Revised Statutes of Nebraska, 1943, be amended to read as follows:

71-2017. The purposes of sections 71-2017 to 71-2029 and 81-604.01 and the Nebraska Nursing Home Act are: (1) To provide for the development, establishment, and enforcement of basic standards (a) for the care of persons in hospitals, health clinics, skilled nursing facilities, intermediate care facilities, ~~one, intermediate care facilities two, intermediate care facilities three,~~ intermediate care facilities for the mentally retarded, domiciliary facilities, mental health centers, centers for the developmentally disabled, alcoholic treatment centers, residential care facilities, and drug treatment centers or persons using the services of a home health agency and (b) for the construction, maintenance, and operation of such health care facilities which, in light of existing knowledge, will insure safe and adequate care of such persons in such health care facilities; (2) to recognize the coordinated development of health care facilities and services; (3) to promote the development of

multi-institutional systems that will coordinate and consolidate the delivery of health care services and multi-institutional arrangements for the sharing of support services; and (4) to promote the development of capacity to provide various levels of care on a geographically integrated basis to meet the special needs of residents of the State of Nebraska for health services.

Any hospital or other health care facility owned or operated by a fraternal organization mentioned in section 21-608 exclusively for its own members shall be exempt, unless any such fraternal organization owning or operating such a hospital or other health care facility is issued a license for such hospital or other health care facility upon its written application and upon its agreeing to comply with sections 71-2017 to 71-2029 and the Nebraska Nursing Home Act.

The Department of Health may waive any rule, regulation, or standard adopted and promulgated by the department relating to construction or physical plant requirements of licensed health services or facilities when in the opinion of facilities upon proof by the licensee satisfactory to the department that the waiver of such rule, regulation, or standard will not unduly jeopardize the health or welfare of the patients or residents, that such rule, regulation, or standard would create an unreasonable hardship upon the facility, and that a waiver will not cause the State of Nebraska to fail to comply with any of the applicable requirements of Medicare or Medicaid so as to make the state ineligible for the receipt of all funds to which it might otherwise be entitled. The licensee shall submit and the department shall consider the following in evaluating the issue of unreasonable hardship: (i) The estimated cost of the modification or installation; (ii) the extent and duration of the disruption of the normal use of patient or resident areas resulting from construction work; (iii) the estimated period over which cost would be recovered through reduced insurance premiums and increased reimbursement related to cost; (iv) the availability of financing; and (v) the remaining useful life of the building, and the closing of the service or facility would create an undue hardship on the community in taking care of the needs of such persons. Any such waiver may be under such terms and conditions and for such period of time, not to exceed one year at a time, as the department may prescribe. The department may each year waive such rule, regulation, or standard for an additional year if

the department determines that the continued waiver of such rule, regulation, or standard for an additional year will not constitute a an imminent hazard to the health or welfare of the patients or residents and will not by continued operation of the service or facility and the closing of the service or facility would create an undue hardship on the community in taking care of the needs of such persons. No waiver shall be allowed if it would cause the State of Nebraska to fail to comply with any of the applicable requirements of Medicare or Medicaid so as to make the state ineligible for the receipt of all funds to which it might otherwise be entitled.

Nothing in sections 71-2017 to 71-2029, 71-2031 to 71-2040, and 81-604.01, the Nebraska Nursing Home Act, or any rule or regulation adopted and promulgated pursuant thereto shall be construed to authorize or require any facility which is operated by and for members of a church which includes healing by prayer and spiritual means as a part of its religious practices to be licensed or inspected by the Department of Health except as such licensure and inspection pertain solely to sanitation, fire prevention, and safety standards and building and construction codes applicable to the facilities mentioned in subdivision (1) of this section, nor shall any patients, residents, or personnel thereof be subjected to any medical supervision, regulation, or control in connection with the operation of any such facility.

Sec. 2. That section 71-2017.01, Reissue Revised Statutes of Nebraska, 1943, be amended to read as follows:

71-2017.01. As used in sections 71-2017 to 71-2029, unless the context otherwise requires:

(1) Care shall mean the exercise of concern or responsibility for the comfort and welfare of the residents of a facility by the owner, occupant, administrator, or operator of the facility in addition to the provision of food and shelter to the residents and shall include, but not be limited to, the maintenance of a minimum amount of supervision of the activities of the residents of the facility as well as the providing of a minimum amount of assistance to the residents and shall also include personal care, hereby defined as the provision of health-related services for individuals who are in need of a protective environment but who are otherwise able to manage the normal activities of daily living;

(2) Hospital shall mean (a) any institution,

facility, place, or building which is devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment, or medical care over a period exceeding twenty-four consecutive hours of two or more nonrelated individuals suffering from illness, condition, injury, or deformity, (b) a place which is devoted primarily to the rendering over a period exceeding twenty-four consecutive hours of obstetrical or other medical care for two or more nonrelated individuals, or (c) any institution, facility, place, or building in which any accommodation is primarily maintained, furnished, or offered for the medical and nursing care over a period exceeding twenty-four consecutive hours of two or more nonrelated aged or infirm persons requiring or receiving convalescent care, and shall include, but not be restricted to, facilities or parts of facilities which provide space for general acute hospitals, short-term hospitals, rehabilitation hospitals, long-term care hospitals, psychiatric or mental hospitals, and emergency hospitals or treatment centers and shall not be construed to include the residence, office, or clinic of a private physician or of an association of physicians, any other health practitioner, or any practitioner or association of practitioners licensed pursuant to Chapter 71, in which residence, office, or clinic patients are not treated or given care for a period in excess of twenty-four consecutive hours;

(3) General acute hospital shall mean a hospital having a duly constituted governing body which exercises administrative and professional responsibility and an organized medical staff which provides inpatient care, including medical, nursing, surgical, anesthesia, laboratory, diagnostic radiology, pharmacy, and dietary services. Such services may be provided through a contract or agreement;

(4) Short-term hospital shall mean a hospital that (a) is primarily devoted to the diagnosis and treatment of individuals requiring short-term treatment or treatment of diagnosis consistent with the medical support available and (b) has written coordination agreements with a general acute hospital for transfers and quality assurance programs. Short-term hospital shall not mean a facility for the treatment of mental diseases, ~~shall not mean~~ a rehabilitation hospital, ~~shall not mean~~ an alcoholic treatment center, ~~and shall not mean~~ or a drug treatment center;

(5) Rehabilitation hospital shall mean an inpatient facility which is operated for the primary

purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical and other services provided under professional supervision;

(6) Long-term care hospital shall mean any hospital, any distinct part of any hospital, or any portion of a hospital which is primarily devoted to providing the care and services as set forth in subdivisions (10), and (11), and ~~(12)~~ of this section;

(7) Psychiatric or mental hospital shall mean a hospital which is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons;

(8) Emergency hospital or treatment center shall mean a hospital primarily devoted to the diagnosis and treatment of individuals requiring emergency outpatient services and emergency care and with written coordination agreements with a general acute hospital for transfers and quality assurance programs;

(9) Health clinic shall mean any institution, facility, place, building, or agency which is operated under the name or title of health clinic, health center, or any other word or phrase of like or similar import, either independently or in connection with any other purpose, for the purpose of providing or making available at such institution, facility, place, building, or agency on an outpatient basis and for a period not exceeding twenty-four consecutive hours advice, counseling, diagnosis, treatment, care, or services relating to the preservation or maintenance of health primarily or exclusively to persons not residing or confined in such institution, facility, place, or building and which is not licensed as a hospital. Satellite clinics operated on an intermittent basis at a specific location or site and providing services within a portion of the total geographic area served by a licensed health clinic need not be licensed, but may operate as a part of the parent clinic and share administration and services. Specific types or categories of health clinics may be further defined by appropriate rule and regulation of the Department of Health not inconsistent with this definition and in no case shall be construed to include the residence, office, or clinic of a private physician or an association of physicians, any other health practitioner or association of practitioners, or any practitioner licensed pursuant to Chapter 71 unless ten or more abortions, as defined in subdivision (1) of section 28-326, are performed during any one calendar week in

such residence, office, or clinic;

(10) Skilled nursing facility shall mean any institution or facility, or a distinct part of any institution or facility, which is primarily devoted to providing to inpatients skilled nursing care and related services for patients who require medical or nursing care or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. A skilled nursing facility shall provide at least one registered nurse on duty on the day shift seven days per week and a licensed registered nurse or licensed practical nurse on the other two shifts seven days per week. The Director of Nursing Services shall be a licensed registered nurse;

(11) Intermediate care facility one shall mean any institution, facility, place, or building in which accommodation and board for a period exceeding twenty-four consecutive hours and also nursing care and related medical services are provided for two or more nonrelated individuals who are ill, injured, or disabled but not in need of hospital care, but who by reason of illness, disease, injury, deformity, disability, convalescence, or physical or mental infirmity require such nursing care. An intermediate care facility one shall provide at least one licensed registered nurse on duty on the day shift seven days per week and a licensed registered nurse or licensed practical nurse on the other two shifts seven days per week. The Director of Nursing Services shall be a licensed registered nurse;

(12) Intermediate care facility two shall mean any institution, facility, place, or building in which accommodation and board for a period exceeding twenty-four consecutive hours and also nursing care and related medical services are provided for two or more nonrelated individuals who are ill, injured, or disabled but not in need of hospital or skilled nursing facility care, but who by reason of illness, disease, injury, deformity, disability, convalescence, or physical or mental infirmity require such nursing care and related medical services. An intermediate care facility two shall provide at least one licensed registered nurse, licensed practical nurse, or care staff member on duty seven days per week twenty-four hours per day and a registered nurse or licensed practical nurse on duty at least on the day shift seven days a week and at least one registered nurse, licensed practical nurse, or care staff member on duty on the other two shifts. An intermediate care facility shall provide a Director of Nursing Services, who shall be a licensed registered

nurse, to administer, supervise, delegate, and evaluate nursing and nursing support services of the facility, except that an intermediate care facility that, as of February 1, 1987, has in its employ a licensed practical nurse as Health Service Supervisor may retain such licensed practical nurse in that capacity after the effective date of this act. Such facility shall not be required to provide a Director of Nursing during the continuance of employment of such licensed practical nurse if such licensed practical nurse is and continues to be supervised by a licensed physician, osteopath, or registered nurse who, by employment or contract, is above such licensed practical nurse in the line of authority of the facility and is responsible, in the interest of the facility, for his or her hire, transfer, promotion, layoff, recall, promotion, discharge, assignment, reward, or discipline and adjustment of grievances or the effective recommendation of such action, which responsibility is not merely routine or clerical in nature but requires the exercise of independent judgment. Nothing contained in this section shall be construed to expand the scope of practice of a licensed practical nurse to permit an intermediate care facility utilizing a licensed practical nurse as Health Service Supervisor to provide nursing services other than those which are within the scope of practice of a licensed practical nurse as defined in section 71-1.132.06. The Director of Nursing Services shall be a licensed registered nurse or Health Service Supervisor shall serve on the day shift five days a week, eight hours per day, except when it is necessary to vary working hours to provide supervision on other shifts, and may satisfy the day-shift nurse requirement for five of seven days per week if he or she can meet both the nursing care needs of the patients or residents for that shift and his or her administrative and supervisory responsibilities as Director of Nursing Services or Health Service Supervisor;

(13) Intermediate care facility three shall mean any institution, facility, place, or building in which there are provided for a period exceeding twenty-four consecutive hours accommodation, board, and nursing care for two or more nonrelated individuals who are ill, injured, or disabled but not in need of hospital care, but who by reason of illness, disease, injury, deformity, disability, convalescence, or physical or mental infirmity need care and need assistance in taking their medication. An intermediate care facility three shall provide at least one care

staff member on duty seven days per week twenty-four hours per day and at least one licensed practical nurse on the day shift seven days per week. The Health Service Supervisor may be a licensed practical nurse.

(12) ~~(14)~~ Until October 1, 1988, intermediate care facility for the mentally retarded shall mean any institution, facility, place, or building, not licensed as a hospital, that provides accommodation, board, training or habilitation services, advice, counseling, diagnosis, treatment, and care, including nursing care and related medical services, for a period exceeding twenty-four consecutive hours for four or more nonrelated individuals who have mental retardation or related conditions, including epilepsy, cerebral palsy, or other developmental disabilities. On and after October 1, 1988, all references to intermediate care facilities for the mentally retarded shall be void;

(13) ~~(15)~~ Residential care facility shall mean any institution, facility, place, or building in which there ~~is~~ are provided for a period exceeding twenty-four consecutive hours accommodation, board, and care, such as personal assistance in feeding, dressing, and other essential daily living activities, to four or more nonrelated individuals who by reason of illness, disease, injury, deformity, disability, or physical or mental infirmity are unable to sufficiently or properly care for themselves or manage their own affairs, but do not require the daily services of a licensed registered or practical nurse;

(14) ~~(16)~~ Domiciliary facility shall mean any institution, facility, place, or building in which there are provided for a period exceeding twenty-four consecutive hours accommodation and supervision to four or more individuals, not related to the owner, occupant, manager, or administrator thereof, who are essentially capable of managing their own affairs, but who are in need of supervision, including supervision of nutrition, by the facility on a regular, continuing basis, but not necessarily on a consecutive twenty-four hour basis. This definition shall not include those homes or facilities providing casual care at irregular intervals;

(15) ~~(17)~~ Mental health center shall mean any institution, facility, place, or building which is used to provide, for a period exceeding twenty-four consecutive hours, accommodation, board, and advice, counseling, diagnosis, treatment, care, or services primarily or exclusively to persons residing or confined in the facility who are afflicted with a mental disease, disorder, or disability and which is not licensed as a



hospital;

(16) (18) Center for the developmentally disabled shall mean any residential facility, place, or building, not licensed as a hospital, which is used to provide accommodation, board, and training, advice, counseling, diagnosis, treatment, care, including medical care when appropriate, or services primarily or exclusively to four or more persons residing in the facility who have developmental disabilities;

(17) (19) Alcoholic treatment center shall mean any institution, facility, place, or building, not licensed as a hospital, including any private dwelling, which is used to provide residential care, treatment, services, maintenance, accommodation, or board in a group setting primarily or exclusively for individuals having any type of habituation, dependency, or addiction to the use of alcohol and in which there are provided guidance, supervision, and personal services relating to those areas of adjustment which enable the alcohol dependent or alcoholic to move into independent living in normal surroundings, but not services that can be rendered only by a physician or within the confines of a hospital, and which is not a permanent residence but only a temporary one, and shall include facilities in which there are provided nonresidential programs and services primarily or exclusively to nonresidents of the facility having any type of habituation, dependency, or addiction to the use of alcohol. Specific types or categories of alcoholic treatment centers may be further defined by appropriate rule and regulation of the Department of Health not inconsistent with this definition;

(18) (20) Drug treatment center shall mean any institution, facility, place, or building, not licensed as a hospital, including any private dwelling, which is used to provide residential care, treatment, services, maintenance, accommodation, or board in a group setting primarily or exclusively for individuals who have any type of habituation, dependency, or addiction to the use of any kind of controlled substance, narcotic drug, or other type of drug and in which there are provided guidance, supervision, and personal services relating to those areas of adjustment which enable the drug user, dependent, or addict to move into independent living in normal surroundings, but not services that can be rendered only by a physician or within the confines of a hospital, and which is not a permanent residence but only a temporary one, and shall include facilities in which there are provided nonresidential programs and

services primarily or exclusively to nonresidents of the facility having any type of habituation, dependency, or addiction to the use of any kind of controlled substance, narcotic drug, or other type of drug. Specific types or categories of drug treatment centers may be further defined by appropriate rule and regulation of the Department of Health not inconsistent with this definition;

(19) ~~(21)~~ Home health agency shall mean a public agency, private organization, or subdivision of such an agency or organization which is primarily engaged in providing skilled nursing care or a minimum of one other therapeutic service as defined by the department on a full-time, part-time, or intermittent basis to patients in a place of temporary or permanent residence used as the patient's home under a plan of care as prescribed by the attending physician and which meets the rules, regulations, and standards as established by the Department of Health. Parent home health agency shall mean the primary home health agency which establishes, maintains, and assures administrative and supervisory control of branch offices and subunits. Branch office shall mean a home health agency which is at a location or site providing services within a portion of the total geographic area served by the parent agency and is in sufficient proximity to share administration, supervision, and services with its parent agency in a manner that renders it unnecessary for the branch independently to meet licensure requirements. A branch office shall be part of its parent home health agency and share administration and services. Subunit shall mean a home health agency which serves patients in a geographic area different from that of the parent agency and which, by virtue of the distance between it and the parent agency, is judged incapable of sharing administration, supervision, and services on a daily basis and shall independently meet the licensing requirements for home health agencies. Home health agency shall not include private duty nursing registries as long as the individual is the direct payee from the patient. Home health agency shall not apply to the practice of home health care by other licensed medical persons as authorized by the practice of their particular specialty nor to the individuals providing homemaker or chore services within the home; and

(20) ~~(22)~~ Developmental disability shall mean a severe, chronic disability of a person which (a) is attributable to a mental or physical impairment or

combination of mental and physical impairment, (b) is manifested before the person attains the age of twenty-two, (c) is likely to continue indefinitely, (d) results in substantial functional limitations in three or more of the following areas of major life activity: Self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency, and (e) reflects the person's need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

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{23} Director of Nursing Services shall mean the supervisor of health services in skilled care facilities and intermediate care facilities. The supervisor of health services in an intermediate health care facility may provide nursing care and such care may be counted toward meeting the patient care requirements.

Sec. 3. That section 71-2017.03, Reissue Revised Statutes of Nebraska, 1943, be amended to read as follows:

71-2017.03. Whenever the terms home for the aged, home for the aged or infirm, or nursing home are mentioned in any statute, unless such statute specifically designates otherwise, they all shall be construed to refer exclusively to skilled nursing facilities, to intermediate care facilities, one, two, and three, and to intermediate care facilities for the mentally retarded.

Sec. 4. That section 71-2020, Reissue Revised Statutes of Nebraska, 1943, be amended to read as follows:

71-2020. Applicants for a license shall file applications under oath with the Department of Health upon forms prescribed and shall pay a license fee of fifty dollars as a base fee, except that hospitals, skilled nursing facilities, intermediate care facilities, one, intermediate care facilities two, intermediate care facilities three, and intermediate care facilities for the mentally retarded shall pay a license fee of one hundred twenty-five dollars as a base fee. In addition to such base fee, hospitals, skilled nursing facilities, intermediate care facilities, one, intermediate care facilities two, intermediate care facilities three, and intermediate care facilities for the mentally retarded shall pay a fee of five dollars for each bed available for patients of the facility, and all other types of facilities shall pay a fee of one

dollar for each bed available for patients thereof. Such fees shall be paid into the state treasury and by the State Treasurer credited to the General Fund, or if the license is denied, that part of the fees paid for beds available shall be returned to the applicant.

Applications shall be signed (1) by the owner, if an individual or partnership, (2) by two of its officers, if a corporation, or (3) by the head of the governmental department having jurisdiction over it, if a governmental unit. Applications shall set forth the full name and address of the institution for which license is sought, and of the owner in case of different address, the names of the persons in control thereof, and such additional information as the Department of Health may require, including affirmative evidence of ability to comply with such reasonable standards, rules, and regulations as may be lawfully prescribed hereunder.

Sec. 5. That section 71-2024, Reissue Revised Statutes of Nebraska, 1943, be amended to read as follows:

71-2024. The Department of Health shall adopt, promulgate, and enforce rules, regulations, and standards with respect to the different types of hospitals and related institutions except nursing homes to be licensed hereunder as may be designed to further the accomplishment of the purposes of sections 71-2017 to 71-2029. Such rules, regulations, and standards shall be modified, amended, or rescinded from time to time in the public interest by the department. The Department of Health, with the advice of the Nursing Home Advisory Council, shall adopt, promulgate, and enforce rules, regulations, and standards with respect to nursing homes. Such rules, regulations, and standards shall be in compliance with ~~sections 71-6008 to 71-6037 and subdivision (23) of section 71-2017-01~~ the Nebraska Nursing Home Act. Such rules, regulations, and standards shall be modified, amended, or rescinded from time to time in the public interest by the department with the advice of the Nursing Home Advisory Council.

Sec. 6. That section 81-502, Revised Statutes Supplement, 1986, be amended to read as follows:

81-502. (1) It shall be the duty of the State Fire Marshal, under authority of the Governor:

(a) To enforce all laws of the state relating to the suppression of arson and investigation of the cause, origin, and circumstances of fires;

(b) To promote safety and reduce loss by fire;

(c) To make an investigation for fire safety

of the premises and facilities of:

(i) Liquor establishments for which a license or renewal of a license is sought, upon request of the Nebraska Liquor Control Commission, pursuant to section 53-119.01;

(ii) Licensed child care facilities or applicants for licenses for child care facilities, upon request by the Department of Social Services, pursuant to section 71-1903;

(iii) Licensed providers of early childhood programs or applicants for licenses to provide such programs, upon request of the Department of Social Services, pursuant to section 71-1913. The State Fire Marshal shall report the results of the investigation to the department within thirty days after receipt of the request from the department;

(iv) Licensed hospitals, skilled nursing facilities, intermediate care facilities, ~~one, intermediate care facilities two, intermediate care facilities three,~~ or other facilities or institutions which are mentioned in subdivision (1) of section 71-2017, or applicants for licenses for such facilities or institutions, upon request by the Department of Health, pursuant to section 71-2022; and

(v) Mobile home parks for which a license or renewal of a license is sought, upon request of the Department of Health, pursuant to section 71-4635; and

(d) After a careful study and investigation of relevant data bearing thereon, to adopt, promulgate, alter, and enforce rules and regulations covering:

(i) The prevention of fires;

(ii) The storage, sale, and use of flammable liquids, combustibles, and explosives;

(iii) Electric wiring and heating, protection equipment devices, materials, furnishings, and other safeguards within the structure necessary to promote safety and reduce loss by fire, and the means and adequacy of exits, in case of fire, in assembly, educational, institutional, residential, mercantile, office, storage, and industrial-type occupancies as such structures are defined in the National Fire Protection Association, Pamphlet Number 101, and associated pamphlets, and all other buildings, structures, and enclosures in which numbers of persons congregate from time to time for any purpose whether privately or publicly owned;

(iv) Design, construction, location, installation, and operation of equipment for storing, handling, and utilization of liquefied petroleum gases,

specifying the odorization of such gases and the degree thereof;

(v) Chemicals, prozylin plastics, X-ray nitrocellulose films, or any other hazardous material that may now or hereafter exist; and

(vi) Tanks used for the storage of regulated substances pursuant to the Petroleum Products and Hazardous Substances Storage and Handling Act.

(2) The State Fire Marshal may enter into contracts with private individuals or other agencies, boards, commissions, or governmental bodies for the purpose of carrying out his or her duties and responsibilities pursuant to sections 81-502 to 81-552 and 81-5,115 to 81-5,146.

(3) The State Fire Marshal may delegate the authority set forth in this section to qualified local fire prevention personnel. The State Fire Marshal may overrule a decision, act, or policy of the local fire prevention personnel. When the State Fire Marshal overrules the local personnel, such local personnel may follow the appeals procedure established by sections 81-502.01 to 81-502.03. Such delegation of authority may be revoked by the State Fire Marshal for cause upon thirty days' notice after a hearing.

(4) The State Fire Marshal, first assistant fire marshal, and deputies shall have such other powers and perform such other duties as are set forth in sections 81-501.01 to 81-531 and as may be conferred and imposed by law.

(5) The rules and regulations adopted pursuant to subdivision (1)(d) of this section may conform generally to the standards recommended by the National Fire Protection Association, Pamphlet Number 101, known as the Life Safety Code, and associated pamphlets, but not when doing so would impose an unduly severe or costly burden without substantially contributing to the safety of persons or property. This section and the rules and regulations adopted and promulgated pursuant to subdivision (1)(d) of this section shall apply to existing as well as new buildings, structures, and enclosures. Such rules and regulations shall also apply to sites or structures in public ownership listed on the National Register of Historic Places but without destroying the historic quality thereof.

(6) Plans for compliance with the rules and regulations adopted and promulgated pursuant to subdivision (1)(d) of this section shall be reviewed by the State Fire Marshal.

Sec. 7. That original sections 71-2017,

71-2017.01, 71-2017.03, 71-2020, and 71-2024, Reissue Revised Statutes of Nebraska, 1943, and section 81-502, Revised Statutes Supplement, 1986, and also sections 71-2024.01 and 71-2024.02, Reissue Revised Statutes of Nebraska, 1943, are repealed.

Sec. 8. Since an emergency exists, this act shall be in full force and take effect, from and after its passage and approval, according to law.