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Nebraska Legislature  
One Hundred First Legislature – First Session

# Health and Human Services Committee

## Summary of Legislation 2009

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Senator Dave Pankonin, Vice Chair (Louisville)  
Senator Kathy Campbell (Lincoln)  
Senator Mike Gloor (Grand Island)  
Senator Gwen Howard (Omaha)  
Senator Arnie Stuthman (Platte Center)  
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**Nebraska Legislature**  
**Health and Human Services Committee**  
**Summaries of 2009 Legislative Bills**

1. **LB 25** (Friend) Provide for licensure of and medicaid payments to children's day health services. *General File.*

LB 25 provides for the licensure of “children’s day health services” and Medicaid payment for such services. The bill adds children’s day health services as an optional Medicaid service (section 68-911) and requires the Department of Health and Human Services to adopt and promulgate rules and regulations by January 1, 2010 to provide Medicaid payment for “all necessary and reasonable costs” for such services to eligible recipients (section 68-908).

The bill adds children’s day health services as a social service which may be provided by the state (section 68-1202).

The bill provides for the licensure of children’s day health services under the Health Care Facility Licensure Act (sections 71-401 to 71-459). The bill includes children’s day health services within the definition of “health care service” under the act. Children’s day health service is defined as “a person or any legal entity which provides specialized care and an array of social, medical, rehabilitation, or other support services for a period of less than twenty-four consecutive hours in a community-based group program to four or more persons under twenty-one years of age who require such services due to medical dependence, birth trauma, congenital anomalies, developmental disorders, or functional impairment.” Such services do not include services provided under the Developmental Disabilities Services Act.

2. **LB 27** (Pahls) Change the Medical Assistance Act and the Autism Treatment Program Act. *Enacted.*

LB 27 changes provisions of the Medical Assistance Act (sections 68-901 to 68-956) and the Autism Treatment Program Act (sections 85-1,138 to 85-1,142; Laws 2007, LB 482). The Autism Treatment Program Act originally created an autism treatment program funded for five years with funds from the Nebraska Health Care Cash Fund (section 71-7611) and matching private funds. The act required the Department of Health and Human Services (department) to apply for and implement a Medicaid waiver for the program.

LB 27 transfers provisions of the Autism Treatment Program Act to the Medical Assistance Act (sections 68-901 to 68-956).

The bill provides for administration of the autism treatment program by the department and removes administration of the program from the Center for Autism Spectrum Disorders at the University of Nebraska Medical Center.

The bill provides for administration of the Autism Treatment Program Cash Fund by the department and requires that the fund be used as the state’s matching share for the Medicaid waiver and administrative expenses for the program.

The bill clarifies that the autism treatment program will use private funds deposited in the Autism Treatment Program Cash Fund and funds transferred by the Legislature from the Nebraska Health Care Cash Fund to the Autism Treatment Program Cash Fund. Transfers from the Nebraska Health Care Cash Fund in any fiscal year are made contingent upon the receipt of private matching funds for the program, with no less than one dollar of private funds received for every two dollars transferred from the Nebraska Health Care Cash Fund. The bill prohibits the deposit of donations from a provider of Medicaid services into the Autism Treatment Program Cash Fund.

The bill delays the date for submission of the Medicaid waiver application under the Autism Treatment Program Act from July 1, 2008 to September 1, 2009, because changes in the bill require the submission of a new waiver application.

The bill changes provisions relating to transfers from the Nebraska Health Care Cash Fund to the Autism Treatment Program Cash Fund for the autism treatment program. The bill provides that the transfer of one million dollars annually, for five years, from the Nebraska Health Care Cash Fund to the Autism Treatment Program Cash Fund will begin on a date determined by the department but no later than ninety days after the Medicaid waiver for the program has been approved. Current law (section 71-7611) required transfers to begin in FY 2007-08.

The bill contains an emergency clause.

3. **LB 68** (Wallman) Provide procedures for closure of state residential facilities for persons with developmental disabilities. *Held in committee.*

LB 68 prohibits the Department of Health and Human Services (department) from closing any state-owned or state-operated facility that provides residential services to persons with developmental disabilities without specific legislation directing such closure.

The bill requires the department to provide written notice of any intended closure of such facility at least sixty days prior to the next legislative session to the Clerk of the Legislature and by registered mail to each resident of the facility, his or her immediate family, if known, and his or her guardian. Contents of the notice are prescribed.

The bill contains an emergency clause.

4. **LB 84** (McGill) Eliminate the termination date for the Women's Health Initiative Advisory Council. *Enacted.*

LB 84 eliminates the termination date for the Women's Health Initiative Advisory Council (section 71-702). The council was created as part of the Women's Health Initiative of Nebraska within the Department of Health and Human Services (sections 71-701 to 71-705; Laws 2000, LB 480). The termination date for the council was December 31, 2009.

5. **LB 91** (Howard) Provide for a subsidized adoption of a child who was under a subsidized guardianship prior thereto. *Enacted.*

LB 91 relates to payments by the Department of Health and Human Services (department) on behalf of certain children. Current law (section 43-117) permits the department to make payments on behalf of state wards with special needs after the legal completion of their adoption (state-funded adoption subsidy or subsidized adoption).

LB 91 permits the department to make payments on behalf of adopted state wards who, immediately preceding the adoption, were the subject of a state-subsidized guardianship, thus providing for a state-funded adoption subsidy to guardians who currently receive a state-funded guardianship subsidy and want to adopt the child.

6. **LB 132** (Fulton) Change the Barber Act. *General File, provisions included in LB 195, indefinitely postponed.*

LB 132 changes provisions of the Barber Act (act) (sections 71-201 to 71-248). The bill changes from one year to two years the renewal period for registration or licensure as an assistant barber instructor, barber instructor, barber, or barber school.

The bill imposes title restrictions. The bill prohibits any person from using the title of barber or barber shop or indicating in any way that he or she offers barbering services unless he or she is licensed under the act. The bill prohibits any person, partnership, limited liability company, or corporation from holding itself out as a barber shop or indicating that it offers barbering services unless the person or entity and the personnel who purport to offer barbering services in association with that person or entity are licensed under the act.

The bill prohibits any person, partnership, limited liability company, or corporation from displaying a barber pole or using a barber pole or the image of a barber pole in its advertising unless the person or entity is licensed to provide barbering services under the act and the display or use of the barber pole or barber pole image is to indicate that the person or entity is offering barbering services.

The bill changes provisions relating to eligibility for licensure as a registered barber instructor. Current law (section 71-208.02) requires that an applicant for such licensure serve under the direct inhouse supervision of an active, full-time, registered barber instructor for one year immediately preceding the application. LB 132 permits an applicant to serve under the indirect supervision of a barber instructor, in lieu of direct supervision, under circumstances as prescribed.

The bill requires and provides for the issuance of booth rental permits and for biennial renewal of such permits. The bill requires any barber who leases space on the premises of a barber shop to engage in the practice of barbering as an independent contractor or a self-employed person to obtain a booth rental permit from the Board of Barber Examiners (board) and pay a fee established under section 71-219. The holder of a booth rental permit is required to provide the board ten days' written notice of a change in his or her work address.

The bill provides for the licensure of barbers without examination. The bill authorizes the board to issue a license without examination to persons licensed in a state, territory, or country with which the board has not entered into a reciprocal agreement under section 71-239. An application for licensure without examination must be filed with the board. Contents of the application are prescribed. The board must decide on the application within sixty days after receipt and notify the applicant within ten days after its decision. Denial of licensure without examination is appealable under the Administrative Procedure Act. The board is authorized to adopt and promulgate rules and regulations to carry out the bill.

**7. LB 136 (Avery)** Change provisions for eligibility for medical assistance. *General File, provisions included in LB 603, indefinitely postponed.*

LB 136 expands provisions of the Medical Assistance Act (sections 68-901 to 68-956) relating to children. The bill raises the eligibility level for pregnant women and children under the State Children's Health Insurance Program (SCHIP) from 185% to 200% of the federal poverty level (section 68-915).

The bill expands Medicaid continuous eligibility for children from an initial six months of continuous eligibility, followed by monthly eligibility determinations, to consecutive twelve month periods of continuous eligibility (section 68-915).

The bill raises the eligibility level for transitional medical assistance (section 68-1713) and work-related child care expenses (section 68-1724) under the Welfare Reform Act (sections 68-1708 to 68-1734) from 185% to 200% of the federal poverty level.

8. **LB 141** (Rogert) Adopt the Brain Injury Act. *Held in committee.*

LB 141 adopts the Brain Injury Act (act) and defines terms.

The bill creates the Brain Injury Council, consisting of fifteen members appointed by the Governor: (1) the director of the Department of Veteran's Affairs or his or her designee; (2) the director of the Division of Rehabilitation Services (division) of the State Department of Education (department); and (3) thirteen public members as prescribed. Members are appointed for four-year terms, may be eligible for reappointment, and receive reimbursement for actual and necessary expenses. The council must select a chairperson and other officers from among its members and meet at least quarterly. Duties of the council are provided.

The bill creates the Veterans Resource Facilitation Fund (fund) for use by the division to carry out the act. The fund must be used to provide for resource facilitators to facilitate program services and may be used for expenses of the council. The bill requires the division to report annually to the Governor and the Legislature on the status of the fund.

Resource facilitator duties are provided, including (1) ongoing support for veterans with brain injuries "in coping with the issues of living with a brain injury and in assisting such individuals in transitioning back to employment and living in the community;" (2) linkage to existing services; and (3) increasing service capacity by (a) providing information, support, and resources, (b) enhancing the use of commonly available support to veterans with brain injury and linking such veterans to appropriate services and community resources, (c) training service providers, and (d) accessing, securing, and maximizing public and private funding.

9. **LB 146** (Howard) Provide for simulated pharmacies. *Held in committee.*

LB 146 provides for the establishment and licensure of simulated pharmacies for educational purposes. The bill amends the Pharmacy Practice Act (sections 38-2801 to 38-28,103) and the Health Care Facility Licensure Act (sections 71-401 to 71-459).

The bill provides that pharmacy students engaged in simulated pharmacy practice exercises for educational purposes in a simulated pharmacy are not engaged in the practice of pharmacy.

Simulated pharmacy is defined as "a facility at an accredited pharmacy program that is located within and owned and operated by a school or college of pharmacy in this state and in which students handle and compound drugs for educational or research purposes only and do not dispense or sell drugs."

The bill provides for licensure of simulated pharmacies. The bill permits a school or college of pharmacy to apply to the Department of Health and Human Services (department) for a special simulated pharmacy license. The application must include the name of a pharmacist in charge of the simulated pharmacy and other information as required by the department under section 71-433.

A simulated pharmacy license entitles the simulated pharmacy to purchase, receive, possess, or dispose of drugs for educational or research purposes. The renewal period for a simulated pharmacy license is left undetermined in the bill. The holder of a special simulated pharmacy license must comply with all applicable federal laws and regulations and is prohibited from engaging in the sale or dispensing of drugs.

Except as provided in the bill, the holder of a special license for a simulated pharmacy is exempt from requirements otherwise applicable to pharmacies under the Health Care Facility Licensure Act and the Pharmacy Practice Act.

The bill provides duties for the pharmacist in charge of a simulated pharmacy. A simulated pharmacy may be inspected at the discretion of the department to ensure continued compliance with applicable laws, rules, and regulations.

10. **LB 150** (Heidemann) Repeal the Nebraska Prostitution Intervention and Treatment Act. *Indefinitely postponed.*

LB 150 outright repeals the Nebraska Prostitution Intervention and Treatment Act (sections 71-2301 to 71-2305).

11. **LB 172** (Gay) Change the False Medicaid Claims Act and create a fund. *General File, provisions included in LB 288, indefinitely postponed.*

LB 172 changes provisions of the False Medicaid Claims Act (act) (sections 68-934 to 68-947), and provisions relating to the Health and Human Services Cash Fund (section 81-3119).

The bill creates the State Medicaid Fraud Control Unit Cash Fund, maintained by the Department of Justice and administered by the Attorney General, and consisting of all recoveries for the state's costs and attorney's fees received pursuant to the act. The fund must be used to pay the salaries and related expenses of the Department of Justice for the state Medicaid fraud control unit.

The bill directs the transfer of two hundred fifteen thousand dollars (\$215,000) on July 9, 2009 from the Health and Human Services Cash Fund to the State Medicaid Fraud Control Unit Cash Fund.

The bill contains an emergency clause.

12. **LB 173** (Gay) Provide for relabeling and redispensing of prescription drugs at certain correctional facilities. *General File, provisions included in LB 288, indefinitely postponed.*

LB 173 provides for the return, relabeling, and redispensing of prescription drugs and devices in correctional settings.

The bill, as amended by the committee and advanced to General File, provides that prescription drugs or devices that have been dispensed pursuant to a valid prescription and delivered to a Department of Correctional Services facility, criminal detention facility, juvenile detention facility, or jail for administration to a prisoner or detainee held at such facility or jail, but which are not administered to such prisoner or detainee, may be returned to the dispensing pharmacy under contract with the facility or jail for credit or for relabeling and redispensing to another prisoner or detainee held at such facility or jail pursuant to a valid prescription.

Exceptions are provided: (1) the decision to accept return of a dispensed prescription drug or device for credit or for relabeling and redispensing rests solely with the pharmacist at the contracting pharmacy; (2) the dispensed drug or device must be properly stored and in the control of the facility or jail at all times prior to its return; (3) the drug or device must be returned in the original and unopened labeled container dispensed by the pharmacist with the tamper-evident seal intact, and the container must bear the expiration date or calculated expiration date and lot number of the drug or device; and (4) the drug or device may not be returned if it is a controlled substance or if the relabeling and redispensing is otherwise prohibited by law.

The Jail Standards Board, in consultation with the Board of Pharmacy, is required to adopt and promulgate rules and regulations to carry out the bill.

The bill provides immunity from civil or criminal liability or professional disciplinary action to any person or entity exercising reasonable care in accepting, distributing, or dispensing prescription drugs or devices under the bill.

13. **LB 195** (Gay) Change provisions relating to barbering, pharmacy, physician assistants, certificates of need, hearing instrument specialists, emergency medical services, tuberculosis detection and prevention, and statewide trauma services. *Enacted, contains provisions of LB 132, LB 220, LB 250, LB 341, LB 367, LB 451, and LB 515.*

LB 195 changes and eliminates various health and human services provisions and contains provisions of several bills advanced by the committee.

Pharmacy and pharmacy practice (sections 1-3, 47-50, 69-78, 83, 111)

LB 195 contains provisions of **LB 220** as amended by the committee. LB 220 changes, adds, and eliminates provisions of the Uniform Controlled Substances Act (sections 28-401 to 28-456.01), the Pharmacy Practice Act (sections 38-2801 to 38-28,103), the Emergency Box Drug Act (sections 71-2410 to 71-2417), and the Automated Medication Systems Act (sections 71-2444 to 71-2452) relating to prescription drugs and the practice of pharmacy.

Uniform Controlled Substances Act (sections 28-401 to 28-456.01). The bill replaces the term “institution” with “long-term care facility.” Long-term care facility is defined as “an intermediate care facility, an intermediate care facility for the mentally retarded, a mental health center, a long-term care hospital, a nursing facility, and a skilled nursing facility, as such terms are defined in the Health Care Facility Licensure Act.”

The bill updates provisions relating to maintenance of prescription drug records. The bill requires that records of prescriptions for certain controlled substances be maintained “in a form in which the information required is readily retrievable from ordinary business records” of the dispensing practitioner.

The bill replaces the term “members of the healing arts” with “individuals credentialed under the Uniform Credentialing Act.” The bill replaces current provisions relating to the destruction of controlled substances owned by a resident of a long-term care facility or hospital and requires that such substances be destroyed by “two individuals credentialed under the Uniform Credentialing Act and designated by the facility or hospital.”

Pharmacy Practice Act (sections 38-2801 to 38-28,103). The bill adds a definition of long-term care facility to the act. The bill eliminates an exception relating to the transfer of original prescription information between pharmacies. Current law (section 38-2871) requires the transferring pharmacist or pharmacist intern to indicate void on the record of the prescription “except when a single refill is transferred for emergency or traveling purposes.” The quoted exception is stricken.

Emergency Box Drug Act (sections 71-2410 to 71-2417). The bill changes, adds, and eliminates definitions and makes harmonizing changes. The bill adds “nurse practitioner” to the definition of “authorized personnel” under the act, replaces the definition of “institution” with “long-term care facility,” deletes the definitions of “institutional pharmacy” and “supplying pharmacist,” and adds new definitions for “pharmacist” and “supplying pharmacy.”

The bill eliminates expiration date provisions and changes provisions relating to the maximum amount of drugs that an emergency box may contain. The bill lengthens from two years to five years the time that emergency box inspection records must be retained.

The bill no longer requires the Board of Pharmacy to approve drugs to be included in an emergency box, and lengthens from two years to five years the time that receipts of drugs placed in an emergency box must be retained.

The bill lengthens from twenty-four months to five years the time that forms documenting the removal of drugs from an emergency box must be retained. The bill deletes a time limit within which a pharmacist must restock, refill, and reseal an emergency box after it has been opened. The bill deletes provisions relating to the destruction of emergency box drugs and clarifies that the supplying pharmacy is the owner of such drugs. The bill lengthens from twenty-four months to five years the time that records of daily examinations of emergency boxes must be retained.

The bill eliminates provisions relating to the reinstatement of the authority to maintain an emergency box after such authority has been suspended or revoked. Current law (section 71-2416) requires an application for reinstatement to be accompanied by a written recommendation of reinstatement by the Board of Pharmacy. That requirement is stricken. The bill outright repeals section 71-2415.

Automated Medication Systems Act (sections 71-2444 to 71-2452). The bill adds definitions of “long-term care facility” and “prescription” to the act and makes harmonizing changes. The bill permits long-term care facilities to utilize automated medication systems, in addition to hospital and pharmacies.

#### Hearing instrument specialists (sections 4-11, 19-36, 51-52, 109)

LB 195 contains provisions of **LB 451** as amended by the committee. LB 451 renames the Hearing Aid Instrument Dispensers and Fitters Practice Act to the Hearing Instrument Specialists Practice Act. The bill changes the term “hearing aid” to “hearing instrument.” The bill changes the name of the Board of Hearing Aid Dispensers and Fitters to the Board of Hearing Instrument Specialists. The bill changes licensure as a hearing aid fitter and dealer to licensure as a hearing instrument specialist. The bill permits hearing aid fitters and dealers to practice under their existing license until it expires.

The bill changes membership on the Board of Hearing Instrument Specialists (board). Current law (section 38-1508) provides that the board will include one public member, three hearing aid dispensers and fitters (changed to hearing instrument specialists), one otolaryngologist, and one audiologist.” The bill prohibits at least one of the three licensed hearing instrument specialists from holding a license as an audiologist.

#### Emergency medical services (sections 12-18)

LB 195 contains provisions of **LB 515** as amended by the committee. LB 515 changes provisions of Emergency Medical Services Practice Act (sections 38-1201 to 38-1237). The bill creates the following new classifications for out-of-hospital emergency care providers as of September 1, 2010: (1) emergency medical responder, (2) emergency medical technician, (3) advanced emergency medical technician, and (4) paramedic.

The bill provides for the issuance of a temporary license for an out-of-hospital emergency care provider who has completed the educational requirements for licensure but has not yet completed the testing requirements for licensure. The temporary license is valid for one year, or until a license is issued, and may not be renewed.

The bill adopts the United States Department of Transportation National Emergency Medical Services Education Standards and the National Emergency Medical Services Scope of

Practice for out-of-hospital licensure classifications until modified by the Board of Emergency Medical Services in rule or regulation. The bill permits the board to approve curricula for out-of-hospital emergency care licensure classifications.

Physician assistants (sections 37-46, 67-78, 111)

LB 195 contains provisions of **LB 250**. LB 250 changes and eliminates provisions of the Medicine and Surgery Practice Act (section 38-2001 to 38-2061) relating to physician assistants.

The bill changes and eliminates definitions. The bill updates the definition of “approved program” to reference “the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agency.”

The bill updates the definition of “proficiency examination” to mean the “Physician Assistant National Certifying Examination” administered by the National Commission on Certification of Physician Assistants, and deletes language permitting the board to recognize examinations by other national organizations.

The bill eliminates a reference to “backup physician” in the definition of “supervising physician” and outright repeals the definition of “backup physician” (section 38-2009).

The bill makes the license to practice as a physician assistant subject to disciplinary action for failure to comply with sections 71-603.01, 71-604, 71-605, or 71-606 relating to the signing of birth and death certificates.

The bill updates and eliminates provisions relating to physician assistant scope of practice. The bill permits physician assistants to perform “medical services that (a) are delegated by and provided under the supervision of a licensed physician, (b) are appropriate to the level of competence of the physician assistant, (c) form a component of the supervising physician’s scope of practice, and (d) are not otherwise prohibited by law.”

The bill clarifies that a physician assistant is an agent of his or her supervising physician in the performance of practice-related activities delegated by the supervising physician. The bill requires each physician assistant and his or her supervising physician to ensure that (a) the physician assistant’s scope of practice is identified, (b) the delegation of medical tasks is appropriate to the physician assistant’s level of competence, (c) the relationship of and access to the supervising physician is defined, and (d) a process for evaluation of the physician assistant’s performance is established.

The bill permits a physician assistant to pronounce death and to complete and sign death certificates and any other forms if such acts are within his or her scope of practice, are delegated by the supervising physician, and are not otherwise prohibited by law. The bill also permits a physician assistant to sign birth certificates.

In order to practice in a hospital, the bill provides that a physician assistant must be approved by the governing board of the hospital, must comply with all applicable hospital policies, and his or her supervising physician must be a member of the hospital’s medical staff.

The bill permits a physician assistant with two or more years experience to render services in settings geographically remote from his or her supervising physician. A physician assistant with less than two years experience must comply with supervision standards established in rules and regulations. The Board of Medicine and Surgery (board) may consider a waiver of such standards and may waive such standards upon good cause shown by the supervising physician. The department is authorized to adopt and promulgate rules and regulations establishing minimum requirements for such waivers.



The bill changes and eliminates provisions relating to the supervision of physician assistants. The bill requires that supervising physicians be licensed to practice medicine and surgery under the Uniform Credentialing Act, have no restriction imposed by the board on his or her ability to supervise a physician assistant, and maintain a written agreement with the physician assistant as prescribed.

The bill requires supervision of a physician assistant to be continuous but does not require the physical presence of the supervising physician at the time and place that services are rendered.

The bill prohibits a supervising physician from supervising more than four physician assistants at any one time. The board may consider waivers of this limit and may waive the limit upon a showing that the supervising physician meets the minimum requirements for the waiver. The department is authorized to adopt and promulgate rules and regulations establishing minimum requirements for such waivers.

The bill requires the signature of both the physician assistant and his or her supervising physician on the prescription and prescription label of drugs and devices prescribed by a physician assistant if the name of the physician is required for purposes of reimbursement. In all other instances, only the signature of the physician assistant is required.

The bill outright repeals section 38-2051.

#### The Barber Act (sections 53-66)

LB 195 contains provisions of **LB 132** as amended by the committee. LB 132 changes provisions of the Barber Act (sections 71-201 to 71-248). The bill changes from one year to two years the renewal period for registration or licensure as an assistant barber instructor, barber instructor, barber, or barber school.

The bill imposes title restrictions. The bill prohibits any person from using the title of barber or barber shop or indicating in any way that he or she offers barbering services unless he or she is licensed under the act. The bill prohibits any person, partnership, limited liability company, or corporation from holding itself out as a barber shop or indicating that it offers barbering services unless the person or entity and the personnel who purport to offer barbering services in association with that person or entity are licensed under the act.

The bill prohibits any person, partnership, limited liability company, or corporation from displaying a barber pole or using a barber pole or the image of a barber pole in its advertising unless the person or entity is licensed to provide barbering services under the act and the display or use of the barber pole or barber pole image is to indicate that the person or entity is offering barbering services.

The bill changes provisions relating to eligibility for licensure as a registered barber instructor. Current law (section 71-208.02) requires that an applicant for such licensure serve under the direct inhouse supervision of an active, full-time, registered barber instructor for one year immediately preceding the application. LB 132 permits an applicant to serve under the indirect supervision of a barber instructor, in lieu of direct supervision, under circumstances as prescribed.

The bill requires and provides for the issuance of booth rental permits and for biennial renewal of such permits. The bill requires any barber who leases space on the premises of a barber shop to engage in the practice of barbering as an independent contractor or a self-employed person to obtain a booth rental permit from the Board of Barber Examiners (board)

and pay a fee established under section 71-219. The holder of a booth rental permit is required to provide the board ten days written notice of a change in his or her work address.

The bill provides for the licensure of barbers without examination. The bill authorizes the board to issue a license without examination to persons licensed in a state, territory, or country with which the board has not entered into a reciprocal agreement under section 71-239. An application for licensure without examination must be filed with the board. Contents of the application are prescribed. The board must decide on the application within sixty days after receipt and notify the applicant within ten days after its decision. Denial of licensure without examination is appealable under the Administrative Procedure Act. The board is authorized to adopt and promulgate rules and regulations to carry out the bill.

#### Tuberculosis prevention (sections 79-82)

LB 195 contains portions of **LB 341**. The bill changes and eliminates provisions of the Tuberculosis Detection and Prevention Act (sections 71-3601 to 71-3614). The bill defines terms. The bill defines “directed health measures” as “any measure, whether prophylactic or remedial, intended and directed to prevent, treat, or limit the spread of tuberculosis.”

The bill permits the state health officer or local health officer, as defined in the act, to order a person to submit to an examination to determine the existence of communicable tuberculosis if there are reasonable grounds to believe that the person has the disease and he or she refuses to submit to an examination. If the person refuses to comply with the order, the state health officer or a local health officer must institute judicial proceedings for commitment of the person. Strictness of pleading is not required, and a general allegation that the public health requires commitment of the person is sufficient.

The bill permits the state health officer or local health officer to order a person to submit to directed health measures when a person with communicable tuberculosis conducts himself or herself in such a way as to expose others to the disease. If the person refuses the order, the state health officer or local health officer must institute judicial proceedings for commitment of the person. Strictness of pleading is not required, and a general allegation that the public health requires commitment of the person is sufficient.

The bill permits a court to order a person to submit to an examination to determine if the person has communicable tuberculosis. If the examination shows that the person has communicable tuberculosis, the court must order directed health measures necessary for the person’s treatment and to prevent transmission of the disease.

If the person has communicable tuberculosis and conducts himself or herself in such a way as to be a danger to the public health, the bill requires the court to order commitment of the person to a facility and direct the sheriff to take the person into custody and deliver him or her to the facility “or to submit to directed health measures necessary for the treatment of the person and to prevent the transmission of the disease.” The quoted language is added in the bill. The county is required to pay the costs of transporting the person to the facility.

The bill permits the Department of Health and Human Services to pay, in part or in whole, “the cost of drugs and medical care used to treat any person for or to prevent the spread of communicable tuberculosis and for evaluation and diagnosis of persons who have been identified as contacts of a person with communicable tuberculosis.”

Certificate of need (sections 84-87, 111)

LB 195 contains provisions of **LB 367** as amended by the committee. LB 367 changes provisions of the Nebraska Certificate of Need Act (act) (sections 71-5801 to 71-5870). The bill exempts from certificate of need (CON) requirements “a transfer or relocation of long-term care beds from one facility to another entity in the same health planning region or any other health planning region.” The bill requires the receiving entity to obtain a license for the transferred or relocated beds within two years after the transfer or relocation and requires the department to grant an extension of such time if the receiving entity is making progress toward the licensure of such beds.

The bill revises definitions and clarifies provisions relating to the department’s calculation of long-term care bed need. For purposes of making the calculation, the bill requires each health care facility with long-term care beds to report to the department on a quarterly basis the number of residents at the facility on the last day of the immediately preceding quarter. The report must be provided no later than ninety days after the last day of the immediately preceding quarter. Any facility that fails to timely report such information will be ineligible for any exception to the CON requirement under section 71-5830.01 and any exception to the CON moratorium under section 71-5829.04 and the facility may not receive, transfer, or relocate long-term care beds. The department is required to provide the occupancy data collected from such reports upon request.

The bill outright repeals section 71-5829.01 and 71-5829.02.

Statewide Trauma Systems Act (sections 88 to 108)

LB 195 updates provisions of the Statewide Trauma System Act (act) (sections 71-8201 to 71-8253).

The bill updates definitions and outright repeals the definition of “on-scene medical director” (section 71-8223). The bill revises the definition of basic level trauma center to require that such centers “maintain appropriate equipment for pediatric trauma patients for resuscitation and stabilization.” The bill revises the definition of comprehensive level trauma center to require that such centers provide an “emergency trauma team available within fifteen minutes twenty-four hours per day.” The bill revises the definition of emergency medical services and trauma plan to require that the plan be updated every five years instead of every two years. The bill revises the definition of general level trauma center to require the provision of trauma-trained physicians and nurses to the emergency department of such centers within thirty minutes instead of fifteen minutes.

The bill requires the State Trauma Advisory Board to draft a five-year statewide prevention plan for implementation by each trauma care region, instead of a two-year plan (section 71-8237).

The bill requires the Department of Health and Human Services (department) to maintain the statewide trauma system.

The bill eliminates provisions relating to trauma center and rehabilitation center transfer agreements and requires that designated trauma centers and rehabilitation centers “follow federal regulation guidelines and established referral patterns.”

The bill requires any facility seeking designation as a basic or general rehabilitation center or specialty level burn or pediatric trauma center to submit documentation of current verification from its governing body in its specialty area. Reports prepared for the purpose of receiving trauma or rehabilitation center designation will not be considered public records.

The bill gives hospitals caring for trauma patients access to all prehospital reports prepared for the statewide trauma registry for each trauma occurrence.

14. **LB 196** (Gay) Change loan agreement provisions under the Rural Health Systems and Professional Incentive Act. *Enacted.*

LB 196 changes provisions of the Rural Health Systems and Professional Incentive Act (act) (sections 71-5650 to 71-5670). The bill exempts student loan and student loan repayment agreements under the act from the provisions of sections 73-501 to 73-509 governing state contractual services with independent contractors. Under the bill, recipients of student loan or loan repayment awards under the act are not considered independent contractors for purposes of such sections.

15. **LB 214** (Cornett) Redefine nail technology under the Uniform Credentialing Act. *Held in committee.*

The bill changes provisions of the Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act (act) (section 38-1001 to 38-10,171). The bill revises the definition of nail technology under the act.

The bill includes within the definition of nail technology and permits the “cutting, filing, buffing, shaping, trimming, polishing, coloring, tinting, cleansing, reshaping, or other cosmetic acts” on the natural fingernails or toenails of a person, and would not require such activities to be conducted in conjunction with (1) “attaching, applying, fitting, shaping, or adjusting artificial nails using acrylic, resin, fabric, or gel application systems,” and (2) “sanitizing of the nail bed by brushing on or spraying material in preparation for attaching, fitting, shaping, or adjusting artificial nails using acrylic, resin, fabric, or gel application systems” (emphasis added).

Current law (section 38-1035) permits the “cleansing, stimulating, manipulating, exercising, or similar acts on the hands or feet of any person when done in conjunction with the above activities. LB 214 amends the definition of nail technology to permit the exercise of such activities on the arms up to the elbow, and on the legs up to the knee.

16. **LB 220** (Gloor) Change provisions relating to pharmacy practice and pharmaceuticals. *General File, provisions included in LB 195, indefinitely postponed.*

LB 220 changes, adds, and eliminates provisions of the Uniform Controlled Substances Act (sections 28-401 to 28-456.01), the Pharmacy Practice Act (sections 38-2801 to 38-28,103), the Emergency Box Drug Act (sections 71-2410 to 71-2417), and the Automated Medication Systems Act (sections 71-2444 to 71-2452) relating to prescription drugs and the practice of pharmacy.

Uniform Controlled Substances Act (sections 28-401 to 28-456.01). The bill replaces the term “institution” with “long-term care facility.” Long-term care facility is defined as “an intermediate care facility, an intermediate care facility for the mentally retarded, a mental health center, a long-term care hospital, a nursing facility, and a skilled nursing facility, as such terms are defined in the Health Care Facility Licensure Act.”

The bill updates provisions relating to maintenance of prescription drug records. The bill requires that records of prescriptions for certain controlled substances be maintained “in a form in which the information required is readily retrievable from ordinary business records” of the dispensing practitioner.

The bill replaces the term “members of the healing arts” with “individuals credentialed under the Uniform Credentialing Act.” The bill replaces current provisions relating to the destruction of controlled substances owned by a resident of a long-term care facility or hospital and requires that such substances be destroyed by “two individuals credentialed under the Uniform Credentialing Act and designated by the facility or hospital.”

Pharmacy Practice Act (sections 38-2801 to 38-28,103). The bill adds a definition of long-term care facility to the act. The bill eliminates an exception relating to the transfer of original prescription information between pharmacies. Current law (section 38-2871) requires the transferring pharmacist or pharmacist intern to indicate void on the record of the prescription “except when a single refill is transferred for emergency or traveling purposes.” The quoted exception is stricken.

Emergency Box Drug Act (sections 71-2410 to 71-2417). The bill changes, adds, and eliminates definitions and makes harmonizing changes. The bill adds “nurse practitioner” to the definition of “authorized personnel” under the act, replaces the definition of “institution” with “long-term care facility,” deletes the definitions of “institutional pharmacy” and “supplying pharmacist,” and adds new definitions for “pharmacist” and “supplying pharmacy.”

The bill eliminates expiration date provisions and changes provisions relating to the maximum amount of drugs that an emergency box may contain. The bill lengthens from two years to five years the time that emergency box inspection records must be retained.

The bill no longer requires the Board of Pharmacy to approve drugs to be included in an emergency box, and lengthens from two years to five years the time that receipts of drugs placed in an emergency box must be retained.

The bill lengthens from twenty-four months to five years the time that forms documenting the removal of drugs from an emergency box must be retained. The bill deletes a time limit within which a pharmacist must restock, refill, and reseal an emergency box after it has been opened. The bill deletes provisions relating to the destruction of emergency box drugs and clarifies that the supplying pharmacy is the owner of such drugs. The bill lengthens from twenty-four months to five years the time that records of daily examinations of emergency boxes must be retained.

The bill eliminates provisions relating to the reinstatement of the authority to maintain an emergency box after such authority has been suspended or revoked. Current law (section 71-2416) requires an application for reinstatement to be accompanied by a written recommendation of reinstatement by the Board of Pharmacy. That requirement is stricken. The bill outright repeals section 71-2415.

Automated Medication Systems Act (sections 71-2444 to 71-2452). The bill adds definitions of “long-term care facility” and “prescription” to the act and makes harmonizing changes. The bill permits long-term care facilities to utilize automated medication systems, in addition to hospital and pharmacies.

17. **LB 223** (Nantkes) Classify swimming pools and provide operator requirements. *Held in committee.*

LB 223 relates to swimming pools and certified pool operators. The bill defines certified operator as “an individual who has successfully completed either (a) a swimming pool operator training clinic sponsored by the Department of Health and Human Services [DHHS-trained operator] or (b) the certified pool and spa operator course approved by the National Swimming Pool Foundation, the Aquatic Facility Operator course approved by the National Recreation and

Park Association, or an equivalent course provided by a nonprofit organization approved by the department [nonprofit-trained operator].”

The bill classifies and defines swimming pools as follows: (1) Class A pool means a pool operated by a governmental agency or a pool intended for use for accredited competitive aquatic events; (2) Class B pool means a swimming pool operated at an apartment, a condominium, a property owner association, a child care facility, a health club, a lodging facility such as hotel and motel, or any similar facility; (3) Class C pool means a spa, such as a hot tub or whirlpool designed for recreational use which is designed not to be drained, cleaned, and refilled after each individual use; and (4) Class D pool means a wading pool that is no more than twenty-four inches deep that is primarily intended for use by young children.

The bill requires the owner of a Class A or Class B pool to employ or contract for the services of a certified operator. If the operator is a DHHS-trained operator, the operator must be onsite at all times when the swimming pool is open for use. If the operator is a nonprofit-trained operator, the operator must either be onsite or, if another responsible person is onsite, be available by telephone or electronic communications at all times when the swimming pool is open for use.

The bill requires that the certificate of the certified operator be posted conspicuously and maintained at the swimming pool or otherwise available for inspection.

The bill includes compliance with certified operator requirements a part of the annual swimming pool inspection conducted by the department. The owner or operator of the swimming pool is required to submit records as prescribed. Existing law requires both the owner and operator to submit required records. The term “swimming pool operator” is changed to “certified operator.”

The bill has an operative date of March 10, 2010.

18. **LB 230** (Stuthman) Eliminate integrated practice agreements for nurse practitioners. *Held in committee.*

LB 230 eliminates the requirement that a nurse practitioner enter into an integrated practice agreement with a collaborating physician.

The bill changes and eliminates provisions of the Advanced Practice Registered Nurse Practice Act (sections 38-201 to 38-212) and the Nurse Practitioner Practice Act (sections 38-2301 to 38-2323).

The bill eliminates the requirement that the Board of Advanced Practice Registered Nurses (board) establish standards for integrated practice agreements between collaborating physicians and nurse practitioners.

The bill outright repeals sections 38-2310 (definition of integrated practice agreement) and 38-2323 (permitting nurse practitioners to collaborate and consult with, and refer patients to health care providers not included in the nurse practitioner's integrated practice agreement).

The bill deletes the current requirement that limitations on the prescribing authority of nurse practitioners for Schedule II controlled substances be recorded on the integrated practice agreement established between the nurse practitioner and collaborating physician.

The bill permits nurse practitioners to satisfy the two-thousand-hour supervised practice requirement under the supervision of a nurse practitioner practicing in the same specialty area, or a physician, if a nurse practitioner is unavailable.

The bill has an operative date of January 1, 2010.

19. **LB 247** (Dubas) Require accreditation of the Division of Children and Family Services of the Department of Health and Human Services. *Held in committee.*

LB 247 requires that the Department of Health and Human Services, Division of Children and Family Services (division) be accredited by the Council on Accreditation of Services for Families and Children, Inc. no later than December 1, 2010. The bill provides legislative findings.

The bill requires the division, by December 1, 2009, to develop a plan to achieve such accreditation. Contents of the plan are prescribed. The plan must be submitted to the Governor; the Speaker of the Legislature; and the chairpersons of the Revenue, Appropriations, Health and Human Services, and Judiciary committees of the Legislature; and placed on file with the Clerk of the Legislature.

The bill requires the Legislature to appropriate funds necessary to develop the plan and achieve such accreditation.

20. **LB 250** (Gloor) Change physician assistant provisions. *General File, provisions included in LB 195, indefinitely postponed.*

LB 250 changes and eliminates provisions of the Medicine and Surgery Practice Act (section 38-2001 to 38-2061) relating to physician assistants.

The bill changes and eliminates definitions. The bill updates the definition of “approved program” to reference “the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agency.”

The bill updates the definition of “proficiency examination” to mean the “Physician Assistant National Certifying Examination” administered by the National Commission on Certification of Physician Assistants, and deletes language permitting the board to recognize examinations by other national organizations.

The bill eliminates a reference to “backup physician” in the definition of “supervising physician” and outright repeals the definition of “backup physician” (section 38-2009).

The bill makes the license to practice as a physician assistant subject to disciplinary action for failure to comply with sections 71-603.01, 71-604, 71-605, or 71-606 relating to the signing of birth and death certificates.

The bill updates and eliminates provisions relating to physician assistant scope of practice. The bill permits physician assistants to perform “medical services that (a) are delegated by and provided under the supervision of a licensed physician, (b) are appropriate to the level of competence of the physician assistant, (c) form a component of the supervising physician’s scope of practice, and (d) are not otherwise prohibited by law.”

The bill clarifies that a physician assistant is an agent of his or her supervising physician in the performance of practice-related activities delegated by the supervising physician. The bill requires each physician assistant and his or her supervising physician to ensure that (a) the physician assistant’s scope of practice is identified, (b) the delegation of medical tasks is appropriate to the physician assistant’s level of competence, (c) the relationship of and access to the supervising physician is defined, and (d) a process for evaluation of the physician assistant’s performance is established.

The bill permits a physician assistant to pronounce death and to complete and sign death certificates and any other forms if such acts are within his or her scope of practice, are delegated by the supervising physician, and are not otherwise prohibited by law. The bill also permits a physician assistant to sign birth certificates.

In order to practice in a hospital, the bill provides that a physician assistant must be approved by the governing board of the hospital, must comply with all applicable hospital policies, and his or her supervising physician must be a member of the hospital's medical staff.

The bill permits a physician assistant with two or more years experience to render services in settings geographically remote from his or her supervising physician. A physician assistant with less than two years experience must comply with supervision standards established in rules and regulations. The Board of Medicine and Surgery (board) may consider a waiver of such standards and may waive such standards upon good cause shown by the supervising physician. The department is authorized to adopt and promulgate rules and regulations establishing minimum requirements for such waivers.

The bill changes and eliminates provisions relating to the supervision of physician assistants. The bill requires that supervising physicians be licensed to practice medicine and surgery under the Uniform Credentialing Act, have no restriction imposed by the board on his or her ability to supervise a physician assistant, and maintain a written agreement with the physician assistant as prescribed.

The bill requires supervision of a physician assistant to be continuous but does not require the physical presence of the supervising physician at the time and place that services are rendered.

The bill prohibits a supervising physician from supervising more than four physician assistants at any one time. The board may consider waivers of this limit and may waive the limit upon a showing that the supervising physician meets the minimum requirements for the waiver. The department is authorized to adopt and promulgate rules and regulations establishing minimum requirements for such waivers.

The bill requires the signature of both the physician assistant and his or her supervising physician on the prescription and prescription label of drugs and devices prescribed by a physician assistant if the name of the physician is required for purposes of reimbursement. In all other instances, only the signature of the physician assistant is required.

The bill outright repeals section 38-2051.

21. **LB 268** (Lathrop) Require liability insurance as prescribed for child care licensees. *Held in committee.*

LB 268 requires all child care licensees, prior to the issuance of a license, to provide written proof of liability insurance coverage of at least one hundred thousand dollars (\$100,000) per occurrence. Failure to maintain the required level of liability insurance coverage will be deemed noncompliance with the Child Care Licensing Act (sections 71-1908 to 71-1923).

22. **LB 275** (McGill) Require crisis, information, and referral services relating to behavioral health. *Indefinitely postponed.*

LB 275 changes provisions of the Behavioral Health Services Act (71-801 to 71-818). The bill requires the Division of Behavioral Health (division) within the Department of Health and Human Services (department) to establish "requirements for the operation of a crisis, information, and referral service staffed twenty-four hours each day by trained behavioral health personnel for each behavioral health region."

The bill requires each regional behavioral health authority to be responsible for the development and coordination of publicly funded behavioral health services in the behavioral



health region, including the “operation of a crisis, information, and referral service staffed twenty-four hours each day by trained behavioral health personnel.”

23. **LB 288** (Health and Human Services Committee) Change provisions relating to health and human services. *Enacted, contains provisions of LB 79, LB 172, LB 173, LB 199, LB 371, LB 390, LB 462, and LB 599.*

LB 288 is the annual “cleanup” bill requested by the Department of Health and Human Services (department). The bill also includes provisions of several other bills heard by the committee.

#### Food Stamps (sections 1, 15, 17, 25-30, 34, 45)

The bill updates references to the federal food stamp program, which is now named the Supplemental Nutrition Assistance Program (SNAP).

#### Pharmacy Technicians (sections 2-3)

The bill expands disciplinary provisions for pharmacy technicians. The bill deletes current grounds for discipline (section 38-2893) and makes a pharmacy technician license subject to discipline for violation of all acts or offenses listed in section 38-178, subsections (1) to (17) and (19) to (24), including abuse of alcohol, misrepresentation of material fact, immoral or dishonorable conduct.

#### Child support and medical support payments (sections 4-10, 12-14, 16, 36)

LB 288 contains provisions of **LB 199** as amended by the Judiciary Committee. LB 199 was requested by the Department of Health and Human Services and relates to child support and medical support payments.

The bill amends the New Hire Reporting Act (sections 48-2301 to 48-2308) to add “independent contractor” to the definition of employee, to allow for the reporting of persons with child support obligations who are hired as independent contractors (section 43-2802).

The bill allows for the continuous reporting of past due support amounts to the Department of Revenue. Current law (section 77-27,166) requires annual reporting.

The bill provides for accrual of interest on spousal support and medical support payments after a thirty-day grace period, to conform with the accrual of interest in child support cases (section 42-358.02).

The bill clarifies that only those support payments are assignable to the state that become due during the time period in which a person receives public assistance (section 43-512.07).

The bill changes provisions relating to the establishment and enforcement of medical support obligations. The bill requires that the party ordered to pay medical support must provide health care coverage if the coverage is accessible to the children and available to the responsible party at reasonable cost. Health care coverage is accessible under the bill if the covered children can obtain services from a plan provider with reasonable effort by the custodial party. Standards for accessibility are provided (section 42-369).

If health care coverage is inaccessible and one or more of the parties are receiving Title IV-D services, the bill requires that cash medical support be ordered. Cash medical support or the cost of private health insurance coverage is considered reasonable if it does not exceed three percent of the responsible party’s gross income(section 42-369).

Cash medical support payments may not be ordered if they would reduce the responsible party's net income below the basic subsistence limitation provided in Nebraska child support guidelines. If the guidelines don't describe a basic subsistence limitation, then cash medical support payments can't be ordered if they reduce the responsible party's net monthly income below nine hundred three dollars for one person or below the applicable federal poverty guidelines(section 42-369).

Various operative dates apply to this portion of the bill: (1) October 1, 2010 (section 4), (2) September 30, 2009 (sections 5-8, 10, 12-14), (3) October 1, 2009 (section 9), and (4) January 1, 2010 (sections 16, 36).

#### Child support modifications (section 11)

LB 288 contains provisions of **LB 79** as advanced by the Judiciary Committee. The bill changes provisions relating to the child support obligation of incarcerated persons. Current law (section 43-512.15) requires that a complaint to modify child support be filed for persons who have been incarcerated for one year or more in a county or city jail or a federal or state correctional facility based on an "involuntary reduction of income." LB 79 provides an exception (i.e. no child support modification will be available) for persons who are incarcerated for a crime in which the child who is the subject of the child support order was victimized.

#### False Medicaid Claims Act (sections 18, 21-23, 39)

LB 288 contains provisions of **LB 172** as amended by the committee. LB 172 changes provisions of the False Medicaid Claims Act (act) (sections 68-934 to 68-947), and provisions relating to the Health and Human Services Cash Fund (section 81-3119).

The bill creates the State Medicaid Fraud Control Unit Cash Fund, maintained by the Department of Justice and administered by the Attorney General, and consisting of all recoveries for the state's costs and attorney's fees received pursuant to the act. The fund must be used to pay the salaries and related expenses of the Department of Justice for the state Medicaid fraud control unit.

The bill directs the transfer of two hundred fifteen thousand dollars (\$215,000) on July 9, 2009 from the Health and Human Services Cash Fund to the State Medicaid Fraud Control Unit Cash Fund.

The emergency clause applies to this portion of the bill.

#### Medicaid (section 19)

The bill makes a technical update to a reference to federal law (section 68-906). The emergency clause applies to this portion of the bill.

#### Medicaid Reform Council (sections 20, 24)

LB 288 contains provisions of **LB 371** as amended by the committee. LB 371 changes and eliminates provisions of the Medical Assistance Act (sections 68-901 to 68-956) relating to the Medicaid Reform Council (council).

Current law (section 68-908) requires the Department of Health and Human Services (department) to prepare a "biennial summary and analysis of the medical assistance program for legislative and public review" and submit a draft copy of the report to the council no later than October 1 of every even-numbered year. LB 371 requires that the report be submitted annually, requires submission of a draft report no later than September 15 of each year, requires the

council to conduct a public meeting on the report no later than October 1 of each year, rather than October 15 of every even-numbered year, and requires submission of a final report to the council no later than December 1 of each year, rather than every even-numbered year.

The bill changes council membership provisions. The bill adds the chairperson of the Health and Human Services Committee of the Legislature (committee) or his or her designee as an ex-officio, nonvoting member of the council, eliminates a termination date for the council, and provides for staggered four-year terms for appointed council members beginning June 30, 2010.

The bill revises duties of the council. Current law (section 68-948) requires the council to “oversee and support implementation of reforms to the medical assistance program, including, but not limited to, reforms such as those contained in the Medicaid Reform Plan.” LB 371 requires the council to “oversee and provide recommendations to the department and the chairperson of the committee” regarding such reforms, and requires the council to conduct public meetings at least quarterly. Current law (section 68-948) requires the council to conduct at least two public meetings annually.

The bill requires the department to “provide the council with any reports, data, analysis, or other such information upon which the department relied, which provided a basis for the department’s proposed reforms, or which the department otherwise intends to present to the council at least two weeks prior to the quarterly meeting.”

The bill requires the Governor to appoint members of the Medicaid Reform Council, rather than the chairperson of the Health and Human Services Committee and places the council under the Department of Health and Human Services rather than the Legislature. The emergency clause applies to this portion of the bill.

#### Itemized billing statements (sections 31-32, 54)

LB 288 contains provisions of **LB 599**. LB 599 amends the Health Care Facility Licensure Act (section 71-401 to 71-463). The bill requires a health care facility or a health care practitioner facility, upon written request of a patient or a patient’s representative, to provide an itemized billing statement, including diagnostic codes, without charge to the patient or patient’s representative. The itemized billing statement must be provided within fourteen days after receipt of the request.

The bill outright repeals section 71-2049.

#### HIV testing (section 33)

LB 288 contains provisions of **LB 462**. LB 462 changes and eliminates informed consent provisions relating to testing for human immunodeficiency virus infection (HIV testing). The bill adds new provisions requiring that the informed consent for HIV testing provide an explanation of HIV infection and the meaning of both positive and negative test results.

The bill provides that a separate consent for HIV testing will not be required if a general consent form for the performance of medical tests or procedures has been signed, which informs the person that a test for the presence of HIV infection may be performed and that the person may refuse to have the test performed.

The bill adds and eliminates provisions relating to substitute consent for HIV testing. The bill provides that consent may be provided by the person’s legal representative if the person is unable to provide consent. If the person’s legal representative cannot be located or is unavailable,

a health care provider may authorize the test when the test results are necessary for diagnostic purposes to provide appropriate medical care.

The bill deletes current provisions prescribing the contents of a written informed consent for HIV testing (section 71-531).

The emergency clause applies to this portion of the bill.

#### Public Water System Operators (section 35)

The bill changes relicensure provisions for public water system operators under the Safe Drinking Water Act (act) (sections 71-5301 to 71-5313). The bill requires applicants for a license as a public water system operator, whose license or certification has expired two years or more prior to the date of application, to take the examination required for an initial license under the act. The department must consider the results of the examination and the applicant's experience and training in its review of the application. The department is permitted by rules and regulations to establish more stringent relicensure requirements for an applicant whose license has expired or been revoked or suspended.

#### Nursing Facility Preadmission Screening Pilot Program (sections 37-38, 54)

The bill deletes obsolete references to a pilot program administered by the Department of Health and Human Services for the preadmission screening of persons seeking care in a nursing facility. The bill outright repeals sections 81-2265 and 81-2267.

#### Developmental Disabilities (sections 40-42, 44)

The bill changes and eliminates provisions of the Development Disabilities Services Act (sections 83-1201 to 83-1226). The bill deletes a reference to section 83-1216(3) relating to development of an objective assessment process for developmental disability services. The bill strikes an unnecessary reference to "specialized services" in the context of utilizing state and federal funds for the provision of services to persons with developmental disabilities. The bill updates terminology, changing "care" to "services," as it relates to the Beatrice State Developmental Center (BSDC). The bill replaces the term developmental disability "regions" with "services areas" to be more consistent with current administrative organization and practice. The bill changes membership provisions relating to quality review teams and makes the submission of nominations for membership on such teams discretionary rather than mandatory. The bill changes and eliminates provisions relating to the duties of quality review teams. The bill would no longer require that an employee be provided a copy of his or her criminal history background record check.

#### Reimbursement for assisted developmental disability services (section 43)

LB 288 contains provisions of **LB 390** as amended by the committee. LB 390 amends the Developmental Disabilities Services Act (section 83-1201 to 83-1226).

The bill changes the method of reimbursement for assisted services to persons with developmental disabilities. The bill requires that assisted services provided under the act through community-based developmental disability programs be reimbursed on a daily rate basis, including such services provided to Medicaid-eligible recipients, upon approval for such reimbursement from the federal Centers for Medicare and Medicaid Services.

The bill requires the department, no later than September 1, 2009, to apply to the federal Centers for Medicare and Medicaid Services for approval of any necessary waiver amendments

to permit such reimbursement and begin reimbursing such services on a daily rate basis no later than ninety days after such approval.

The emergency clause applies to this portion of the bill.

#### Return of dispensed prescription drugs and devices (section 46)

LB 288 contains provisions of **LB 173** as amended by the committee. LB 173 provides for the return, relabeling, and redispensing of prescription drugs and devices in correctional settings.

The bill provides that prescription drugs or devices that have been dispensed pursuant to a valid prescription and delivered to a Department of Correctional Services facility, criminal detention facility, juvenile detention facility, or jail for administration to a prisoner or detainee held at such facility or jail, but which are not administered to such prisoner or detainee, may be returned to the dispensing pharmacy under contract with the facility or jail for credit or for relabeling and redispensing and administration to another prisoner or detainee held at such facility or jail pursuant to a valid prescription.

Exceptions are provided: (1) the decision to accept return of a dispensed prescription drug or device for credit or for relabeling and redispensing rests solely with the pharmacist at the contracting pharmacy; (2) the dispensed drug or device must be properly stored and in the control of the facility or jail at all times prior to its return; (3) the drug or device must be returned in the original and unopened labeled container dispensed by the pharmacist with the tamper-evident seal intact, and the container must bear the expiration date or calculated expiration date and lot number of the drug or device; and (4) the drug or device may not be returned if it is a controlled substance or if the relabeling and redispensing is otherwise prohibited by law.

The Jail Standards Board, in consultation with the Board of Pharmacy, is required to adopt and promulgate rules and regulations to carry out the bill.

The bill provides immunity from civil or criminal liability or professional disciplinary action to any person or entity exercising reasonable care in accepting, distributing, or dispensing prescription drugs or devices under the bill.

24. **LB 290** (Stuthman) Require criminal history background checks on individuals who transport vulnerable adults and children under contracts with the Department of Health and Human Services. *General File, provisions included in LB 97, indefinitely postponed.*

LB 290, as amended by the committee and advanced to General File, prohibits persons convicted of a felony or any crime involving moral turpitude, or persons charged with or indicted for a felony or crime involving moral turpitude, from providing transportation services under contract to the Department of Health and Human Services (department), whether as an employee or a volunteer, for vulnerable adults or persons under nineteen years of age.

The department may provide for administrative exceptions to the prohibition. Any decision to grant or deny an exception is not appealable.

Persons who provide such transportation services must submit to a national criminal history record information check by the department through the Nebraska State Patrol, authorize release of the results of the criminal history record information check to the employer and the department, and pay the cost of the fingerprinting and the cost of the criminal history record information check. The bill requires the Nebraska State Patrol to provide results of the criminal history record information check in writing to the department in accordance with applicable federal law.

The Nebraska State Patrol is prohibited from releasing the contents of a criminal history record information check to the employer and the person providing the transportation services, but may only indicate in writing whether the person has a criminal record.

The bill also requires persons employed to provide transportation services under contact with the department to vulnerable adults or persons under nineteen years of age to submit to a criminal history record information check every two years during the period of their employment.

Failure to comply with provisions of the bill is a Class V misdemeanor.

25. **LB 291** (Lathrop) Require rules and regulations regarding safety, care, and habilitation of persons receiving developmental disabilities services. *Held in committee.*

LB 291 changes provisions of the Developmental Disabilities Services Act (sections 83-1201 to 83-1226). The bill requires the Director of the Division of Developmental Disabilities to provide “appropriate oversight regarding the safety, care, and habilitation of individuals that receive services through publicly funded community-based developmental disabilities services.”

The bill requires the Department of Health and Human Services to “adopt and promulgate initial rules and regulations with regard to the safety, care, and habilitation of individuals receiving services through publicly funded community-based developmental disabilities services no later than September 1, 2009.”

The bill contains an emergency clause.

26. **LB 301** (Gloor) Repeal exemption from fees for medical records. *Indefinitely postponed.*

LB 301 relates to medical records. Current law (section 71-8405) prohibits health care providers from charging fees for medical records requested by patients for use in supporting an application for disability or other benefits or assistance or an appeal relating to the denial of such benefits or assistance. LB 301 removes the current prohibition and would allow fees to be charged in such instances.

27. **LB 310** (Haar) Change provisions relating to deaf and hard of hearing persons. *Held in committee.*

LB 310 changes and adds provisions relating to licensed interpreters for persons who are deaf or hard of hearing.

The bill requires places of public accommodation, as defined in section 20-133, to appoint only licensed interpreters.

The bill defines “video remote interpreting” as “the use of videoconferencing technology and the Internet to provide American Sign Language interpreting services.” The bill requires video remote interpreting companies to use only licensed interpreters. Violation is a Class IV misdemeanor.

The bill permits the Commission for the Deaf and Hard of Hearing (commission) to levy a civil fine of up to five hundred dollars (\$500) for violations of sections 20-150 to 20-159 or sections 71-4728 to 71-4732, or any rule or regulation of the commission under those sections, including rules and regulations governing unprofessional conduct.

The bill permits the commission, after June 30, 2010, to restrain, by temporary or permanent injunction, any video remote interpreting company from using unlicensed interpreters.

28. **LB 319** (Flood) Change provisions relating to child care reimbursement. *Held in committee.*

LB 319 changes provisions relating to the child care reimbursement rate paid by the Department of Health and Human Services (department). Current law (section 43-536) requires the department to conduct a market rate survey of child care providers in the state and adjust its child care reimbursement rate every odd-numbered year at a rate not less than the 60<sup>th</sup> percentile nor greater than the 75<sup>th</sup> percentile of the current survey. LB 319 reduces the lowest child care reimbursement rate that may be paid by the department from the 60<sup>th</sup> to the 50<sup>th</sup> percentile of the current market rate survey.

For two fiscal years, beginning July 1, 2003, current law (section 43-536) permitted the department's child care reimbursement rate to be less than the 60<sup>th</sup> percentile of the current survey, but not less than the rate for the immediately preceding fiscal year. LB 319 removes this obsolete exception.

The bill has an operative date of July 1, 2009, and contains an emergency clause.

29. **LB 341** (Cook) Change provisions relating to tuberculosis detection and prevention. *General File, portions included in LB 195.*

LB 341 relates to the dispensing of drugs provided through public health agencies and dispensed at no charge to the patient. The bill also changes and eliminates provisions of the Tuberculosis Detection and Prevention Act (sections 71-3601 to 71-3614).

The bill changes provisions of the Nurse Practitioner Practice Act (sections 38-2301 to 38-2323). The bill permits nurse practitioners to dispense, incident to practice, drugs that are provided through public health agencies and dispensed at no charge to the patient.

The bill changes provisions of the Pharmacy Practice Act (sections 38-2801 to 38-28,103). The bill exempts from the practice of pharmacy certified nurse midwives, certified register nurse anesthetists, and nurse practitioners who dispense drugs that are provided through public health agencies and dispensed at no charge to the patient.

The bill changes and eliminates provisions of the Tuberculosis Detection and Prevention Act (sections 71-3601 to 71-3614). The bill defines "directed health measures" as "any measure, whether prophylactic or remedial, intended and directed to prevent, treat, or limit the spread of tuberculosis."

The bill permits the state health officer or local health officer, as defined in the act, to order a person to submit to an examination to determine the existence of communicable tuberculosis if there are reasonable grounds to believe that the person has the disease and he or she refuses to submit to an examination. If the person refuses to comply with the order, the state health officer or a local health officer must institute judicial proceedings for commitment of the person. Strictness of pleading is not required, and a general allegation that the public health requires commitment of the person is sufficient.

The bill permits the state health officer or local health officer to order a person to submit to directed health measures when a person with communicable tuberculosis conducts himself or herself in such a way as to expose others to the disease. If the person refuses the order, the state health officer or local health officer must institute judicial proceedings for commitment of the person. Strictness of pleading is not required, and a general allegation that the public health requires commitment of the person is sufficient.

The bill permits a court to order a person to submit to an examination to determine if the person has communicable tuberculosis. If the examination shows that the person has

communicable tuberculosis, the court must order directed health measures necessary for the person's treatment and to prevent transmission of the disease.

If the person has communicable tuberculosis and conducts himself or herself in such a way as to be a danger to the public health, the bill requires the court to order commitment of the person to a facility and direct the sheriff to take the person into custody and deliver him or her to the facility "or to submit to directed health measures necessary for the treatment of the person and to prevent the transmission of the disease." The quoted language is added in the bill. The county is required to pay the costs of transporting the person to the facility.

The bill permits the Department of Health and Human Services to pay, in part or in whole, "the cost of drugs and medical care used to treat any person for or to prevent the spread of communicable tuberculosis and for evaluation and diagnosis of persons who have been identified as contacts of a person with communicable tuberculosis."

30. **LB 342** (Gay) Provide duties for the Department of Health and Human Services relating to payment for pediatric feeding disorder treatment. *Enacted.*

LB 342 requires the Department of Health and Human Services, on or before July 1, 2010, to submit an application to the federal Centers for Medicare and Medicaid Services for a Medicaid state plan amendment to provide for medicaid payments for the comprehensive treatment of pediatric feeding disorders through interdisciplinary treatment.

The bill defines "interdisciplinary treatment" as "the collaboration of medicine, psychology, nutrition science, speech therapy, occupational therapy, social work, and other appropriate medical and behavioral disciplines in an integrated program."

Provisions of the bill terminate on January 1, 2015.

31. **LB 346** (Gay) Require the Department of Health and Human Services to provide services relating to children's behavioral health and adoption and guardianship families. *General File, provisions included in LB 603, indefinitely postponed.*

LB 346 adopts the Children and Family Behavioral Health Support Act (act) and includes provisions of the act within the Nebraska Behavioral Health Services Act (section 71-801 to 71-817).

The bill requires the Department of Health and Human Services (department), no later than January 1, 2010, to establish (1) a children and family support hotline, (2) a family navigator program, and (3) post-adoption and post-guardianship case management services for adoptive and guardianship families of former state wards on a voluntary basis.

The bill provides for administration of the children and family support hotline and the family navigator program by the Division of Behavioral Health and administration of post-adoption and post-guardianship case management services by the Division of Children and Family Services. Evaluation of services under the act is required and evaluation criteria are prescribed.

The department is required to file an annual report, no later than December 1, to the Governor and the Legislature on the operation of the three programs or services created under the act.



32. **LB 367** (Gloor) Change health care certificate of need provisions. *General File, provisions included in LB 195, indefinitely postponed.*

LB 367 changes provisions of the Nebraska Certificate of Need Act (act) (sections 71-5801 to 71-5870). The bill exempts from CON requirements “a transfer or relocation of long-term care beds from one facility to another entity in the same health planning region or any other health planning region.” The bill requires the receiving entity to obtain a license for the transferred or relocated beds within two years after the transfer or relocation and requires the department to grant an extension of such time if the receiving entity is making progress toward the licensure of such beds.

The bill revises definitions and clarifies provisions relating to the department’s calculation of long-term care bed need. For purposes of making the calculation, the bill requires each health care facility with long-term care beds to report to the department on a quarterly basis the number of residents at the facility on the last day of the immediately preceding quarter. The report must be provided no later than ninety days after the last day of the immediately preceding quarter. Any facility that fails to timely report such information will be ineligible for any exception to the CON requirement under section 71-5830.01 and any exception to the CON moratorium under section 71-5829.04 and the facility may not receive, transfer, or relocate long-term care beds. The department is required to provide the occupancy data collected from such reports upon request.

The bill outright repeals section 71-5829.01 and 71-5829.02.

33. **LB 370** (Nantkes) Require a Medicaid waiver application for family planning services. *Held in committee.*

The bill requires the Department of Health and Human Services to apply for a Medicaid waiver or an amendment to an existing waiver “for the purpose of providing medical assistance for family planning services for persons whose family earned income is at or below one hundred eighty-five percent of the federal poverty level.”

34. **LB 371** (Campbell) Change Medicaid Reform Plan and Medicaid Reform Council provisions. *General File, provisions included in LB 288, indefinitely postponed.*

LB 371 changes and eliminates provisions of the Medical Assistance Act (sections 68-901 to 68-956) relating to the Medicaid Reform Council (council).

Current law (section 68-908) requires the Department of Health and Human Services (department) to prepare a “biennial summary and analysis of the medical assistance program for legislative and public review” and submit a draft copy of the report to the council no later than October 1 of every even-numbered year. LB 371 requires that the report be submitted annually, requires submission of a draft report no later than September 15 of each year, requires the council to conduct a public meeting on the report no later than October 1 of each year, rather than October 15 of every even-numbered year, and requires submission of a final report to the council no later than December 1 of each year, rather than every even-numbered year.

The bill changes council membership provisions. The bill adds the chairperson of the Health and Human Services Committee of the Legislature (committee) or his or her designee as an ex-officio, nonvoting member of the council, eliminates a termination date for the council, and provides for staggered four-year terms for appointed council members beginning June 30, 2010.

The bill revises duties of the council. Current law (section 68-948) requires the council to “oversee and support implementation of reforms to the medical assistance program, including, but not limited to, reforms such as those contained in the Medicaid Reform Plan.” LB 371 requires the council to “oversee and provide recommendations to the department and the chairperson of the committee” regarding such reforms, and requires the council to conduct public meetings at least quarterly. Current law (section 68-948) requires the council to conduct at least two public meetings annually.

The bill requires the department to “provide the council with any reports, data, analysis, or other such information upon which the department relied, which provided a basis for the department’s proposed reforms, or which the department otherwise intends to present to the council at least two weeks prior to the quarterly meeting.”

The bill requires the Governor to appoint members of the Medicaid Reform Council, rather than the chairperson of the Health and Human Services Committee and places the council under the Department of Health and Human Services rather than the Legislature.

35. **LB 390** (Coash) State intent regarding reimbursement rates for assisted services for persons with developmental disabilities. *General File, provisions included in LB 288, indefinitely postponed.*

LB 390 amends the Developmental Disabilities Services Act (section 83-1201 to 83-1226).

The bill changes the method of reimbursement for assisted services to persons with developmental disabilities. The bill requires that assisted services provided under the act through community-based developmental disability programs be reimbursed on a daily rate basis, including such services provided to Medicaid-eligible recipients, upon approval for such reimbursement from the federal Centers for Medicare and Medicaid Services.

The bill, as amended, requires the department, no later than September 1, 2009, to apply to the federal Centers for Medicare and Medicaid Services for approval of any necessary waiver amendments to permit such reimbursement and begin reimbursing such services on a daily rate basis no later than ninety days after such approval.

The emergency clause applies to this portion of the bill.

36. **LB 394** (Fulton) Define unprofessional conduct for physicians with regard to anatomic pathology services. *Enacted.*

LB 394 amends the Medicine and Surgery Practice Act (act) (sections 38-2001 to 38-2061) to define unprofessional conduct as it relates to the provision of anatomic pathology services.

The bill provides that it is unprofessional conduct “for any physician who orders but does not supervise or perform a component of an anatomic pathology service to fail to disclose in any bill for such service presented to a patient, entity, or person: (a) The name and address of the physician or laboratory that provided the anatomic service; and (b) The actual amount paid or to be paid for each anatomic pathology service provided to the patient by the physician or laboratory that performed the service.”

The bill defines anatomic pathology services. The bill has an operative date of January 1, 2010.

37. **LB 395** (Fulton) Adopt the Stroke Registry Act. *Held in committee.*

LB 395 adopts the Stroke Registry Act and defines terms. The bill requires the Department of Health and Human Services (department) to (1) establish and maintain a stroke registry containing information concerning persons who have experienced a stroke in the state, (2) adopt and promulgate rules and regulations and execute any contracts the department deems necessary to carry out the act, and (3) comply with requirements necessary to obtain funds or grants for the registry.

The bill requires physicians and hospitals or rehabilitation centers to report information to the department within thirty days after treatment and identification or discharge of a person diagnosed with a stroke who has been treated in the state.

No patient-identifying data, as defined in section 81-664, may be disclosed, made public, or released by the department to any public or private person or entity. All other data obtained from medical records of persons diagnosed with a stroke is for confidential use as Class I, Class II, or Class IV data of the department and the private or public persons or entities that the department determines may view such records as provided in sections 81-663 to 81-675.

The bill provides immunity from civil or criminal liability to physicians, psychologists, hospitals, or administrators, officers, or employees of a hospital or medical professional who comply with reporting provisions of the bill and sections 81-663 to 81-675.

38. **LB 396** (Gloor) Adopt the Medical Home Pilot Program Act. *Enacted.*

LB 396 adopts the Medical Home Pilot Program Act (act) and defines terms. The act terminates on June 30, 2014. Purposes of the act are to improve health care access and health outcomes for patients and to contain Medicaid costs.

The bill requires the Division of Medicaid and Long-Term Care (division), in consultation with the Medical Home Advisory Council, no later than January 1, 2012, to design and implement a medical home pilot program in one or more geographic regions of the state to provide access to medical homes for patients. The division must apply for any available federal or other funds for the program and establish necessary and appropriate reimbursement policies and incentives under the program to accomplish the purposes of the act.

Reimbursement policies established by the division (1) must require the provision of a medical home for clients, (2) must be designed to increase the availability of primary health care services to clients, (3) may provide an increased reimbursement rate for the provision of primary health care services to clients outside of regular business hours or on weekends, and (4) may provide a postevaluation incentive payment.

The bill requires the division, no later than June 1, 2014, to evaluate the medical home pilot program and report the results of the evaluation to the Governor and the Health and Human Services Committee of the Legislature. Contents of the report are prescribed.

The bill requires that a medical home (1) provide comprehensive, coordinated health care for patients and consistent, ongoing contact with patients throughout their interactions with the health care system, including, but not limited to, electronic contacts and ongoing care coordination and health maintenance tracking for patients, (2) provide primary health care services for patients and appropriate referral to other health care professionals or behavioral health professionals as needed, (3) focus on the ongoing prevention of illness and disease, (4) encourage active participation by a patient and the patient's family, guardian, or authorized representative, when appropriate, in health care decisionmaking and care plan development, (5) encourage the appropriate use of specialty care services and emergency room services by

patients, and (6) provide other necessary and appropriate health care services and supports to accomplish the purposes of the act.

The bill creates the Medical Home Advisory Council consisting of seven voting members appointed by the Governor as follows: (1) two licensed primary care physicians actively practicing in the area of general and family medicine; (2) two licensed primary care physicians actively practicing in the area of pediatrics; (3) two licensed primary care physicians actively practicing in the area of internal medicine; and (4) one representative from a licensed hospital in Nebraska. The chairperson of the Health and Human Services Committee of the Legislature or another member of the committee designated by the chairperson is an ex officio, nonvoting member of the council.

The council is required to annually select a chairperson. Appointed members of the council are reimbursed for actual and necessary expenses. The division is required to provide administrative support for the council. The bill requires the Governor to make initial appointments to the council no later than October 1, 2009. The council must conduct its initial organizational meeting no later than October 31, 2009.

The council is required to (1) guide and assist the division in the design and implementation of the medical home pilot program and (2) promote the use of best practices to ensure access to medical homes for patients and accomplish the purposes of the act

39. **LB 406** (Fulton) Permit certified nurse midwives to have clinical privileges in hospitals. *Held in committee.*

LB 406 prohibits a hospital licensed under the Health and Care Facility Licensure Act (sections 71-401 to 71-459) from denying clinical privileges to a certified nurse midwife solely by reason of his or her credential as a certified nurse midwife.

40. **LB 407** (Dierks) Provide civil penalties for engaging in veterinary medicine and surgery without authorization. *Indefinitely postponed, provisions included in LB 463.*

LB 407 adds provisions to the Veterinary Medicine and Surgery Practice Act (act) (sections 38-3301 to 38-3330). The bill requires the assessment of civil penalties against persons who engage in the practice of veterinary medicine and surgery without being licensed or otherwise authorized to do so under the act. The penalty may be not less than one thousand dollars (\$1,000) nor more than five thousand dollars (\$5,000) for the first offense and not less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000) for the second or subsequent offense. Each violation after notification constitutes a separate offense. The civil action to assess such penalties must be brought by the Attorney General in the district court of the county in which the violation occurred.

The bill permits the Department of Health and Human Services to collect attorney's fees and costs incurred in the collection of the civil penalty. The department is required to transmit any civil penalties collected to the State Treasurer within thirty days of receipt, to be disposed of in accordance with Article VII, section 5, of the Constitution of Nebraska.

41. **LB 408** (Dierks) Authorize consultation between veterinarians and other health care professionals. *Indefinitely postponed, provisions included in LB 463.*

LB 408 relates to consultations between a licensed veterinarian and other licensed health care professionals. LB 408 permits a licensed health care professional to consult with any licensed veterinarian to perform collaborative health care tasks on an animal under the

veterinarian's care and if such tasks are performed under the veterinarian's immediate supervision. Current law (sections 38-1,140 and 38-3321) permitted such consultation only with a licensed veterinarian contracted with or employed by an accredited zoological park or garden.

42. **LB 417** (Friend) Change provisions of the Optometry Practice Act. *Held in committee.*

LB 417 changes and eliminates provisions of the Optometry Practice Act (section 38-2601 to 38-2623).

The bill revises and expands the scope of practice of optometry. The bill permits new procedures and excludes various procedures from the practice of optometry (section 38-2605).

The bill changes and eliminates provisions relating to optometry licensure and certification. The bill requires the Board of Optometry (board) to establish certification requirements for license renewal of optometrists licensed in Nebraska prior to the effective date of the bill. The bill permits the board to waive renewal requirements to provide adequate time to meet certification requirements. Certification requirements must include classroom education and clinical training in practices authorized under the bill relating to the administration of pharmaceutical agents and the performance of a laser or nonlaser surgical procedure on the eye or ocular adnexa.

The bill requires the board to establish certification requirements for initial licensure of applicants who graduate from optometry school prior to the effective date of the bill. The certification requirements must include classroom education and clinical training in all practices authorized under section 38-2605 or evidence provided by the applicant of certification in another state which is deemed by the board as satisfactory validation of such qualifications.

The bill requires the board to establish certification requirements for initial licensure of applicants who graduate after the effective date of the bill from an accredited school or college of optometry approved by the board. The certification requirements must include classroom education and clinical training in all practices authorized under section 38-2605. The board may determine if the course of study at the school or college of optometry provided the required classroom education and clinical training to meet such certification requirements.

43. **LB 435** (Janssen) Change fee provisions related to modular housing units, manufactured homes, and recreational vehicles. *Held in committee.*

LB 435 consolidates the Modular Housing Units Cash Fund and the Manufactured Homes and Recreational Vehicles Cash Fund into one new fund, the Public Service Commission Housing and Recreational Vehicle Cash Fund.

The bill creates the new fund, consisting of fees collected under the Nebraska Uniform Standards for Modular Housing Units Act and fees collected under the Uniform Standard Code for Manufactured Homes and Recreational Vehicles.

Money credited to the fund pursuant to section 71-1559 must be used by the Public Service Commission (commission) for the purpose of administering the Nebraska Uniform Standards for Modular Housing Units Act.

Money credited to the fund pursuant to section 71-4601.01 must be used by the commission for the purpose of administering the Uniform Standard Code for Manufactured Homes and Recreational Vehicles.

Transfers from the fund to the General Fund may be made at the direction of the Legislature. The bill transfers funds from the Modular Housing Units Cash Fund and the

Manufactured Homes and Recreational Vehicles Cash Fund to the new fund on the operative date of the bill.

The bill changes provisions relating to fees charged by the commission for manufactured home and recreational vehicle seals. Current law permits the commission to charge a fee of not less than ten dollars (\$10) and not more than seventy-five dollars (\$75). LB 435 strikes the current fee provision and permits the commission to charge an amount determined annually by the commission after published notice and a hearing.

The bill has an operative date of July 1, 2009 and contains an emergency clause.

44. **LB 444** (Christensen) Adopt the Escort Services Accountability and Licensing Act. *Held in committee.*

LB 444 adopts the Escort Services Accountability and Licensing Act (act) and defines terms.

The bill makes it unlawful to (1) operate an escort agency without a license, (2) employ an individual to work for such agency who is not licensed as an escort agency employee, and (3) hold oneself out as an escort agency or to use or display the words escort agency without a license. Any violation is Class II misdemeanor. The bill makes it unlawful to act as an escort agency employee without a license. Any violation is a Class IV misdemeanor.

Application for licensure must be made on forms provided by the Department of Health and Human Services (department). The application may require any information the department deems necessary to determine if the applicant meets the requirements for licensure established in the bill. The department may suspend or revoke a license pursuant to rules and regulations adopted and promulgated under the act. Any decision by the department to revoke a license is appealable under the Administrative Procedure Act. The applicant must submit a full set of fingerprints with the application, which must be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The bill requires the applicant to authorize release of the results of the national criminal history record information check to the department. The applicant must pay the cost of the fingerprinting and criminal background check.

An applicant for a license to operate an escort agency must pay an application fee of one thousand dollars. The bill prescribes contents of the application.

An applicant for a license as an escort agency employee must pay an application fee of two hundred dollars. The bill prescribes contents of the application.

The department must approve or deny the application for a license to operate an escort services agency within sixty days after receipt of an application for a license. If the application is approved, the license must be issued to the applicant. The bill requires the department to deny the application under circumstances as prescribed. The license must state on its face the name of the person to whom the license is issued, the expiration date of the license, the physical address of the escort agency, and the fact that the license is to operate an escort agency. The escort agency must conspicuously post any escort agency license at or near the entrance of the escort agency.

The department must approve or deny the application for a license as an escort agency employee within thirty days after receipt of an application for a license. If the application is approved, the license must be issued to the applicant. The bill requires the department to deny the application under circumstances as prescribed. The license must state on its face the name of the individual to whom the license is issued, the expiration date of the license, and the fact that

the license is an escort agency employee license. An escort agency must conspicuously post a copy of any escort agency employee license issued to an employee at or near the entrance of the escort agency.

The bill requires an escort agency licensed under the act to maintain an up-to-date registry of all patrons from the preceding seven years from which the escort agency has received consideration. If the patron is an individual, the registry must include the date on which he or she paid consideration to the escort agency and the individual's name and address as they appear on his or her photo identification. If the patron is a group of individuals, such information must be collected from a designated representative of the group. The escort agency must make the registry available to any law enforcement officer for inspection.

The bill creates the Escort Services Accountability and Licensing Fund. Any fees collected under the act must be remitted to the State Treasurer for credit to the fund for the administration of the act.

The department is required to adopt and promulgate rules and regulations to carry out the act. The act may not be construed to permit or authorize conduct or activity prohibited by the Nebraska Criminal Code.

The bill has an operative date of January 1, 2010.

45. **LB 446** (Fulton) Provide for a loan repayment program under the Engineers and Architects Regulation Act. *Enacted.*

LB 446 permits the repayment of qualified educational debts for eligible recipients by the Board of Engineers and Architects (board) from the Engineers and Architects Regulation Fund.

Qualified educational debt is defined as "government and commercial loans obtained by a student for postsecondary education tuition, other educational expenses, and reasonable living expenses, as determined by the board."

To be eligible for loan repayment, the recipient must be a graduate of (a) a National Architectural Accrediting Board-accredited architecture program in Nebraska or (b) an ABET-accredited engineering program in Nebraska and must have obtained a qualified educational debt.

The bill permits the board to adopt and promulgate rules and regulations governing loan repayments under the bill.

46. **LB 448** (Campbell) Require an influenza vaccination pilot program. *Held in committee.*

LB 448 requires the Department of Health and Human Services to develop a School-Based Influenza Vaccination Pilot Program, for two years, beginning in school year 2009-10. The department is required to submit a report reevaluating the pilot project to the Health and Human Services Committee of the Legislature on or before October 31, 2011. Contents of the report are prescribed.

The program must be established in school districts on a voluntary basis, with the consent of the participating students' parents or legal guardians, with funding coming from the federal Vaccines for Children Program, federal and state resources for influenza vaccine, and any appropriations, grants, donations, or reimbursements from any public or private source.

The department is authorized to adopt and promulgate rules and regulations.

47. **LB 451** (Campbell) Rename the Hearing Aid Instrument Dispensers and Fitters Practice Act. *General File, provisions included in LB 195, indefinitely postponed.*

LB 451 renames the Hearing Aid Instrument Dispensers and Fitters Practice Act to the Hearing Instrument Specialists Practice Act. The bill changes the term “hearing aid” to “hearing instrument.” The bill changes the name of the Board of Hearing Aid Dispensers and Fitters to the Board of Hearing Instrument Specialists. The bill changes licensure as a hearing aid fitter and dealer to licensure as a hearing instrument specialist. The bill permits hearing aid fitters and dealers to practice under their existing license until it expires.

The bill changes membership on the Board of Hearing Instrument Specialists (board). Current law (section 38-1508) provides that the board will include one public member, three hearing aid dispensers and fitters (changed to hearing instrument specialists), one otolaryngologist, and one audiologist.” The bill prohibits at least one of the three licensed hearing instrument specialists from holding a license as an audiologist.

48. **LB 452** (Avery) Adopt the Advance Directives Identification Act. *Held in committee.*

LB 452 adopts the Advance Directives Identification Act (act) and defines terms.

The bill permits the execution of a cardiopulmonary resuscitation advance directive (CPR advance directive) by “any adult who has the decisional capacity to provide informed consent to or refusal of medical treatment or any other person who is, pursuant to the laws of this state or any other state, authorized to make medical treatment decisions on behalf of a person who lacks such decisional capacity persons.”

A CPR advance directive may be revoked at any time by the person who is the subject of the directive or by any other person who is, pursuant to the laws of this state or any other state, authorized to make medical treatment decisions on behalf of the person who is the subject of the directive.

The bill permits the adoption and promulgation of rules and regulations relating to the execution of CPR advance directives but does not restrict any other manner in which a person may make such a directive. The bill permits the Department of Health and Human Services (department), on or before January 1, 2010, to adopt and promulgate rules and regulations for the implementation of CPR advance directives by emergency medical services (EMS) personnel. The bill permits the department to develop and disseminate forms for executing CPR advance directives which meet the requirements of the act.

The bill requires EMS personnel and health care providers to comply with a CPR advance directive that is apparent and immediately available. The bill exempts any EMS personnel, health care provider, or other person who, in good faith, complies with a CPR advance directive that is perceived to be valid from criminal prosecution, civil liability, or professional disciplinary action.

The bill does not limit the liability of any EMS personnel or health care provider for negligent acts or omissions in connection with the medical diagnosis, treatment, or care of a person executing a CPR advance directive. Compliance by EMS personnel or health care providers with a CPR advance directive does not affect the criminal prosecution of any person otherwise charged with the commission of a criminal act.

In the absence of a CPR advance directive, a person’s consent to cardiopulmonary resuscitation will be presumed.

Neither the execution of nor the failure to execute a CPR advance directive will affect, impair, or modify any contract of life or health insurance or annuity, be the basis for any delay in



issuing or refusing to issue an annuity or policy of life or health insurance, or be the basis for any increase of a premium therefor.

The act does not confer any new rights regarding the provision or rejection of any specific medical treatment and does not alter any existing laws concerning homicide, suicide, or assisted suicide. The act does not condone, authorize, or approve homicide, suicide, or assisted suicide.

Nothing in the federal Rights of the Terminally Ill Act or sections 30-3401 to 30-3432 may be construed to prohibit executing or carrying out a CPR advance directive under the Advance Directives Identification Act. Nothing in the Rights of the Terminally Ill Act or sections 30-3401 to 30-3432 may be construed to alter the terms of a CPR advance directive executed under the Advance Directives Identification Act.

49. **LB 457** (Friend) Change provisions relating to certified nurse midwives. *Held in committee.*

LB 457 permits certified nurse midwives (CNMs) to practice without an integrated practice agreement with a physician. The bill removes a restriction that limits the practice of CNMs only to “functions detailed in the practice agreement only under the supervision of a licensed practitioner responsible for the medical care of the patients described in the practice agreement.”

The bill expands settings where CNMs may practice. The bill permits CNMs to practice in “the residence, office, or clinic of a certified nurse midwife, a group of certified nurse midwives, or a group of licensed practitioners or any distinct part of such residence, office, or clinic” or in any other setting approved by the Board of Advanced Practice Registered Nurses.

The bill outright repeals sections 38-608, 38-609, 38-610, and 38-614.

50. **LB 458** (Harms) Provide for vocational training for public assistance recipients. *Enacted.*

LB 458 changes provisions of the Welfare Reform Act (act) (sections 68-1708 to 68-1734). The act requires the completion of a comprehensive assets assessment (section 68-1718), and the development of a self-sufficiency contract (sections 68-1719 to 68-1721).

Under the self-sufficiency contract, current law (section 68-1721) requires the principal wage earner and other nonexempt members of the applicant family to participate in one or more “approved activities,” including, but not limited to, education, job skills training, work experience, job search, or employment.

LB 458 provides that “For purposes of creating the self-sufficiency contract and meeting the applicant’s work activity requirement, an applicant shall be allowed to engage in vocational training that leads to an associate degree, a diploma, or a certificate for a minimum of twenty hours per week for up to thirty-six months.” The new provision terminates on September 30, 2012.

51. **LB 462** (Dierks) Change provisions relating to human immunodeficiency virus testing. *General File, provisions included in LB 288.*

LB 462 changes and eliminates informed consent provisions relating to testing for human immunodeficiency virus infection (HIV testing). The bill adds new provisions requiring that the informed consent for HIV testing provide an explanation of HIV infection and the meaning of both positive and negative test results.

The bill provides that a separate consent for HIV testing will not be required if a general consent form for the performance of medical tests or procedures has been signed, which informs

the person that a test for the presence of HIV infection may be performed and that the person may refuse to have the test performed.

The bill adds and eliminates provisions relating to substitute consent for HIV testing. The bill provides that consent may be provided by the person's legal representative if the person is unable to provide consent. If the person's legal representative cannot be located or is unavailable, a health care provider may authorize the test when the test results are necessary for diagnostic purposes to provide appropriate medical care.

The bill deletes current provisions prescribing the contents of a written informed consent for HIV testing (section 71-531).

The bill contains an emergency clause.

**52. LB 463** (Dierks) Provide for licensure of animal therapists and consultation between veterinarians and other health care professionals. *Enacted, contains provisions of LB 407, LB 408, and LB 586.*

LB 463 provides for the licensure of animal therapists under the Veterinary Medicine and Surgery Practice Act (act) (sections 38-3301 to 38-3330).

The bill adds new definitions to the act. The bill defines "health care therapy" as "health care activities that require the exercise of judgment for which licensure is required under the Uniform Credentialing Act." The bill defines "licensed animal therapist" and provides qualifications for licensure as an animal therapist.

The bill prohibits the performance of delegated animal health care tasks except by a licensed veterinary technician or an unlicensed assistant performing such tasks within limits established in subsection (2) of section 38-3326. The bill prohibits the performance of health care therapy on animals except by a licensed animal therapist.

Applicants for licensure as an animal therapist must (1) hold and maintain an undisciplined license under the Uniform Credentialing Act for a health care profession other than veterinary medicine and surgery, (2) meet the standards for additional training regarding the performance of such profession on animals as contained in rules and regulations adopted and promulgated by the department with the recommendation of the Board of Veterinary Medicine and Surgery (board); and (3) provide other information and proof required by the department with the recommendation of the board.

The performance of health care therapy on an animal by a licensed animal therapist is permitted only if (1) the therapy is consistent with the therapist's training required for purposes of receiving a license, (2) the owner of the animal presents a letter of referral that includes a veterinary medical diagnosis and evaluation by a licensed veterinarian who has a veterinarian-client-patient relationship with the owner and the animal and has made the diagnosis and evaluation within ninety days immediately preceding the initiation of therapy, and (3) the therapist provides health care therapy reports at least monthly to the referring veterinarian except for any month in which such therapy was not provided.

A licensed veterinarian who prepares a letter of referral for health care therapy by a licensed animal therapist is exempted from liability for damages caused to the animal as a result of such therapy performed by such therapist.

The bill provides for discipline of an animal therapy license.

LB 463 contains provisions of **LB 407**. LB 407 permits the assessment of civil penalties against persons who engage in the unauthorized practice of veterinary medicine and surgery. The penalty may be not less than one thousand dollars (\$1,000) nor more than five thousand dollars

(\$5,000) for the first offense and not less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000) for the second or subsequent offense. Each violation after notification constitutes a separate offense. The civil action to assess such penalties must be brought by the Attorney General in the district court of the county in which the violation occurred.

The bill permits the Department of Health and Human Services to collect attorney's fees and costs incurred in the collection of the civil penalty. The department is required to transmit any civil penalties collected to the State Treasurer within thirty days of receipt, to be disposed of in accordance with Article VII, section 5, of the Constitution of Nebraska.

LB 463 contains provisions of **LB 408**. LB 408 permits a licensed health care professional to consult with any licensed veterinarian to perform collaborative health care tasks on an animal under the veterinarian's care and if such tasks are performed under the veterinarian's immediate supervision. Current law (sections 38-1,140 and 38-3321) permitted such consultation only with a licensed veterinarian contracted with or employed by an accredited zoological park or garden.

LB 463 contains provisions of **LB 586**. LB 586 exempts pharmacies and licensed veterinarians from provisions of the Veterinary Drug Distribution Licensing Act (act) (sections 71-8901 to 71-8929). The bill also provides, for purposes of the act, that a veterinary drug order expires and becomes void one hundred eighty (180) days after the date of issue.

53. **LB 481** (Haar) Eliminate restrictions on midwives attending home deliveries. *Held in committee.*

LB 481 expands the scope of practice of certified nurse midwives (CNMs) by permitting CNMs to attend home deliveries.

54. **LB 489** (Sullivan) Adopt the Area Health Education Centers Act. *Final Reading.*

LB 489 adopts the Area Health Education Centers Act (act) and defines terms. The bill defines an area health education center (AHEC) as "a private, nonprofit organization established under federal law that has a cooperative agreement with the University of Nebraska Medical Center" to perform duties as prescribed in the bill. The act terminates on June 30, 2014.

The bill provides duties for AHECs. Each AHEC must: (1) develop and implement strategies to recruit into careers in health professions: Individuals from underserved urban communities; individuals who grew up in, resided a substantial portion of their life in, or attended high school in federally designated rural or nonmetropolitan communities; and individuals from underrepresented or rural populations; (2) develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas and populations; (3) develop and implement strategies to retain health care professionals providing health care services to underserved areas and populations; (4) prepare individuals to provide health care services more effectively to underserved areas and populations through field placements or preceptorships in conjunction with community-based organizations, accredited primary care residency training programs, community health centers, Indian health centers, public health departments, or other appropriate facilities and programs; (5) conduct and participate in interdisciplinary training of health profession students, including, but not limited to, students studying to become physicians, physician assistants, nurse practitioners, nurse midwives, dentists, or other health care professionals or students in behavioral health, public health, and other health care profession educational programs; (6) develop, deliver, or facilitate continuing education and information

dissemination programs for health care professionals, with an emphasis on individuals providing health care services to underserved areas and populations; (7) collaborate in the development of well-managed health care delivery systems in underserved areas and among underserved populations; and (8) conduct an annual evaluation of its performance in carrying out the duties provided in this section and provide data to the Governor and the Legislature that includes, but is not limited to: (a) The number of participants in any of the programs developed, implemented, or facilitated by area health education centers who enter into health-related professions and which professions they enter; (b) the number of participants in any of the programs developed, implemented, or facilitated by area health education centers who remain in Nebraska and provide health care services to underserved areas and populations; and (c) the number and type of continuing education programs offered, the number and type of participants in such programs by health profession category, and the number of continuing education hours awarded.

The bill requires each AHEC to conduct an annual evaluation of its performance in carrying out the duties provided in the bill and provide the following data to the Governor and the Legislature: “(a) The number of participants in any of the programs developed, implemented, or facilitated by area health education centers who enter into health-related professions and which professions they enter; (b) the number of participants in any of the programs developed, implemented, or facilitated by area health education centers who remain in Nebraska and provide health care services to underserved areas and populations; and (c) the number and type of continuing education programs offered, the number and type of participants in such programs by health profession category, and the number of continuing education hours awarded.”

The bill provides duties for the University of Nebraska Medical Center (UNMC). The bill requires UNMC to enter into cooperative agreements with AHECs. Prior to entering into such agreements, UNMC must ensure that an AHEC: (1) is a private, nonprofit organization whose structure, governance, and operation are independent from the University of Nebraska Medical Center; (2) designates a geographic area, a medically underserved urban community, or a federally designated rural or nonmetropolitan community to be served by the area health education center that does not duplicate, in whole or in part, the community or population served by any other area health education center; (3) fosters networking and collaboration among communities and community-based health care providers; (4) serves urban communities and federally designated rural or nonmetropolitan communities with a demonstrated need for health care professionals; (5) addresses the health care workforce needs of the communities served; and (6) conducts an annual evaluation of its performance in carrying out the duties provided in the act and reports the results of such evaluation to the Governor and the Legislature.

The bill requires UNMC to (1) serve as a resource to AHECs; (2) encourage collaboration between pertinent programs administered by UNMC and AHECs; (3) take into consideration the capabilities of the existing AHECs before establishing separate or parallel programs; and (4) assist each AHEC in conducting an annual evaluation of its performance in carrying out its duties under the act.

The bill provides Legislative intent to appropriate initial funding for AHECs for five years. The bill requires the Health and Human Services Committee of the Legislature, in consultation with the Appropriations Committee of the Legislature, by June 30, 2014, to provide for an evaluation of the effectiveness of AHECS in carrying out the duties provided in the bill and make recommendation regarding continued AHEC funding.

55. **LB 511** (Wallman) Redefine intermediate care facility for purposes of certificate of need. *Enacted.*

LB 511 changes provisions of the Nebraska Certificate of Need Act (act) (sections 71-5801 to 71-5870). The bill excludes intermediate care facilities for the mentally retarded (ICF/MRs) with fifteen or fewer beds from the definition of “intermediate care facility” under the act (i.e. such facilities would no longer be required to obtain a certificate of need under the act).

56. **LB 515** (Flood) Change provisions relating to emergency medical responders. *General File, provisions included in LB 195, indefinitely postponed.*

LB 515 was introduced as a re-introduction of LB 730 (2008). The bill amends provisions of the Emergency Medical Services Practice Act (sections 38-1201 to 38-1237). As amended by the committee and advanced to General File, the bill creates the following new classifications for out-of-hospital emergency care providers as of September 1, 2010: (1) emergency medical responder, (2) emergency medical technician, (3) advanced emergency medical technician, and (4) paramedic.

The bill provides for the issuance of a temporary license for an out-of-hospital emergency care provider who has completed the educational requirements for licensure but has not yet completed the testing requirements for licensure. The temporary license is valid for one year, or until a license is issued, and may not be renewed.

The bill adopts the United States Department of Transportation National Emergency Medical Services Education Standards and the National Emergency Medical Services Scope of Practice for out-of-hospital licensure classifications until modified by the Board of Emergency Medical Services in rule or regulation. The bill permits the board to approve curricula for out-of-hospital emergency care licensure classifications.

57. **LB 519** (McGill) Provide for rate increases for behavioral health care providers and create the Provider Reimbursement Rate Commission. *Held in committee.*

LB 519 relates to reimbursement for providers of publicly funded behavioral health services. The bill provides legislative intent and defines terms. The intent of LB 519 is to “provide the funding necessary for an annual rate increase, to be determined in accordance with the compounded change in the consumer price index during the twelve months preceding each annual rate increase, for behavioral health care services providers which contract to provide behavioral health care services under the medicaid program or other state-funded behavioral health programs.”

The bill requires reporting by the Department of Health and Human Services (department) and establishes an eleven-member Provider Reimbursement Rate Commission. Membership and duties of the commission are prescribed.

The bill requires two annual reports by the Department of Health and Human Services (department). The first report must be filed with the Clerk of the Legislature by June 15, 2010, and by January 15 of each subsequent year. The second report must be filed no later than August 1 of each year.

The first report must (1) summarize the state of behavioral health care services, (2) specify payment rates for each category of behavioral health care services reimbursed by the department, (3) specify current payment rates for services and a calculation of projected increases in rates for the coming fiscal year based on the increase in the average compounded

consumer price index, and (4) identify the estimated amount of General Fund appropriations necessary to fully fund the projected increase, if enacted. The Clerk of the Legislature is required to deliver a copy of the report to the Appropriations Committee of the Legislature.

The second report must identify the final payment rates to be used for the upcoming fiscal year for each category of behavioral health care services reimbursed by the department. The final rates must be determined by “taking the provider reimbursement rates utilized during the preceding twelve months and calculating the average compounded consumer price index during the same time period to increase the provider rates, at a minimum, in an amount equal to the exact percentage of the average compounded consumer price index, plus any necessary market adjustments identified by the Provider Reimbursement Rate Commission.” The department must report to the Clerk of the Legislature the exact amount of General Fund appropriations necessary to adequately and fully fund the final projected costs of reimbursement for behavioral health care services for the upcoming fiscal year. The Clerk of the Legislature must deliver a copy of the report to the Appropriations Committee of the Legislature.

LB 519 establishes the Provider Reimbursement Rate Commission (commission), consisting of (1) the Director of Medicaid and Long-Term Care, (2) the Director of Health and Human Services, who is the chairperson of the commission, and (3) the following persons appointed by the Director of Health and Human Services: (a) a provider of juvenile justice services, (b) a provider of child welfare services, (c) two providers of mental health services, addiction services, or integrated treatment in these areas, (d) a provider of developmental disabilities services, (e) a representative of the Office of Juvenile Services who has expertise in juvenile justice, (f) a representative of the Division of Children and Family Services of the Department of Health and Human Services who has expertise in child welfare services, (g) a representative of the Division of Behavioral Health of the department who has expertise in mental health and addiction services, and (h) a representative of the administrative services organization responsible for authorizing treatment services in Nebraska.

Members are appointed for staggered four-year terms. Members may be reimbursed for their actual and necessary expenses. The department is required to provide administrative support for the commission.

Duties for the commission are provided. The bill requires the commission to (1) develop a method for determining necessary market adjustments for behavioral health care services provider reimbursement (considerations in developing such method are prescribed), (2) review and report to the Legislature necessary market adjustments above and beyond the consumer price index for reimbursement provided for each level of behavioral health care services, (3) conduct a survey of behavioral health care services providers’ costs of delivering services for each level of care, (4) review the reimbursements provided for behavioral health care services and identify the difference, if any, between the cost of health care and the reimbursement rate, and (5) make recommendations for future rate adjustments to the Governor, the Legislature, and the department. The bill does not require the Legislature to appropriate funds for recommended increases.

The commission is required to complete an initial review of the status of behavioral health care reimbursement rates and the cost of behavioral health care services provided during FY2009-10, and identify the necessary market adjustments for reimbursement rates above and beyond the consumer price index. The initial report must be submitted to the Legislature, the department, and the Governor by July 1, 2010.

The bill contains an emergency clause.

58. **LB 540** (Gay) Change membership of the Children's Behavioral Health Task Force. *Enacted.*

LB 540 changes membership of the Children's Behavioral Health Task Force (section 43-4001). The bill adds the probation administrator or his or her designee to the task force. The bill removes two representatives of the Department of Health and Human Services (department) and the Administrator of the Office of Juvenile Services from membership on the task force.

59. **LB 541** (Campbell) Exempt certain adult dental services from medicaid limitations. *Held in committee.*

LB 541 provides exemptions to limits on the amount, scope, and duration of adult dental services under the medical assistance program (Medicaid). The bill requires the Department of Health and Human Services to "exempt dental services provided to adult recipients from limits on the amount, duration, and scope of goods and services under the medical assistance program if the recipient (a) is pregnant, (b) has a dental condition which if untreated would (i) worsen an existing disease or medical condition or (ii) cause increased costs for treatment of an existing disease or medical condition, (c) has a dental condition which requires a specific sequence of treatment that cannot be provided over a length of time without violating basic dental standards of care, (d) experienced trauma to the mouth or teeth and without immediate dental treatment would suffer loss of front permanent teeth, or (e) is a first-time eligible recipient under the medical assistance program in Nebraska."

60. **LB 542** (Campbell) Provide for rules and regulations regarding dental assistants. *Select File, indefinitely postponed.*

LB 542 permits the Department of Health and Human Services, with the recommendation of the Board of Dentistry, to adopt and promulgate rules and regulations providing for education, preparation, and training criteria for dental assistants.

61. **LB 586** (Dierks) Exempt veterinarians from the Veterinary Drug Distributor Licensing Act. *Indefinitely postponed, provisions included in LB 463.*

LB 586 exempts pharmacies and licensed veterinarians from provisions of the Veterinary Drug Distribution Licensing Act (act) (sections 71-8901 to 71-8929). The bill also provides, for purposes of the act, that a veterinary drug order expires and becomes void one hundred eighty (180) days after the date of issue.

62. **LB 590** (Dierks) Change the Disabled Persons and Family Support Act to provide financial compensation and special food and medical needs provided by families. *Held in committee.*

LB 590 changes provisions of the Disabled Persons and Family Support Act (act) (sections 68-1501 to 68-1519) to provide financial compensation for family caregivers and for special food and medical needs for persons with disabilities.

The bill defines "special food and medical needs" as "purchases made by a family caregiver specifically for the disabled family member that are different from the type or kind that would otherwise be purchased including, but not limited to, special purchases made due to allergies of the disabled person to food, soap, lotions, or other products."

The bill permits payments by the Department of Health and Human Services (department) for "financial compensation for care given by families at home to a disabled family member."

Eligibility requirements for such support or compensation include “an out-of-home placement has been attempted and failed and care at home is possible,” or “the cost of care by the family at home will be less than the cost to the state for institutional care.”

The bill requires that family caregivers be compensated at a higher rate than a salaried state employee receives for similar work done at a state facility. The bill makes the caregiver and his or her family eligible for health insurance as if the caregiver were a full-time state employee.

The bill adds “the most economical care that is in the best interests of the disabled person, including financial compensation for care given by families to a disabled family member at home” as a factor that must be considered in determining the needs and eligibility criteria of families and disabled persons under the act.

Current maximum support allowable under the act (section 68-1512) is: (1) \$300 per month per disabled person averaged over any one-year period or (2) \$300 per month per family averaged over any one-year period for the first disabled family member plus \$150 per month averaged over any one-year period for each additional disabled family member. LB 590 exempts financial compensation for care given by families at home to a disabled family member from such limits.

63. **LB 592** (Dierks) Redefine a term under the Rural Health Systems and Professional Incentive Act. *Held in committee.*

LB 592 changes provisions of the Rural Health Systems and Professional Incentive Act (sections 71-5650 to 71-5670). The bill redefines “approved medical specialty” to include geriatrics and geropsychiatry.

64. **LB 599** (Howard) Require health care facilities to provide itemized billing statements upon patient's request. *General File, provisions included in LB 288, indefinitely postponed.*

LB 599 amends the Health Care Facility Licensure Act (section 71-401 to 71-463). The bill requires a health care facility or a health care practitioner facility, upon written request of a patient or a patient’s representative, to provide an itemized billing statement, including diagnostic codes, without charge to the patient or patient’s representative. The itemized billing statement must be provided within fourteen days after receipt of the request.

The bill outright repeals section 71-2049.

65. **LB 601** (Nordquist) Provide for a medicaid waiver for community-based mental health services. *General File, provisions included in LB 603, indefinitely postponed.*

LB 601 amends the Medical Assistance Act. The bill, as amended by the committee and advanced to General File, requires the Department of Health and Human Services (department), not later than July 1, 2009, to submit a state plan amendment or waiver the federal Centers for Medicare and Medicaid Services to provide Medicaid coverage for community-based secure residential and subacute behavioral health services for all eligible recipients, regardless of whether the recipient has been ordered by a mental health board under the Nebraska Mental Health Commitment Act to receive such services.

The bill contains an emergency clause.



66. **LB 603** (Health and Human Services Committee) Change medical assistance and behavioral health provisions. *Enacted, contains provisions of LB 136, LB 346, LB 356, and LB 601.*

LB 603 changes and adds Medicaid and behavioral health provisions.

#### Behavioral Health Workforce Act

LB 603 adopts the Behavioral Health Workforce Act and includes provisions of the act within the Nebraska Behavioral Health Services Act (sections 71-801 to 71-817). The bill contains legislative findings.

The bill creates the Behavioral Health Education Center at the University of Nebraska Medical Center (UNMC) beginning July 1, 2009. Duties for the center are provided.

The bill requires the center to provide funding for two additional psychiatric residents each year beginning in 2011 until a total of eight additional psychiatric residents are added in 2013. The center is required to provide psychiatric residency training experiences to serve rural Nebraska and other underserved areas.

The bill requires the center to training behavioral health professional in telehealth techniques, analyze the geographic and demographic availability of Nebraska behavioral health professionals, prioritize the need for additional behavioral health professionals by type and location, and establish learning collaborative partnerships with other higher education institutions in the state, hospitals, law enforcement, community-based agencies, and consumers and their families.

The bill requires the center, beginning in 2011, to develop two interdisciplinary behavioral health training sites each year until a total of six sites have been developed statewide. Four of the six sites must be in counties with a population of fewer than fifty thousand inhabitants.

No later than December 1, 2011, and no later than December 1 of every odd-numbered year thereafter, the center is required to prepare a report of its activities and file the report with the Clerk of the Legislature. The report must be provided to any member of the Legislature upon request.

#### Children's State Health Insurance Program (SCHIP)

LB 603 contains the provisions of **LB 136**. LB 136 raises the eligibility level for children under the State Children's Health Insurance Program (SCHIP) from 185% to 200% of the federal poverty level (section 68-915).

#### Children and Family Behavioral Health Support Act

LB 603 contains provision of **LB 346**. LB 346 adopts the Children and Family Behavioral Health Support Act (act) and includes provisions of the act within the Nebraska Behavioral Health Services Act (section 71-801 to 71-817).

The bill requires the Department of Health and Human Services (department), no later than January 1, 2010, to establish (1) a children and family support hotline, (2) a family navigator program, and (3) post-adoption and post-guardianship case management services for adoptive and guardianship families of former state wards on a voluntary basis.

The bill provides for administration of the children and family support hotline and the family navigator program by the Division of Behavioral Health and administration of post-adoption and post-guardianship case management services by the Division of Children and

Family Services. Evaluation of services under the act is required and evaluation criteria are prescribed.

The department is required to file an annual report, no later than December 1, to the Governor and the Legislature on the operation of the three programs or services created under the act.

LB 603 contains provisions of **LB 356** as amended and advanced by the Judiciary Committee. LB 356 provides legislative intent to appropriate \$500,000 General Funds in FY 10 and \$1 million General Funds in FY 11 for behavioral health services for children under the Nebraska Behavioral Health Services Act, including, but not limited to, the expansion of the Professional Partner Program and services provided using a sliding-fee schedule. General Funds appropriated under the section are excluded from the calculation of county matching funds under subsection (3) of section 71-808, and must be allocated to the regional behavioral health authorities and distributed based on the 2008 allocation formula. The bill defines children as Nebraska residents under nineteen years of age.

The bill creates the Children's Behavioral Health Oversight Committee of the Legislature, consisting of nine members of the Legislature appointed by the Executive Board; two members from the Judiciary Committee, two from the Health Committee, two from the Appropriations Committee, and three additional members of the Legislature at large. The committee is required to monitor the effect of implementation of the Children and Family Behavioral Health Support Act and other child welfare and juvenile justice initiatives by the department related to children's behavioral health. The committee terminates on December 31, 2012.

The committee is required to meet at least quarterly with representatives of the Division of Behavioral Health and the Division of Children and Family Services of the Department of Health and Human Services and with other interested parties and may meet at other times at the call of the chairperson. Staff support for the committee will be provided by existing legislative staff as directed by the executive board. The committee may request the executive board to hire consultants that the committee deems necessary to carry out the purposes of the committee. These provisions are also included within the Children and Family Behavioral Health Support Act and the Nebraska Behavioral Health Services Act.

The committee is required to report annually to the Governor and the Legislature no later than December 1 of each year, including, but not be limited to, findings and recommendations relating to the provision of behavioral health services to children and their families.

#### Medicaid reimbursement for community-based behavioral health services

LB 603 contains provisions of **LB 601**. LB 601, as amended, requires the Department of Health and Human Services, no later than July 1, 2009, to submit a state plan amendment or waiver the federal Centers for Medicare and Medicaid Services to provide Medicaid coverage for community-based secure residential and subacute behavioral health services for all eligible recipients, whether or not the recipient has been ordered by a mental health board to receive such services.

67. **LB 604** (Howard) Change the Pharmacy Practice Act to change provisions relating to medical gas distribution. *Enacted.*

LB 609 exempts from the pharmacy licensure and delegated dispensing requirement certain medical oxygen suppliers that supply medical oxygen to patients pursuant to a medical order. The exempted medical oxygen suppliers would only be those accredited by an accrediting body recognized by the federal Centers for Medicare and Medicaid Services (CMS) for mandatory accrediting under the Medicare Part B Home Medical Equipment Services Benefit.

The bill amends the Pharmacy Practice Act (section 38-2801 to 38-28,103). Medical gas is defined as “oxygen in liquid or gaseous form intended for human consumption.” Medical gas device is defined as “a medical device associated with the administration of medical gas.” Accrediting body is defined as “an entity recognized by the Centers for Medicare and Medicaid Services to provide accrediting services for the Medicare Part B Home Medical Equipment Services Benefit.” Compliance with federal labeling requirements for medical gases and medical gas devices constitutes compliance with labeling requirements under section 38-2826.

The bill exempts from the practice of pharmacy “a pharmacy or a person accredited by an accrediting body who or which, pursuant to a medical order, (a) administers, dispenses, or distributes medical gas or medical gas devices to patients or ultimate users or (b) purchases or receives medical gas or medical gas devices for administration, dispensing, or distribution to patients or ultimate users.”

The bill strikes the reference to medical gas distributors in provisions relating to delegated dispensing permits in the Pharmacy Practice Act (act).

The bill outright repeals the definition of medical gas distributor in the act (section 38-2827) and contains an emergency clause.

68. **LB 609** (Mello) Provide for child-care contracts as prescribed and provide duties for the Department of Health and Human Services. *Held in committee.*

LB 609 changes provisions relating to child care subsidy payments by the Department of Health and Human Services (department). The bill contains legislative findings and provides legislative intent.

The bill requires the department to enter into contracts with “qualified licensed child care providers” to establish a set payment for the provision of child care for a predetermined number of subsidy-eligible children for at least one year. “Qualified licensed child provider” is defined as “a child care provider licensed under the Child Care Licensing Act who (1) is or will be by the end of the initial contract accredited by the National Association for Family Child Care or the National Association for the Education of Young Children or (2) has met or will meet by the end of the initial contract the quality indicators developed by the Early Childhood Education Endowment Fund and is working toward improved levels of quality according to such indicators.”

The bill requires the department to use an increasing percentage of its General Fund appropriation for the child care subsidy program for such contracts as follows: (1) no less than 25% of General Funds in FY 10, (2) no less than 50% of General Funds in FY 11, (3) no less than 75% of General Funds in FY 12, and (4) no less than 100% of General Funds in FY 13 and every fiscal year thereafter..

The bill requires the department to provide the Legislature and the Early Childhood Education Endowment Fund Board of Trustees with annual progress reports on or before November 30, 2010, and each November 30 thereafter through November 30, 2013.

The bill expands eligibility for the child care subsidy program from 120% of the federal poverty level to 135% in FY 10, 150% in FY 11, 175% in FY 12, and 185% in FY 13 and every fiscal year thereafter. The bill requires recipient families to report household changes to the department within ten days of the change. The bill provides for twelve months continuous eligibility prior to redetermination of eligibility.

The bill contains the emergency clause.

69. **LB 610** (Mello) Change medicaid limitation provisions relating to services for persons with disabilities. *Held in committee.*

LB 610 provides exemptions to limitations or caps on Medicaid services for persons with disabilities. The bill applies to persons “with disabilities or other chronic conditions for whom habilitation, rehabilitation services to meet goals of or to maintain or develop independent living” [*sic*]. For such persons, the Department of Health and Human Services (department) is required to establish a procedure to allow for an exception to limitations or caps on Medicaid services.

The request for an exception must be submitted by the recipient or the recipient’s legally responsible individual, and accompanied by a demonstration of need provided by the individual’s physician or other licensed medical professional.

Services must be continued pending a decision on the exception by the department, and no premium may be charged to an individual receiving services under an exception.

The department is required to act on the exception request within ten business days after receipt of the request, otherwise the request is deemed approved.

Periodic reporting is required by the physician or licensed medical professional as to the continuing need for such services.

If the individual no longer needs the services being provided under an exception, the limits on services established by the department will apply for the following fiscal year. An individual may reapply for an exception if he or she again meets the requirements for the exception.

A decision of the department may be appealed under the Administrative Procedure Act.

The bill requires the department to disregard income to the level of five hundred percent (500%) of the federal Office of Management and Budget income poverty guidelines when determining premiums to be paid by the family of a child or children receiving services under specialized Medicaid waivers, including, but not limited to, the Katie Beckett waiver and any Medicaid home and community-based services waiver pursuant to federal regulation.

The bill requires that home and community-based waiver services be available at the same or greater level as would be available in any and all institutions covered by the medical assistance program.

The bill contains an emergency clause.

70. **LB 611** (Karpisek) Amend the Nebraska Clean Indoor Air Act to provide cities, villages, and counties the authority to regulate smoking. *Indefinitely postponed.*

LB 611 amends the Nebraska Clean Indoor Air Act (act) to allow counties, cities, and villages to “opt out” of smoking restrictions in the act.

The bill permits the governing body of any city or village to adopt an ordinance on smoking regulation or submit the issue of smoking regulation to the voters of the city or village. The regulation may be as stringent as the provisions of the act, more stringent than such

provisions, or less stringent than the provisions of the Nebraska Clean Indoor Air Act as such provisions existed before January 1, 2009, including exempting any part or all of the city or village from such provisions.

In any area of a county outside the corporate limits of a city or village, the county board may adopt a resolution regarding smoking regulation for the area of the county outside the corporate limits of a city or village or submit the issues of smoking regulation to the voters of the county outside the corporate limits of a city or village. The voters may have the issue placed on the ballot by submitting a petition containing the proposed smoking regulation to the county board signed by at least five percent of the number of registered voters of the area in the county outside the corporate limits of any city or village. The regulation may be as stringent as the provisions of the act, more stringent than such provisions, or less stringent than the provisions of the Nebraska Clean Indoor Air Act as such provisions existed before January 1, 2009, including exempting any part or all of the area of the county outside the corporate limits of any city or village from such provisions.

The bill becomes operative on June 1, 2009. The bill provides for severability and contains an emergency clause.

71. **LB 619** (Howard) Change mental health board membership provisions. *Held in committee.*

LB 619 changes provisions of the Nebraska Mental Health Commitment Act (act) relating to membership on mental health boards. The bill permits licensed independent marriage and family therapists and licensed marriage and family therapists to be members of a mental health board.

The bill includes “a licensed independent marriage and family therapist” within the definition mental health professional under the act.

The bill changes requirements for membership on a mental health board. Current law requires each mental health board to consist of a licensed attorney and any two of the following, but not more than one from each category: a physician, a psychologist, a psychiatric social worker, a psychiatric nurse, a clinical social worker, or a layperson with a demonstrated interest in mental health substance abuse dependency issues. LB 619 eliminates “psychiatric social worker,” changes “clinical social worker” to “licensed independent clinical social worker,” and adds two new professional categories: “licensed independent marriage and family therapist,” and “licensed marriage and family therapist.”

72. **LB 621** (Wightman) Provide an exemption from licensure as a massage therapist. *Held in committee.*

LB 621 exempts from the Massage Therapy Practice Act “individuals who restrict their practice to the manipulation of soft tissue of the human body to hands, feet, or ears, such as reflexologists, and who do not hold themselves out as massage therapists.”

73. **LB 656** (Harms) Adopt the Health Care Accessibility and Affordability Act. *Held in committee.*

LB 656 adopts the Health Care Accessibility and Affordability Act (act). The bill contains legislative findings. The purpose of the act is to “provide for reform of Nebraska’s health care delivery system and health care financing system to assure high-quality, affordable, and accessible health care coverage for all Nebraska residents.”

The bill provides legislative intent to “develop a comprehensive plan for the State of Nebraska which ensures health insurance coverage for all Nebraska residents not covered by medicare and fair sharing of health care costs by all Nebraska residents through a basic health insurance benefit plan that includes preventive services, behavioral health care, dental care, and long-term care and to provide for the timely enactment of necessary and appropriate legislation to implement such plan.” The bill provides legislative intent regarding the plan and its provisions.

The bill creates the Health Care Plan Advisory Council (council), consisting of six persons appointed by the chairperson of the Health and Human Services Committee of the Legislature and six persons appointed by the chairperson of the Banking, Commerce and Insurance Committee of the Legislature. The council must include at least one representative from each of the following classes of persons: health care providers, health care consumers and consumer advocates, business representatives, insurers, and elected officials. Members will be reimbursed for their actual and necessary expenses.

The council is required to provide recommendations concerning the comprehensive plan to the Governor and members of the Health and Human Services and the Banking, Commerce and Insurance Committees of the Legislature by September 1, 2010.

The bill requires the chairperson of the Health and Human Services Committee and the chairperson of the Banking, Commerce and Insurance Committee, in consultation with the committees, to prepare and introduce legislation in the One Hundred Second Legislature, First Session, to implement the recommendations of the council.

74. **LB 661** (Gay) Change preferred drug list provisions under the Medicaid Prescription Drug Act. *Held in committee.*

LB 661 changes provisions of the Medicaid Prescription Drug Act (sections 68-950 to 68-956). The bill includes antidepressant, antipsychotic, and anticonvulsant prescription drugs within the classes of drugs that must be considered for inclusion on the Medicaid preferred drug list under the act. Such classes of drugs were “carved out” from consideration for inclusion on the list when the act was first adopted (LB 830, 2008).

75. **LB 679** (Legislative Performance Audit Committee) Require certain disclosures from potential members of the State Foster Care Review Board. *Enacted.*

LB 679 requires prospective members of the State Foster Care Review Board (board), prior to their appointment, to disclose “any and all funding he or she or his or her employer receives from the Department of Health and Human Services.”

The bill deletes obsolete language relating to membership on the board.

**Nebraska Legislature  
Health and Human Services Committee  
2009 Bills by Subject Matter**

**Behavioral Health (7)**

1. **275** (McGill) Require crisis, information, and referral services relating to behavioral health.
2. **346** (Gay) Require the Department of Health and Human Services to provide services relating to children's behavioral health and adoption and guardianship families.
3. **519** (McGill) Provide for rate increases for behavioral health care providers and create the Provider Reimbursement Rate Commission.
4. **540** (Gay) Change membership of the Children's Behavioral Health Task Force.
5. **601** (Nordquist) Provide for a medicaid waiver for community-based mental health services.
6. **603** (Health and Human Services Committee) Change medical assistance and behavioral health provisions.
7. **619** (Howard) Change mental health board membership provisions.

**Certificate of Need (2)**

1. **367** (Gloor) Change health care certificate of need provisions.
2. **511** (Wallman) Redefine intermediate care facility for purposes of certificate of need.

**Children (7)**

1. **91** (Howard) Provide for a subsidized adoption of a child who was under a subsidized guardianship prior thereto.
2. **247** (Dubas) Require accreditation of the Division of Children and Family Services of the Department of Health and Human Services.
3. **268** (Lathrop) Require liability insurance as prescribed for child care licensees.
4. **319** (Flood) Change provisions relating to child care reimbursement.
5. **346** (Gay) Require the Department of Health and Human Services to provide services relating to children's behavioral health and adoption and guardianship families.
6. **609** (Mello) Provide for child-care contracts as prescribed and provide duties for the Department of Health and Human Services.

7. **679** (Legislative Performance Audit Committee) Require certain disclosures from potential members of the State Foster Care Review Board.

### **Developmental Disabilities (3)**

1. **68** (Wallman) Provide procedures for closure of state residential facilities for persons with developmental disabilities.
2. **291** (Lathrop) Require rules and regulations safety, care, and habilitation of persons receiving developmental disability services.
3. **390** (Coash) State intent regarding reimbursement rates for assisted services for persons with developmental disabilities.

### **Disabilities (Other) (3)**

1. **141** (Rogert) Adopt the Brain Injury Act.
2. **310** (Haar) Change provisions relating to deaf and hard of hearing persons.
3. **590** (Dierks) Change the Disabled Persons and Family Support Act to provide financial compensation and special food and medical needs provided by families.

### **Health Care Workforce (5)**

1. **196** (Gay) Change loan agreement provisions under the Rural Health Systems and Professional Incentive Act.
2. **446** (Fulton) Provide for a loan repayment program under the Engineers and Architects Regulation Act.
3. **489** (Sullivan) Adopt the Area Health Education Centers Act.
4. **592** (Dierks) Redefine a term under the Rural Health Systems and Professional Incentive Act.
5. **603** (Health and Human Services Committee) Change medical assistance and behavioral health provisions.

### **Medicaid (13)**

1. **25** (Friend) Provide for licensure of and medicaid payments to children's day health services.
2. **27** (Pahls) Change the Medical Assistance Act and the Autism Treatment Program Act.
3. **136** (Avery) Change provisions for eligibility for medical assistance.
4. **172** (Gay) Change the False Medicaid Claims Act and create a fund.



5. **342** (Gay) Provide duties for the Department of Health and Human Services relating to payment for pediatric feeding disorder treatment.
6. **370** (Nantkes) Require a Medicaid waiver application for family planning services.
7. **371** (Campbell) Change Medicaid Reform Plan and Medicaid Reform Council provisions.
8. **396** (Gloor) Adopt the Medical Home Act.
9. **541** (Campbell) Exempt certain adult dental services from medicaid limitations.
10. **601** (Nordquist) Provide for a medicaid waiver for community-based mental health services.
11. **603** (Health and Human Services Committee) Change medical assistance and behavioral health provisions.
12. **610** (Mello) Change medicaid limitation provisions relating to services for persons with disabilities.
13. **661** (Gay) Change preferred drug list provisions under the Medicaid Prescription Drug Act.

**Miscellaneous (6)**

1. **150** (Heidemann) Repeal the Nebraska Prostitution Intervention and Treatment Act.
2. **195** (Gay) Change provisions relating to barbering, pharmacy, physician assistants, certificates of need, hearing instrument specialists, emergency medical services, and statewide trauma services.
3. **288** (Health and Human Services Committee) Change provisions relating to health and human services.
4. **290** (Stuthman) Require criminal history background checks on individuals who transport vulnerable adults and children under contracts with the Department of Health and Human Services.
5. **301** (Gloor) Repeal exemption from fees for medical records.
6. **656** (Harms) Adopt the Health Care Accessibility and Affordability Act.

**Pharmacy (4)**

1. **146** (Howard) Provide for simulated pharmacies.
2. **173** (Gay) Provide for relabeling and redispensing of prescription drugs at certain correctional facilities.

3. **220** (Gloor) Change provisions relating to pharmacy practice and pharmaceuticals.
4. **604** (Howard) Change the Pharmacy Practice Act to change provisions relating to medical gas distribution.

**Public Assistance (1)**

1. **458** (Harms) Provide for vocational training for public assistance recipients.

**Public Health (8)**

1. **84** (McGill) Eliminate the termination date for the Women's Health Initiative Advisory Council.
2. **223** (Nantkes) Classify swimming pools and provide operator requirements.
3. **341** (Cook) Change provisions relating to tuberculosis detection and prevention
4. **395** (Fulton) Adopt the Stroke Registry Act.
5. **448** (Campbell) Require an influenza vaccination pilot program.
6. **452** (Avery) Adopt the Advance Directives Identification Act.
7. **462** (Dierks) Change provisions relating to human immunodeficiency virus testing.
8. **611** (Karpisek) Amend the Nebraska Clean Indoor Air Act to provide cities, villages, and counties the authority to regulate smoking.

**Regulation and Licensure (25)**

1. **132** (Fulton) Change the Barber Act.
2. **146** (Howard) Provide for simulated pharmacies.
3. **214** (Cornett) Redefine nail technology under the Uniform Credentialing Act.
4. **220** (Gloor) Change provisions relating to pharmacy practice and pharmaceuticals.
5. **230** (Stuthman) Eliminate integrated practice agreements for nurse practitioners.
6. **250** (Gloor) Change physician assistant provisions
7. **367** (Gloor) Change health care certificate of need provisions.
8. **394** (Fulton) Define unprofessional conduct for physicians with regard to anatomic pathology services.

9. **406** (Fulton) Permit certified nurse midwives to have clinical privileges in hospitals.
10. **407** (Dierks) Provide civil penalties for engaging in veterinary medicine and surgery without authorization.
11. **408** (Dierks) Authorize consultation between veterinarians and other health care professionals.
12. **417** (Friend) Change provisions of the Optometry Practice Act.
13. **435** (Janssen) Change fee provisions related to modular housing units, manufactured homes, and recreational vehicles.
14. **444** (Christensen) Adopt the Escort Services Accountability and Licensing Act.
15. **451** (Campbell) Rename the Hearing Aid Instrument Dispensers and Fitters Practice Act.
16. **457** (Friend) Change provisions relating to certified nurse midwives.
17. **463** (Dierks) Provide for licensure of animal therapists and consultation between veterinarians and other health care professionals.
18. **481** (Haar) Eliminate restrictions on midwives attending home deliveries.
19. **511** (Wallman) Redefine intermediate care facility for purposes of certificate of need.
20. **515** (Flood) Change provisions relating to emergency medical responders.
21. **542** (Campbell) Provide for rules and regulations regarding dental assistants.
22. **586** (Dierks) Exempt veterinarians from the Veterinary Drug Distributor Licensing Act.
23. **599** (Howard) Require health care facilities to provide itemized billing statements upon patient's request.
24. **604** (Howard) Change the Pharmacy Practice Act to change provisions relating to medical gas distribution.
25. **621** (Wightman) Provide an exemption from licensure as a massage therapist.

**Nebraska Legislature**  
**Health and Human Services Committee**  
**2009 Bills**  
**Disposition Summary**

**Held in Committee (31)**

1. **68** (Wallman) Provide procedures for closure of state residential facilities for persons with developmental disabilities.
2. **141** (Rogert) Adopt the Brain Injury Act.
3. **146** (Howard) Provide for simulated pharmacies.
4. **214** (Cornett) Redefine nail technology under the Uniform Credentialing Act.
5. **223** (Nantkes) Classify swimming pools and provide operator requirements.
6. **230** (Stuthman) Eliminate integrated practice agreements for nurse practitioners.
7. **247** (Dubas) Require accreditation of the Division of Children and Family Services of the Department of Health and Human Services.
8. **268** (Lathrop) Require liability insurance as prescribed for child care licensees.
9. **291** (Lathrop) Require rules and regulations safety, care, and habilitation of persons receiving developmental disability services.
10. **310** (Haar) Change provisions relating to deaf and hard of hearing persons.
11. **319** (Flood) Change provisions relating to child care reimbursement.
12. **370** (Nantkes) Require a Medicaid waiver application for family planning services.
13. **395** (Fulton) Adopt the Stroke Registry Act.
14. **406** (Fulton) Permit certified nurse midwives to have clinical privileges in hospitals.
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17. **444** (Christensen) Adopt the Escort Services Accountability and Licensing Act.
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19. **452** (Avery) Adopt the Advance Directives Identification Act.
20. **457** (Friend) Change provisions relating to certified nurse midwives.
21. **481** (Haar) Eliminate restrictions on midwives attending home deliveries.
22. **519** (McGill) Provide for rate increases for behavioral health care providers and create the Provider Reimbursement Rate Commission.
23. **541** (Campbell) Exempt certain adult dental services from medicaid limitations.
24. **590** (Dierks) Change the Disabled Persons and Family Support Act to provide financial compensation and special food and medical needs provided by families.
25. **592** (Dierks) Redefine a term under the Rural Health Systems and Professional Incentive Act.
26. **609** (Mello) Provide for child-care contracts as prescribed and provide duties for the Department of Health and Human Services.
27. **610** (Mello) Change medicaid limitation provisions relating to services for persons with disabilities.
28. **619** (Howard) Change mental health board membership provisions.
29. **621** (Wightman) Provide an exemption from licensure as a massage therapist.
30. **656** (Harms) Adopt the Health Care Accessibility and Affordability Act.
31. **661** (Gay) Change preferred drug list provisions under the Medicaid Prescription Drug Act.

**General File (2)**

1. **25** (Friend) Provide for licensure of and medicaid payments to children's day health services.
2. **341** (Cook) Change provisions relating to tuberculosis detection and prevention (*portions included in LB 288*).

**General File, Amended Into Other Bills (16)**

1. **132** (Fulton) Change the Barber Act.
2. **136** (Avery) Change provisions for eligibility for medical assistance.
3. **172** (Gay) Change the False Medicaid Claims Act and create a fund.

4. **173** (Gay) Provide for relabeling and redispensing of prescription drugs at certain correctional facilities.
5. **220** (Gloor) Change provisions relating to pharmacy practice and pharmaceuticals.
6. **250** (Gloor) Change physician assistant provisions.
7. **290** (Stuthman) Require criminal history background checks on individuals who transport vulnerable adults and children under contracts with the Department of Health and Human Services.
8. **346** (Gay) Require the Department of Health and Human Services to provide services relating to children's behavioral health and adoption and guardianship families.
9. **367** (Gloor) Change health care certificate of need provisions.
10. **371** (Campbell) Change Medicaid Reform Plan and Medicaid Reform Council provisions.
11. **390** (Coash) State intent regarding reimbursement rates for assisted services for persons with developmental disabilities.
12. **451** (Campbell) Rename the Hearing Aid Instrument Dispensers and Fitters Practice Act.
13. **462** (Dierks) Change provisions relating to human immunodeficiency virus testing.
14. **515** (Flood) Change provisions relating to emergency medical responders.
15. **599** (Howard) Require health care facilities to provide itemized billing statements upon patient's request.
16. **601** (Nordquist) Provide for a medicaid waiver for community-based mental health services.

**Select File, Indefinitely Postponed (1)**

1. **542** (Campbell) Provide for rules and regulations regarding dental assistants.

**Final Reading (1)**

1. **489** (Sullivan) Adopt the Area Health Education Centers Act.

**Enacted (17)**

1. **27** (Pahls) Change the Medical Assistance Act and the Autism Treatment Program Act.
2. **84** (McGill) Eliminate the termination date for the Women's Health Initiative Advisory Council.

3. **91** (Howard) Provide for a subsidized adoption of a child who was under a subsidized guardianship prior thereto.
4. **195** (Gay) Change provisions relating to barbering, pharmacy, physician assistants, certificates of need, hearing instrument specialists, emergency medical services, and statewide trauma services.
5. **196** (Gay) Change loan agreement provisions under the Rural Health Systems and Professional Incentive Act.
6. **288** (Health and Human Services Committee) Change provisions relating to health and human services.
7. **342** (Gay) Provide duties for the Department of Health and Human Services relating to payment for pediatric feeding disorder treatment.
8. **394** (Fulton) Define unprofessional conduct for physicians with regard to anatomic pathology services.
9. **396** (Gloor) Adopt the Medical Home Act.
10. **446** (Fulton) Provide for a loan repayment program under the Engineers and Architects Regulation Act.
11. **458** (Harms) Provide for vocational training for public assistance recipients.
12. **463** (Dierks) Provide for licensure of animal therapists and consultation between veterinarians and other health care professionals.
13. **511** (Wallman) Redefine intermediate care facility for purposes of certificate of need.
14. **540** (Gay) Change membership of the Children's Behavioral Health Task Force.
15. **603** (Health and Human Services Committee) Change medical assistance and behavioral health provisions.
16. **604** (Howard) Change the Pharmacy Practice Act to change provisions relating to medical gas distribution.
17. **679** (Legislative Performance Audit Committee) Require certain disclosures from potential members of the State Foster Care Review Board.

**Indefinitely Postponed (7)**

1. **150** (Heidemann) Repeal the Nebraska Prostitution Intervention and Treatment Act.
2. **275** (McGill) Require crisis, information, and referral services relating to behavioral health.
3. **301** (Gloor) Repeal exemption from fees for medical records.
4. **407** (Dierks) Provide civil penalties for engaging in veterinary medicine and surgery without authorization.
5. **408** (Dierks) Authorize consultation between veterinarians and other health care professionals.
6. **586** (Dierks) Exempt veterinarians from the Veterinary Drug Distributor Licensing Act.
7. **611** (Karpisek) Amend the Nebraska Clean Indoor Air Act to provide cities, villages, and counties the authority to regulate smoking.



**Nebraska Legislature  
Health and Human Services Committee  
Interim Study Resolutions  
Priority Order  
2009**

<b><u>Resolution</u></b>	<b><u>Subject</u></b>
1. <b>158</b>	(Gay) Interim study to conduct research and provide recommendations for reform of Nebraska's health care delivery system and health care financing system.
2. <b>156</b>	(Gay) Interim study to identify the statutory powers and duties of the Department of Health and Human Services and to prioritize the programs and services administered by the department.
3. <b>157</b>	(Gay) Interim study to review, assess, and provide recommendations relating to the implementation of the Nebraska Health Care Funding Act.
4. <b>150</b>	(Campbell) Interim study to examine the Department of Health and Human Services' plan to contract for delivery of medicaid services using an at-risk capitated managed care model.
5. <b>209</b>	(Nantkes) Interim study to examine the implications of requiring communities to partner with the state in the delivery of health and human services previously provided by state employees.
6. <b>227</b>	(Nordquist) Interim study to conduct research and make recommendations relating to peer support for mental health consumers.
7. <b>159</b>	(Gay) Interim study to examine the future need for health care workers in Nebraska
8. <b>160</b>	(Gay) Interim study to review and provide recommendations relating to the statewide telehealth network.
9. <b>155</b>	(Gay) Interim study to provide recommendations and examine issues relating to rates paid by the state to providers of publicly-funded behavioral health services.
10. <b>136</b>	(Avery) Interim study to examine the public psychiatric rehabilitation in secure settings that is available to chronically and severely impaired mentally ill persons residing in Nebraska.
11. <b>164</b>	(Campbell) Interim study to examine the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 and its implementation in Nebraska.
12. <b>234</b>	(Coash) Interim study to review current statutes and regulations related to community-based developmental disability service providers.
13. <b>179</b>	(Howard) Interim study to examine the requirements and conditions of the state's contract with Magellan Behavioral Health Services.
14. <b>168</b>	(Nordquist) Interim study to examine the factors contributing to childhood obesity.

15. **167** (Nantkes) Interim study to examine the issue of homeless youth in Nebraska.
16. **174** (Mello) Interim study to examine ways to provide low-income families with access to high quality child care.
17. **148** (Wightman) Interim study to evaluate the State of Nebraska's wellness program and provide policy options.
18. **194** (Haar) Interim study to examine unintended pregnancies and sexually transmitted diseases.