

2007 Summary of Legislative Bills Impacting or of Interest to the Department of Health and Human Services

LB 5 (Pahls) Change provisions relating to the state's employee suggestion system.

The employee suggestion system shall apply to all state personnel except personnel of Nebraska state colleges and the Board of Trustees of Nebraska State Colleges, personnel of the University of Nebraska, agency heads, any judge or any elected official. This bill becomes effective September 1, 2007.

LB 25 (Langemeier) Changes provisions relating to the vaccination and ownership of hybrid animal.

Hybrid animal is defined as any animal which is the product of the breeding of a domestic dog with a non-domestic canine species.

Hybrid animals in the State of Nebraska are required to be vaccinated against rabies. Revaccination and time of initial vaccination shall be determined by the Department of Health and Human Services rules and regulations. An unvaccinated hybrid animal acquired or moved into this state is required to be vaccinated within 30 days after purchase or arrival unless under the age for initial vaccination.

An owner of a hybrid animal in this state prior to the date of development of a licensed vaccine determined scientifically to be reliable in preventing rabies in a hybrid animal shall have one year after such date to comply with this law.

Current law shall also apply to hybrid animals. Specifically, the current exceptions to vaccination of domestic animals shall apply to hybrid animals. The current ownership provisions of domestic animals bitten by a rabid animal shall apply to hybrid animals. Current impoundment provisions shall apply to hybrid animals located outside owner's premises without valid rabies certificate or tag. The current enforcement provisions of the rabies control authority, law enforcement officials, counties, townships, cities, and village health officials shall apply to hybrid animals.

The Department shall adopt and promulgate rules and regulations for the control and prevention of rabies.

LB 25 becomes effective September 1, 2007.

LB 80 (Natural Resources Committee) Authorize additional assistance for projects under the Safe Drinking Water Act.

The existing grants program under the Drinking Water State Revolving Fund is expanded to include communities smaller than 10,000 population. Specifically, funds and assets from the

Drinking Water State Revolving Fund may be used to fund loan forgiveness, emergencies, and financial assistance to public water systems with populations of 10,000 or less which demonstrate serious financial hardships. The annual obligation of the State shall not exceed 65% of the revenue from administrative fees collected in the prior fiscal year. Additional powers and duties are provided for the Nebraska Department of Environmental Quality.

This bill becomes effective September 1, 2007.

LB 88 (Business and Labor Committee) Provide payment for claims against the state.

This bill consists of claims against the state and agency write-offs that have been approved for payment by the State Claims Board. This bill includes claims against the state and write-offs filed by the Department of Health and Human Services that have been reviewed and approved by the State Claims Board.

This bill has been effective since May 22, 2007.

LB 144 (McDonald) Adopt the Hepatitis C Education and Prevention Act.

The Hepatitis C Education and Prevention Act is created. This act terminates on December 31, 2007.

The Hepatitis C Education and Prevention Task Force is created. This task force will consist of the following members (all appointed by the Governor except for the first two):

- chairperson of the Health and Human Services Committee or designee,
- member of the Legislature appointed by the Executive Board,
- disease prevention and health promotion administrator,
- state hepatitis coordinator,
- state surveillance officer,
- behavioral health specialist,
- medical provider,
- representative of the Department of Education,
- representative of the Department of Veterans' Affairs,
- representative of a public health association,
- representative of a rural health association,
- registered nurse,
- licensed pharmacist,
- licensed primary care physician,
- licensed primary care nurse practitioner,
- licensed physician assistant,
- laboratory professional, and
- resident of Nebraska affected by Hepatitis C

The appointed members of this task force shall be appointed within 30 days of the effective date of this act. The chairperson of the Health and Human Services Committee or designee shall chair this task force. This Committee shall provide research and administrative support for the task force. For budgetary purposes, this task force shall be within the Legislative Council. This task force shall meet at the call of the chairperson. Members shall not receive compensation for service on this task force, but may be reimbursed for expenses.

This task force shall develop a comprehensive strategic plan to address the increasing epidemic of hepatitis in Nebraska. The plan shall include, but not be limited to, the promotion of public awareness and education, educational opportunities targeting health professionals, collaborative strategies among state agencies, and funding sources. This task force shall report to the Governor and the Legislature on or before December 31, 2007.

LB 144 has been effective since May 17, 2007.

LB 152 (Pankonin) Change insurer reporting requirements regarding professional liability claims.

The reporting law for insurance companies is changed to clarify the term, “settlements”. An insurer must report, among other things, payments made in settlements made prior to suit in which the patient releases any professional liability claim against the insurer, health care facility, health care service, or practitioner.

LB 152 becomes effective September 1, 2007

LB 185 (Health and Human Services Committee) Change health and human services provisions.

LB 185 is the Department of Health and Human Services “clean-up” bill. This bill makes technical changes in statutes related to Medicaid, vital statistics, nursing assistants, medication aides, cancer registries, advanced practice registered nurses, and patient information.

MEDICAID:

This bill updates references in the federal Social Security Act in state Medicaid statutes. State law on estate recovery is harmonized with existing federal estate recovery law. Terminology on nursing facilities is updated. Specifically, the term, “skilled nursing facility” is replaced with “nursing facility” and the term, “intermediate care facility” is eliminated from the definition of “qualified applicants”.

VITAL STATISTICS:

This bill allows the Department of Health and Human Services to provide a copy of the evidence upon which a legitimization record has been created to the parent of the legitimized child, or to the child, if the child is 19 years of age or older. The evidence upon which the new certificate is

made shall be available for inspection by any other person only upon the order of a court of competent jurisdiction.

NURSING ASSISTANTS:

A registered nurse or licensed practical nurse whose license has been revoked, suspended, or voluntarily surrendered in lieu of discipline may not act as a nursing assistant in a nursing home. If a person registered as a nursing assistant becomes licensed as a registered nurse or licensed practical nurse, his/her registration as a nursing assistant becomes null and void as of the date of licensure. A person listed on the Nurse Aide Registry with respect to whom a finding of conviction has been placed on the registry may petition the Department to have such finding removed at any time after one year has elapsed since the date such finding was placed on the registry.

MEDICATION AIDES:

A registered nurse or licensed practical nurse whose license has been revoked, suspended, or voluntarily surrendered in lieu of discipline may not register as a medication aide. If a person registered as a medication aide on the Medication Aide Registry becomes licensed as a registered nurse or licensed practical nurse, his/her registration as a medication aide becomes null and void as of date of licensure. A person whose registration has been denied, refused renewal, or removed from the Medication Aide Registry may reapply for registration or for lifting of the disciplinary sanction at any time after one year has elapsed since the date such registration was denied, refused renewal or removed from the registry.

CANCER REGISTRIES:

This bill permits cancer registries outside Nebraska to have access to data contained in the registry, either through an entity's written application or through data exchange agreements.

ADVANCED PRACTICE REGISTERED NURSES:

This bill changes provisions relating to advanced practice registered nurses (APRN). The specialty areas of advanced practice nursing shall have a single licensure. Licensed APRNs are permitted to practice as a nurse practitioner, certified registered nurse anesthetist, certified nurse midwife or clinical nurse specialist (upon proof of certification). Sections of law are amended to change the term, "certification" to "licensure". Also, this bill provides language on temporary licenses, and revises language related to the renewal of an APRN license. The terms of members of the APRN Board is changed from four years to five years to harmonize with provisions of the Uniform Credentialing Act.

PATIENT DATA:

This bill changes provisions on the release of patient information. Patient data may be released for purposes of treatment, payment, and other health care operations as defined by HIPAA (Health Insurance Portability and Accountability Act). Such data shall be provided to the Department for public health purposes.

Patient data may be released by the Department, 1) as protected information, defined by HIPAA, to public health authorities and 2) as protected health information, defined by HIPAA, to an emergency medical service, out-of-hospital emergency care provider, or a licensed health care facility for purposes of treatment. A record may be shared with the emergency medical service or out-of-hospital emergency care provider that reported that specific record.

The restriction of the release of emergency medical service specific data and out-of-hospital emergency care provider specific data only upon the written authorization of the service or provider is eliminated.

Provisions are changed relating to release of information collected for the statewide trauma registry. This patient data may be released 1) as aggregate data to the regional trauma system quality assurance program and the regional trauma advisory boards, 2) as protected health information to a public health authority, as defined by HIPAA, and 3) as protected health information, as defined by HIPAA, to an emergency medical service, out-of-hospital emergency care provider, licensed health care facility or center that will treat or has treated a specific patient. A record may be shared with the emergency medical service, out-of-hospital emergency provider, licensed health care facility or center that reported that specific record.

The regional trauma advisory trauma boards shall evaluate data and provide analysis required by the Department to assess the effectiveness of the statewide trauma system.

The sections of this bill relating to Medicaid, vital statistics, nursing assistants, medication aides, cancer registries and patient data become effective September 1, 2007. The section relating to APRNs has been operative since July 1, 2007.

LB 203 (Gay) Provide an informal conference process for disciplinary action regarding health care facilities.

Representative peer review organization is defined as a utilization and quality control peer review organization as defined by federal law.

The Department is required to collect a fee from any applicant or licensee requesting an informal conference with a representative peer organization to cover all costs and expenses associated with such conference.

After a service of notice relating to a disciplinary action, an applicant or a licensee shall also be allowed to notify the director of the Department in writing that they desire to contest the notice

and request an informal conference with a representative peer review organization with which the Department has contracted.

The Department shall assign a representative peer review organization to hold an informal conference with the applicant or licensee within 30 days after receipt of this request. Within 20 working days after the conclusion of the conference, the representative peer review organization shall report in writing to the Department its conclusion regarding whether to affirm, modify, or dismiss the notice as well as the specific reasons for the conclusion. A copy of this report shall be provided to the director and the applicant or licensee. Within 10 working days after receiving this report, the Department shall consider such report and affirm, modify, or dismiss the notice and shall state the specific reasons for such decision. These reasons shall include, if applicable, the specific reasons for not adopting the conclusion of the representative or representative peer review organization as contained in this report. The Department shall provide the applicant or licensee with a copy of such decision by certified mail. If an applicant or a licensee successfully demonstrates during this conference or a hearing that the deficiencies should not be cited in the notice, the deficiencies shall also be removed from the deficiency statement as well as the notice.

This bill becomes effective September 1, 2007.

LB 218 (Burling) Change provisions relating to acquisition of certain drug products.

Existing restrictions on the purchase of drug products containing pseudoephedrine or phenylpropanolamine are changed. Specifically, individuals are allowed to purchase up to 3.6 grams of these products per day and 9 grams per month.

This bill becomes effective September 1, 2007.

LB 236 (Johnson) Change provisions relating to perfusionists, optometrists, pharmacy technicians and in-home personal services.

PERFUSIONISTS:

The Perfusion Practice Act is adopted. Legislative findings are provided.

Definitions are provided. Perfusion is defined as the functions necessary for the support, treatment, measurement or supplementation of the cardiovascular, circulatory and respiratory systems or other organs to ensure the safe management of physiologic functions. Safe management includes the use of extracorporeal circulation, long-term cardiopulmonary support techniques, counter-pulsation, ventricular assistance, auto-transfusion, techniques involving blood management, the administration of various types of blood products or agents (i.e., anesthetic), and the performance, use of various types of monitoring and analysis (i.e., blood gas, chemistry) and procedures involving signs and symptoms. Perfusionist means a person licensed under this act.

A person performing these functions is required to be licensed as a perfusionist. Licensing qualifications are provided. The Board of Medicine and Surgery (Board) may waive the

education and examination requirement for an applicant if certain requirements are met. Temporary licenses may be issued. Perfusionists are required complete continuing education activities.

The Department, with the recommendations of the Board, shall adopt and promulgate rules and regulations. The Board shall adopt and publish a code of ethics for this profession.

The Perfusionist Committee is created. This committee shall review and make recommendations to the Board regarding all perfusionist matters. This committee shall be appointed by the Board of Health. This committee shall be composed of two perfusionists and physician who has clinical experience with this profession. The chairperson shall be elected by a majority vote of the committee members. All appointments shall be for five-year terms, at staggered intervals. Members shall serve no more than two consecutive terms. The Board of Health shall make reappointments. This committee shall meet on a regular basis. Compensation and reimbursement are provided for traveling and lodging expenses.

OPTOMETRISTS:

This bill re-codifies statutes relating to the practice of optometry. The scope of practice is not changed.

Technical changes are provided to the definition of the practice of optometry, the exclusions from this practice, and the licensure application process.

Changes are provided to the provisions relating to the certification process for the use of topical ocular pharmaceutical agents for diagnostic or therapeutic purposes. The Board of Optometry (Board) may approve evidence of certification in another state which is deemed as satisfactory validation of such qualifications. Technical changes are provided in sections relating to identification by the Board of those licensed optometrists who are certified to use these agents. Provisions relating to the standard of care of these agents are re-codified.

Technical changes are provided to the approval of accredited schools of optometry. The Board will approve such schools.

Continuing competency requirements are changed. An exception is provided when the credential holder was initially licensed within the 26 months immediately preceding the renewal date.

Technical changes are provided to the patient's freedom of choice in the selection of a practitioner for examinations and treatment. Specifically, the term, "treatment", will replace the terms, "refractions or corrections".

PHARMACY TECHNICIANS:

The Pharmacy Technician Registry is created. The Department shall list each pharmacy technician registration in the registry. This registry shall contain the individual's full name,

identification information, any conviction of a non-alcohol, drug-related felony or misdemeanor and information required by rule and regulation.

Pharmacy technicians shall be registered with the Pharmacy Technician Registry created by this act. To register as a pharmacy technician, the applicant must be 18 years of age, be a high school graduate, have never been convicted of any non-alcohol, drug-related, misdemeanor or felony, file an application with the Department and pay the fee. Timelines for this registration are provided.

Pharmacy technicians shall only perform tasks that do not require professional judgment and are subject to verification to assist a pharmacist in this practice. The functions that shall not be performed include receiving oral medical orders, providing patient counseling, and performing professional consultations. The director (Public Health) shall, with the recommendation of the Board of Pharmacy (Board), waive these limitations for purposes of a scientific study. Requirements of this waiver are provided.

The pharmacy employing pharmacy technicians shall be responsible for the supervision and performance of the pharmacy technicians. The responsibilities of the pharmacist in charge are provided. The pharmacy shall document the basic competence of the pharmacy technician before performance of their tasks. Basic competence shall include metric system measures, basic medical terms and basic pharmaceutical nomenclature. Written control procedures and guidelines shall specify the functions that pharmacy technicians perform. These procedures shall be filed with the Board. The Board's approval process for these procedures is provided.

A pharmacy technician registration may be denied, refused renewal, removed, or suspended or have other disciplinary measures taken against it by the Department, with the recommendation of the Board, for failure to meet the requirements. This process is provided as well as a notice requirement. Pharmacy technicians may participate in the Licensee Assistance Program. Actions constituting unprofessional conduct are provided. These acts of unprofessional conduct may be grounds for the Department, with the recommendation of the Board, to apply to the district court for a cease and desist order. Pharmacy technicians may re-apply for registration for lifting of disciplinary sanction.

Pharmacy technicians are required to report first-hand knowledge of any pharmacy technicians practicing while impaired by alcohol or drugs. Immunity is provided to those reporting this behavior. However, immunity is not granted to any person causing damage or injury by his/her willful, wanton or grossly negligent act of commission or omission.

IN-HOME PERSONAL SERVICES:

Definitions are provided for activities of daily living, attendant services, companion services, homemaker services, in-home personal services, in-home personal services agency, and in-home personal services worker.

An in-home personal services worker shall be 1) at least 18 years of age, 2) have good moral character, 3) have not been convicted of a crime involving imprisonment over one year and this crime is rationally related to ability to act as a worker, 4) have no adverse findings on certain registries (i.e., Sex Offender, Adult Protective Services), 5) be able to speak the language of the person he/she is providing service for, and 6) have training sufficient to provide the requisite level of services offered.

An in-home personal services agency shall employ or contract with only persons who meet the above-mentioned requirements. This agency shall perform or cause to be performed a criminal history record check on each in-home personal services worker. Driving records shall also be checked when driving is a service. Documentation of these checks shall be maintained in the agency's records for inspection.

This act shall not apply to the performance of health maintenance activities by designated care aides or to persons who provide personal assistant services, respite care or habilitation services or aged and disabled services.

Health care services does not include an in-home personal services agency.

Also, this act does not apply to reminders to persons who self-administer medication or assistance to persons with the delivery of non-therapeutic topical applications by in-home personal services workers.

A severability clause is provided.

This bill becomes effective September 1, 2007.

LB 247 (Johnson) Change provisions relating to pharmaceuticals, adoption procedures, dental hygienists, audiology and speech pathology, mental health practice, immunization, and colorectal cancer screenings.

PHARMACEUTICALS:

This bill provides technical changes to the Uniform Controlled Substances Act (UCSA) and the Pharmacy Practice Act.

In the UCSA, as well as the Wholesale Drug Distributor Licensing Act, the term, "compounding", is removed from the definition of manufacturer. Anabolic steroids contained on the administration's list are exempted from the list of Schedule II controlled substances. Buprenorphine is exempted from the prohibition against prescribing certain narcotic drugs for detoxification treatment or maintenance treatment.

Under the Pharmacy Practice Act, the requirement that written information provided with dispensed prescription drugs must include all information found on the prescription label is removed. Regarding the return of drugs to a pharmacy from a long-term care facility, the term,

“long-term care facility”, does not include an assisted-living facility. Drug product selection provisions are clarified.

ADOPTION PROCEDURES:

If a child to be adopted is a ward of any court or a ward of the state at the time of placement and at the time of filing an adoption petition, the person/persons desiring to adopt shall not be required to be Nebraska residents.

Language regarding consent is changed. Written consents may be filed in the county court in which the separate juvenile court having jurisdiction over the custody of the child is located. Consent shall not be required of a putative father who has failed to make the proper timely filings or in certain situations relating to a child born out of wedlock.

Procedures relating to the biological father are modified. Notice of intent to claim paternity and obtain custody is changed to “Objection to Adoption and Notice of Intent to Obtain Custody”. The term, “person”, is changed to “putative father”. Request for Notification of Intended Adoption or a Notice of Objection to Adoption and Intent to Obtain Custody shall now include the putative father’s Social Security number, case name, court name, location of any Nebraska court having jurisdiction over the child’s custody, and putative father’s statement. Filing requirements are provided for these notices. This request or notice shall be admissible in paternity actions. A person who has been adjudicated by a Nebraska court of competent jurisdiction to be the biological father of a child born out of wedlock who is the subject of a proposed adoption shall not be construed to be a putative father. If the mother contests the putative father’s paternity claim, the court shall order DNA testing to decide whether the putative father is the biological father.

In addition, the jurisdictions of the county court and district court involving these actions are clarified. Language in the affidavit of identification, attorney/agency notice to biological father, petition to finalize the adoption and court’s determination if father’s consent is required. Civil proceedings under the Uniform Interstate Family Support Act are modified. Further, a procedure is provided for the mother to determine if the father’s consent is required.

DENTAL HYGIENISTS:

This bill expands the scope of practice for dental hygienists.

Language is modified to include workshops and in-service training sessions on dental health within the current oral health function of dental hygienists. These functions must be performed in a public health setting or in a health care or related facility.

The Department may authorize a licensed dental hygienist with 3000 hours of clinical experience in at least 4 of the 5 calendar years, in a public health setting or in a health care or related facility, to perform the following functions: 1) oral prophylaxis to healthy children, 2) pulp vitality testing, and 3) preventive measures.

Authorization shall be granted by the Department upon filing an application, providing evidence of licensure and insurance, and providing evidence of clinical experience.

A licensed dental hygienist shall report authorized functions performed to the Department and advise the patient or recipient that such services are preventive.

Definitions are provided for health care or related facility and public health setting.

When authorized by and under the general supervision of a licensed dentist, a licensed dental hygienist may perform the following additional functions: 1) oral prophylaxis, periodontal scaling, and root planning, 2) conduct and assess preliminary charting, probing, and indexing of dental and periodontal disease, 3) brush biopsies, 4) pulp vitality testing, 5) application or administration of antimicrobial rinses, fluorides and other anti-cariogenic agents, and 6) application of sub-gingival agents.

AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY:

This bill changes the definitions of practice of audiology and practice of speech-language pathology. The term, “communication assistant”, is changed to “audiology or speech-language pathology assistant”. The definition of “dysphagia” (swallowing disorder) is added.

The utilization of a speech aide or other personnel employed by a public school, educational service unit, or other private or public educational institution working under the direct supervision of a credentialed speech-language pathologist is allowed.

The Department shall register an audiology or speech-language pathology assistant who holds a bachelor’s degree in communication disorders, holds an associate degree in communication disorders from an accredited training program, or, between June 1, 2005, and June 1, 2007, was registered as and practiced as a communication assistant for at least 30 hours per week for a minimum of 9 months.

Initial training for an audiology or speech-language pathology assistant shall consist of graduation from an accredited program with a focus on communication disorders. This assistant can follow plans by a licensed audiologist or speech-language pathologist in treating individuals with dysphagia. These assistants cannot evaluate or diagnose any type of dysphagia, consult with a patient on dysphagia, or fit or dispense hearing aids.

The audiologist or speech-language pathologist is required to supervise no more than two of these assistants at one time. Also, the audiologist or speech-language pathologist must provide direct onsite supervision for the first two treatment sessions of each patient’s care, provide at least 10 hours of in-service training per registration period, and prepare evaluations to be reviewed with these assistants on a one-to-one basis.

The Department shall issue a license without examination to a licensed audiologist who maintains a practice in which hearing aids are regularly dispensed or who intends to maintain such a practice upon application to the Department, proof of licensure and payment of a \$25 fee.

MENTAL HEALTH PRACTICE:

This bill changes laws relating to the scope of practice of licensed mental health practitioners (LMHPs).

A new licensure category of independent mental health practice is created. Independent mental health practice is defined as the provision of treatment, assessment, psychotherapy, counseling or equivalent activities to individuals, couples, families or groups for behavioral, cognitive, social, mental or emotional disorders. Using psychotherapy to diagnose major mental illness is included in this practice. The practice of psychology or medicine, or prescribing drugs is not included.

The definition of an independent mental health practitioner is also provided. A person is qualified to be an independent mental health practitioner if he/she:

- graduated with a masters' or doctoral degree and has fulfilled certain requirements,
- is licensed as a provisional mental health practitioner or an LMHP, and
- has 3000 hours of experience obtained in a period of 2 to 5 years and supervised by a licensed physician, psychologist or independent mental health practitioner, one-half of which is comprised of experience with clients diagnosed under the major mental illness or disorder category;

OR

- graduated from an educational program which does not meet the above requirements,
- is licensed as a provisional mental health practitioner or mental health practitioner, and
- has 7000 hours of experience obtained in a period of not less than 10 years and supervised by a licensed physician, psychologist or independent mental health practitioner, one-half of which is comprised of experience with clients diagnosed under the major mental illness or disorder category.

The experience shall be documented in a reasonable form and manner prescribed by the Board of Mental Health Practice. The application for an independent mental health practitioner license shall include the applicant's Social Security number.

IMMUNIZATION:

This bill provides changes relating to proof of immunizations of children enrolled in state-licensed child care programs. Specifically, invasive pneumococcal disease is added to the list of diseases for which proof of immunization is required.

COLORECTAL CANCER SCREENINGS:

Insurance coverage is required for colorectal cancer screenings.

Other provisions of this bill harmonize language in LB 463, the Uniform Credentialing Act.

This bill has been effective since June 1, 2007. The provisions of this bill that harmonize sections with LB 463 will become operative December 1, 2008.

LB 256 (Aguilar) Change administrative provisions relating to state government.

This bill makes several technical and “clean-up” changes to provisions relating to state government and the Department of Administrative Services (DAS).

Changes are made to the DAS construction contract statute. The dollar threshold of \$40,000 for bidding is increased to \$50,000. The dollar threshold of \$40,000 for requiring a performance bond of the contract is increased to \$100,000. The Attorney General’s requirement to review all construction contracts is eliminated.

Technical changes are provided for service contracts. The sole source approval requirement is increased to \$50,000. Dollar thresholds regarding the materiel division are increased; informal bidding is increased to \$25,000 and direct market purchases is increased to \$10,000.

Except for the Game and Parks Commission, state agencies shall submit any request for granting a utility easement on state-owned land to the Vacant Building and Excess Land Committee. This committee may “only” approve utility easements by majority vote.

The Self-Insured Indemnification and Liability Fund is separated into two funds: the Self-Insured Indemnification Fund and the Self-Insured Liability Fund. Other sections are harmonized to this change.

State agency heads are required to file copies of all settlements of all self-insured liability claims to the Risk Manager. State agency heads and the Attorney General are required to file all copies of all final, non-appealable judgments of all self-insured claims with the Risk Manager. If the state agency has insufficient funds to pay the settlement or judgment, the state agency shall notify the Risk Manager. The Risk Manager shall then submit the settlement or judgment to the Legislature which the Legislature shall review and, possibly, make an appropriation.

Certain duties are added to the Risk Manager regarding self-insured liability claims. Also, requirements relating to budget requests are eliminated.

The Forms Management Program Act is repealed. The current provision relating to construction contracts of the Department of Health and Human Services is repealed as well. Technical changes are provided for Department of Corrections’ construction laws.

This bill becomes effective September 1, 2007.

LB 283 (Stuthman) Change provisions on medication aides, dining assistants and nursing assistants.

Medication aides, dining assistants and nursing assistants are removed from the fee structure of the Uniform Credentialing Act (formerly Uniform Licensing Law). Also, medication aide renewal is changed from triennial cycle to a biennial cycle.

This bill becomes effective September 1, 2007.

LB 292 (Hansen) Provide for transfer of county funds for Medicaid purposes.

A county board may transfer funds designated for public assistance to the Department of Health and Human Services. The Department will then use these funds to pay providers who serve eligible recipients of Medicaid or low-income uninsured persons and meet federal and state disproportionate-share payment requirements.

Also, the provider tax on each intermediate care facility for the mentally retarded (ICF-MRs) is changed to comply with federal law. An ICF-MR shall pay a tax equal to a percentage of its net revenue for the most recent fiscal year. This percentage shall be 6% before January 1, 2008, 5.5% beginning January 1, 2008 through September 30, 2011, and 6% beginning October 1, 2011.

LB 292 becomes effective September 1, 2007.

LB 296 (Johnson, at the request of the Governor) Reorganize the Health and Human Services System.

The Health and Human Services Act is created.

The purposes of the Health and Human Services Act are to:

- provide for the administration of publicly funded health and human services programs and services in this state through the Department of Health and Human Services,
- transfer programs, services and duties of the Departments of Health and Human Services, Regulation and Licensure and Finance and Support to a single state agency known as the Department of Health and Human Services,
- create six divisions within the Department of Health and Human Services,
- require the appointment by the Governor of a single chief executive officer, a director for each of the divisions and a chief medical officer, and
- clarify the department's core missions, scope, functions, and responsibilities; ensure and improve accountability, collaboration, and coordination; and enhance services provided to Nebraskans through this department

Effective July 1, 2007, all programs, services, and duties of Health and Human Services, Regulation and Licensure, and Finance and Support shall be transferred to the Department of Health and Human Services.

The Department of Health and Human Services is created. The department shall have six divisions to be known as: 1) Division of Behavioral Health, 2) Division of Children and Family Services, 3) Division of Developmental Disabilities, 4) Division of Medicaid and Long-Term Care, 5) Division of Public Health, and 6) Division of Veterans' Homes.

The Governor shall appoint the chief executive officer of the Department of Health and Human Services. The chief executive officer shall have recognized and demonstrated knowledge and expertise in the delivery of publicly funded health and human services programs and services and administrative experience in an executive capacity. The chief executive officer shall report to the Governor and serve at the pleasure of the Governor. The chief executive officer shall be subject to confirmation by a majority vote of the members of the Legislature.

The Governor shall appoint a director for each division. The director shall serve at the pleasure of the Governor and shall report to the chief executive officer. Each division director shall be subject to confirmation by a majority of the members of the Legislature.

If the Director of Public Health is licensed to practice medicine and surgery in this state, he or she will also be the chief medical officer. If the Director of Public Health is not licensed to practice medicine and surgery in this state, the Governor shall appoint a chief medical officer in addition to the Director of Public Health. The chief medical officer shall be licensed to practice medicine and surgery in this state, shall serve at the pleasure of the Governor, and shall be subject to confirmation by a majority of the members of the Legislature. Also, the chief medical officer shall be perform duties under the Uniform Credentialing Act (formerly Uniform Licensing Law) and shall be the final decision-maker in contested cases of health care facilities.

The responsibilities of the divisions include, but are not limited to, the following:

The Division of Behavioral Health shall administer: a) state hospitals for the mentally ill, and b) publicly funded community-based behavioral health services.

The Division of Children and Family Services shall administer: a) protection and safety programs and services (child welfare, juvenile services), b) economic and family support programs and services, and c) service areas.

The Division of Developmental Disabilities shall administer: a) the Beatrice State Developmental Center, and b) publicly-funded community-based developmental disabilities services.

The Division of Medicaid and Long Term Care shall administer: a) the Medicaid program, b) aging services, and c) other related programs and services.

The Division of Public Health shall administer: a) preventive and community health programs and services, b) regulation and licensure of health-related professions and occupations, and c) regulation and licensure of health care facilities and health care services.

The Division of Veterans' Homes shall administer: a) the Eastern Nebraska Veterans' Home, b) the Grand Island Veterans' Home, c) the Norfolk Veterans' Home, and d) the Western Nebraska Veterans' Home.

The chief executive officer shall have the following duties:

- supervise and be responsible for the administration of the department and appointment/removal of employees,
- manage services and programs of the department whether contracted or delivered by state,
- enter into such agreements as may be necessary or appropriate to provide services and manage funds,
- allow for the transfer of personnel and for the authority of one division to act as an agent for another division in carrying out services,
- recommend to the Legislature and the Governor legislation deemed necessary or appropriate,
- consult and cooperate with other state agencies so as to coordinate activities in an effective manner with related activities in other agencies,
- adopt and promulgate necessary rules and regulations (this authority may be delegated to a division director),
- coordinate assistance programs established by the Adjutant General, under the direction and guidance of the Adjutant General and the Nebraska Emergency Management Agency,
- coordinate budget, research, and data collection efforts to insure the effectiveness of the department,
- ensure that the Appropriations Committee is provided any information the committee requires to make funding determinations and budget recommendations to the Legislature,
- seek grants and other funds from federal and other public and private sources and to accept and administer programs or resources delegated, designated, assigned, or awarded by the Governor or by other public and private sources,
- act as the agent of the federal government in matters of mutual concern,
- facilitate joint planning initiatives in the department,
- adopt and promulgate confidentiality rules and regulations,
- delegate the authority to act as decision-maker in contested cases to division directors,
- encourage and direct initiatives and collaboration in the department, and
- perform such other duties as are provided by law

Current laws regarding access to and security of confidential information within the department and within each division are preserved and updated. Language regarding petty cash funds, contracts, rules and regulations, suits, actions, and legal proceedings is added to modify current law with this act. Also, language is also added regarding the transfer of employees and property. Civil administration statutes relating to the Governor and agencies are modified to conform with this act.

The Health and Human Services Cash Fund is created and shall consist of funds from contracts, grants, gifts, or fees. Any money in Health and Human Services, Regulation and Licensure and Finance and Support, by July 1, 2007, shall be transferred to the Department of Health and Human Services.

Laws involving the State Personnel System are changed. The number of the Department's employment positions not covered by the State Personnel System is increased from 17 to 25. Also, the Department's service area administrators, division directors, chief medical officer, the Administrator of the Office of Juvenile Services and facility operating officers are added to the list of specifically exempted, or discretionary employees.

Technical changes are made in the area of veterans' affairs. The name of the veterans Board of Inquiry and Review is changed to Veterans' Home Board. Duties of the board are expanded regarding the approval of persons for admissions to the state's veterans' homes.

All existing statutes involving the Health and Human Services System are harmonized with this act.

This bill has been operative since July 1, 2007.

LB 304 (Gay) Change qualifications for tax credits relating to long-term care insurance.

The age is reduced to which taxpayers may make tax-deferred payments out of a long-term care savings account to pay the premiums of a long-term care insurance policy. Specifically, the minimum age is reduced from 62 to 50. Also, qualified withdrawals at any age are allowed for long-term care expenses that have incurred. Lastly, the definition of long-term care premiums is changed to also include premiums that offer coverage to another person for whom the taxpayer has an insurable interest.

This bill becomes effective September 1, 2007.

LB 316 (Friend) Create the Special Education Services Task Force.

The Special Education Services Task Force is created. Members of the task force shall be appointed on or before July 1, 2007. The members shall include:

- chairperson of the Education Committee and one other member of such committee,
- member of the Legislature who is not a member of Education Committee,
- parent who has child receiving special education services in private setting,
- two parents who have children receiving special education services in a school district,
- two educational service unit (ESU) special education teachers,
- public school special education teacher,
- public school special education director or ESU special education director,
- private school principal or director,
- school board member,
- representative of the Department of Education who has expertise in special education,

- representative of the Department of Health and Human Services who has expertise in the placement of state wards, and
- representative of private provider of special education services.

The members of the Legislature shall be appointed by the Executive Board of the Legislative Council. The representative from the Department of Education shall be appointed by the Commissioner of Education. All other members shall be appointed by the Governor.

The chairperson of the Education Committee shall be the chairperson. Members shall be reimbursed for actual and necessary expenses. The Education Committee, the Fiscal Analyst and the Department of Education shall provide research and administrative support. For budgetary purposes only, the task force shall be within the Legislative Council.

This task force shall examine special education services in Nebraska. This task force shall make recommendations for policies and potential legislation to the Clerk of the Legislature and the Education Committee on or before December 31, 2007. This examination shall include:

- applicable federal and state laws,
- special education services in other states,
- application of the least-restrictive-environment doctrine,
- availability of special education services across the State,
- use of private providers of special education services by public school districts,
- use of private providers of special education services by private citizens, and
- special education services for wards of the State or wards of the court.

This task force may hold one or more public hearings to obtain input. This task force terminates on December 31, 2007.

This bill has been effective since May 31, 2007.

LB 317 (Flood, at request of the Governor) Provide for deficit appropriations.

Deficit appropriations are increased for behavioral health aid for FY 2006-07. Deficit appropriations are decreased for the Children's Health Insurance Program and Medicaid, for FY2006-07.

This bill has been effective since May 22, 2007.

LB 320 (Flood, at the request of the Governor) Appropriate funds for capital construction and property acquisition.

Appropriations are provided to the Grand Island Veterans' Home for the resurfacing of streets and parking lots on its grounds.

This bill has been operative since July 1, 2007.

LB 321 (Flood, at the request of the Governor) Appropriate funds for state government expenses.

LB 321 is the 2007 mainline budget bill for the Department of Health and Human Services as well as all of state government. For FY2007-08 and FY2008-09, this bill provides appropriations to the CEO and the Directors of the Divisions and reductions to the Administrative Programs.

Funds appropriated include the following:

- Implementation of a Medicaid Management Information System to replace the current system,
- Regulatory support for emergency medical technicians-intermediate and emergency medical technicians-paramedic,
- Nurse visitation program for Medicaid-eligible pregnant teens,
- Purchase of pandemic flu anti-virals,

In addition, this bill provides FY2007-08 and FY2008-09 appropriations in the area of public health, respite, behavioral health, developmental disabilities, rural health, health aid, children's health insurance, aging, biomedical research, protection and safety of children, Medicaid, public assistance, and veterans' homes.

This bill has been operative since July 1, 2007.

LB 339 (Business and Labor Committee) Change provisions relating to claims against the state.

The statute of limitations will not apply to certain claims tolled, state agency write-offs, expired state warrants and claims brought under the Petroleum Release Remedial Action Act. Certain claims permitted under the State Miscellaneous Claims Act shall be forever barred unless the claim is filed with the Risk Manager within two years after the time the claim accrued.

This bill becomes operative since September 1, 2007.

LB 341 (Schimek) Adopt the Uniform Child Abduction Prevention Act and change provisions relating to international jurisdiction on child abduction and abuse.

The Uniform Child Abduction Prevention Act is created. Definitions are provided. Court procedures involving abduction of children and their custody are provided.

A court of this state need not recognize and enforce an otherwise valid child custody determination of a foreign court if it determines 1) that the child is a habitual resident of Nebraska, and 2) that the child would be at significant and demonstrable risk of child abuse or neglect if the foreign child custody determination is recognized and enforced. This determination shall create a rebuttable presumption against recognition and enforcement of the foreign child custody determination and, thereafter, a court may exercise child custody

jurisdiction. The changes made in this section shall be deemed remedial and shall apply to all cases pending on or before the effective date of this act and to all cases initiated subsequent thereto.

This bill has been effective since February 2, 2007.

LB 351 (Stuthman) Change provisions of the Welfare Reform Act relating to time limits, eligibility and transition payments.

LB 351 changes public assistance statutes to conform to the federal program, Temporary Assistance for Needy Families (TANF).

This bill provides for monthly ongoing transitional payments for five months after the family becomes ineligible for Aid to Dependent Children (ADC) payments if the family income is at or below 185% of the federal poverty level. The current one-half month grant transitional payment is eliminated. This payment is intended to meet the family's basic needs (i.e., food, clothing, shelter). The family shall become ineligible if:

- the family's earnings exceed 185% of the federal poverty level,
- the family members are no longer working,
- the family ceases to be Nebraska residents,
- there is no longer a minor child in the family's household, or
- the family again becomes eligible for ADC

This bill eliminates outdated and obsolete laws relating to self-sufficiency contracts, waivers, and the demonstration project.

This bill deletes the two-year time limit on the receipt of ADC cash assistance under the Welfare Reform Act and the findings section relating to self-sufficiency.

This bill mandates Transitional Health Care if federal funding is available. The legislative findings in the Welfare Reform Act are changed to base the duration of public assistance upon the individual circumstances of the applicant within the time limits allowed under federal law. Language is modified relating to the responsibility of the Department of Health and Human Services to implement the Welfare Reform Act in a manner consistent with federal law.

This bill modifies language relating to the self-sufficiency contract. Under the self-sufficiency contract developed, the principal wage earner and other non-exempt members of the applicant family shall be required to participate in one or more of the following: approved activities, including, but not limited to, education, job skills, training, work experience, job search or employment.

Also, full participation in the activities outlined in the self-sufficiency contract shall be required for adult members of a two-parent recipient family whose youngest child is over the age of 6 months. Part-time participation in activities outlined in the self-sufficiency contract shall be

required for an adult member of a single-parent recipient family whose youngest child is under the age of 6 years.

This bill provides that cash assistance under the Welfare Reform Act shall not exceed 60 months. The current two-year limit is eliminated.

In addition, this bill eliminates the “family cap” language in the Welfare Reform Act. The “family cap” provides that any child born into the recipient family after the initial 10 months of participation in the program shall not increase the cash assistance payment, except that child support or other income received on behalf of the child/children shall not be considered as countable income to the recipient family in determining the amount of their cash assistance payment.

LB 351 becomes effective September 1, 2007.

LB 373 (Schimek) Provide for inadmissibility of apologies regarding medical care as evidence.

In any civil action or arbitration proceeding involving an alleged victim of an unanticipated outcome of medical care, apologies made by a health care provider, employee of a health care provider, relative of alleged victim or representative of alleged victim shall be inadmissible as evidence of an admission of liability or admission against interest. Definitions are provided.

This bill becomes effective September 1, 2007.

LB 374 (Johnson) Change repayment provisions for rural health education loans.

This bill changes the contract buy-out provisions for rural health student loans under the Nebraska Rural Health Systems and Professional Incentive Act. LB 374 applies to borrowers who practice an approved specialty in Nebraska, but not in a designated health professional shortage area, who practices a specialty other than an approved specialty in Nebraska or who practices outside Nebraska. These borrowers will now have to repay 150% of the outstanding loan principal with interest at rate of 8% simple interest per year from the date of default, as opposed to 100% of the principal with 24% interest from date the loan was granted.

LB 374 deletes an obsolete operative date and references the new operative date of this bill.

LB 374 has been operative since July 1, 2007.

LB 389 (Aguilar) Change provisions relating to public records.

Job application materials submitted by applicants, other than finalists, who have applied for employment by any public body may not be withheld from the public by the lawful custodian of the records. Definitions are provided for job application materials and finalist.

This bill has been effective since April 3, 2007.

LB 457 (Hansen) Change provisions governing court review of foster care placement.

The court shall provide a caregiver information form to the foster parent, pre-adoptive parent, guardian or relative providing care when giving notice of a court review. This form is to be dated and signed by the caregiver. At a minimum, this form shall request the following:

- child's name, age and date of birth;
- name of the caregiver, his/her telephone number and address, and whether the caregiver is a foster parent, pre-adoptive parent, guardian or relative;
- how long the child has been in the caregiver's care;
- current picture of the child;
- current status of the child's medical, dental and general physical condition;
- current status of the child's emotional condition;
- current status of child's education;
- whether or not the child is a special education student and the date of the last individualized educational plan;
- brief description of child's social skills and peer relationships;
- brief description of child's special interests and activities;
- brief description of child's reactions before, during and after visits;
- whether or not the child is receiving all necessary services;
- date and place of each visit by the caseworker;
- description of the method by which the guardian ad litem acquired information about the child; and
- whether or not the caregiver can make a permanent commitment to the child if the child does not return home.

A caregiver information form shall be developed by the Supreme Court. This form shall be made part of the record in each court that reviews the child's foster care proceedings.

This bill becomes effective September 1, 2007.

LB 463 (Johnson) Adopt the Uniform Credentialing Act.

This bill re-codifies the Uniform Licensing Law (ULL). This bill includes all health care professionals and occupations credentialed by the Department of Health and Human Services (Department) within the purview of the new act. This bill reorganizes all provisions pertaining uniformly to all regulated professions and occupations, and separately re-codifies provisions relating to the practice of a particular profession or occupation. Existing requirements for obtaining a credential are not changed. The scope of practice for any regulated profession, occupation, or entity is not changed. Obsolete provisions are deleted and sections are repealed.

The purposes of this act are to protect the public health, safety and welfare and provide for efficient, adequate, and safe practice of such persons and businesses. Definitions are provided.

All rules and regulations adopted prior to the operative date of this act or other statutes amended or repealed shall continue to be effective to the extent not in conflict with this act. All licenses or other forms of approval issued before the operative date of this act shall remain valid unless revoked or terminated by law. Any suit or legal proceeding, lawfully commenced before the operative date of this act, shall be subject to the ULL or such other statutes as they existed before the operative date of this act.

This bill clarifies laws relating to:

- requirements necessary to initially obtain, renew, or reinstate a credential or to voluntarily surrender a credential;
- acts and behaviors which constitute grounds for discipline against a credential;
- processes for filing a complaint for alleged violation of the act and activities subsequent to such filing, including investigations, confidentiality, and the process for imposing disciplinary action; and
- types of disciplinary action that can be imposed

The Uniform Credentialing Act includes the following changes in licensing:

- eliminates the requirement that the Department issue multiple notices to persons who fail to renew their credential;
- eliminates the requirement that the Department issue revocations for failure to renew credentials;
- standardizes the circumstances for which continuing competency requirements may be waived;
- expands the definition of unprofessional conduct to include disclosing confidential information, failure to comply with a federal, state or municipal law pertaining to the applicable profession, and disruptive behavior;
- eliminates letters of concern; and
- clarifies provisions relating to voluntary surrender of a credential.

LB 463 becomes operative on December 1, 2008.

LB 481 (Johnson) Change requirements relating to criminal background checks for certain health professionals.

This bill changes provisions relating to applicants for an initial license to practice a profession which is authorized to prescribe controlled substances. An applicant for a temporary educational permit shall have 90 days from the issuance of the permit to comply with the criminal background check. The permit shall be suspended after such 90-day period if the criminal background check is not complete or revoked if the criminal background check reveals that applicant was not qualified for the permit.

Provisions relating to licensure for the practice of medicine and surgery are changed. All parts of the licensing examination shall be completed in 10 years instead of the current requirement of 7 years.

This bill became effective May 17, 2007.

LB 482 (Johnson) Provide for the coverage of qualifying autism services under the Medical Assistance Act (Medicaid)

LB 482 creates the Autism Treatment Program Act.

The purposes of this act are to:

- create the Autism Treatment Program administered by the Center for Autism Spectrum Disorders at the University of Nebraska Medical Center and
- provide for the development of a waiver or an amendment to an existing waiver under the Medicaid program

The Autism Treatment Program is created. This program shall be administered by the Center for Autism Spectrum Disorders at the University of Nebraska Medical Center. This program shall provide or coordinate the provision of statewide intensive early intervention services based on behavioral principles for children with a medical diagnosis of an autism spectrum disorder or an educational verification of autism. This program shall utilize private funds and funds transferred by the Legislature from the Nebraska Health Care Cash Fund to the Autism Treatment Program Cash Fund. Transfers from the Health Care Cash Fund in a fiscal year shall be contingent upon the receipt of private matching funds for such purpose, with no less than one dollar of private funds received for every two dollars transferred from the Health Care Cash Fund. Transfers from the Health Care Cash Fund shall be utilized as the state match for the waiver established under this act upon the approval of such waiver.

The Autism Treatment Program Cash Fund is created. The fund shall include revenue transferred from the Health Care Cash Fund and revenue received from gifts, grants, bequests, donations, or other contributions from public or private sources. This fund shall be administered by the Center for Autism Spectrum Disorders at the University of Nebraska Medical Center.

The Department of Health and Human Services shall apply for a waiver or an amendment to an existing waiver under the Medicaid program. The purpose of this waiver application is to provide medical assistance for intensive early intervention services based on behavioral principles for children with a medical diagnosis of this disorder or an educational verification of autism. Such waiver shall not be construed to create an entitlement to services provided under such waiver.

The intent of the Legislature is that such waiver:

- require means testing for and cost-sharing by recipient families,

- limit eligibility only to children for whom such services have been initiated prior to the age of nine years,
- limit the number of children served according to available funding,
- require demonstrated progress toward the attainment of treatment goals as a condition for continued receipt of Medicaid benefits for such treatment,
- be developed in consultation with the Health and Human Services Committee and the federal centers for Medicare and Medicaid Services and with the input of parents and families of children with autism spectrum disorders and organizations advocating on behalf of such persons, and
- be submitted to the federal Centers for Medicare and Medicaid Services as soon as practicable, but no later than July 1, 2008.

The distribution of the funding for this act is provided. One million dollars in the Health Care Cash Fund is designated each year for this act for five fiscal years beginning in fiscal year 2007-08 and shall be distributed in each fiscal year, in the following order:

- 1) Department of Health and Human Services for costs related to application and implementation of waiver;
- 2) Department of Health and Human Services for other medical costs for children who would not otherwise qualify for Medicaid except for the waiver; and
- 3) The balance to the Autism Treatment Program Cash Fund.

The State Treasurer shall transfer the balance of the funding to the Autism Treatment Program Cash Fund based on the estimated costs of administrative and other medical costs as determined by the Legislature through the appropriation process.

LB 482 has been effective since May 25, 2007.

LB 540 (Synowiecki) Adopt the Probation and Parole Services Study Act.

This bill is related to juvenile services.

Legislative findings are provided. These findings consist of the following:

- An in-depth analysis of the adult and juvenile probation and parole systems and services is needed,
- Probation and parole services function administratively under different branches of state government,
- Probation and parole offender-based services share characteristics relating to community supervision of offenders, community-based services including substance abuse,
- Laws provide authority for parole officers to supervise probationers,
- Laws provide for the establishment of community-based services, programs and facilities for probationers and parolees, and
- It is appropriate for the Legislature to commission a study of probation and parole service delivery.

The Community Corrections Council shall contract with an organization with expertise in this field. The requirements of this study as well as its timelines are provided.

This bill has been effective since June 1, 2007.

LB 542 (Synowiecki) Create the Children's Behavioral Health Task Force and change provisions relating to juvenile treatment programs and services.

The Children's Behavioral Health Task Force is created. This task force will consist of the chairperson of the Health and Human Services Committee (committee), chairperson of the Appropriations Committee, chairperson of the Behavioral Health Oversight Commission, two providers of community-based services to children, one regional administrator, two representatives of organizations advocating on behalf of consumers and their families, one juvenile court judge, two representatives of the Department of Health and Human Services (Department) and the Administrator of the Office of Juvenile Services (OJS). Members of this task force shall serve without compensation, but shall be reimbursed from the Nebraska Health Care Cash Fund for their actual and necessary expenses. The chairperson of the Behavioral Health Oversight Commission shall serve as chairperson of this task force.

This task force, under the direction and consultation with Health and Human Services Committee and the Department of Health and Human Services, shall prepare a children's behavioral health plan and shall submit this plan to the Governor and the committee on or before December 4, 2007. The scope of the plan shall include juveniles accessing public behavioral health resources.

The plan shall include, but not be limited to:

- plans for the development of a statewide integrated system of care,
- plans for the development of community-based inpatient and sub-acute substance abuse and behavioral health services,
- strategies for effectively serving juveniles assessed in need of substance abuse or behavioral health services,
- plans for the development of needed capacity for the provision of community-based substance abuse and behavioral health services for children,
- strategies and mechanisms for the integration of federal, state, local and other funding for providing these services,
- measurable benchmarks and timelines for the development of a more comprehensive and integrated system,
- identification of necessary and appropriate statutory changes for consideration by the Legislature, and
- development of a plan for a data and information system for all children receiving these services.

The Department shall provide a written implementation and appropriations plan for the children's behavioral health plan to the Governor and the committee by January 4, 2008. The chairperson of the committee shall prepare legislation or amendments to legislation to implement these plans in the 2008 legislative session.

This task force will oversee implementation of the children's behavioral health plan until June 30, 2010. At this time, this task force shall submit to the Governor and the Legislature a recommendation regarding the necessity of continuing its work.

Language is changed in the area of juvenile programs and services. Specifically, the juvenile treatment plan shall be developed within 14 days after admission. If a juvenile placed at one of the youth rehabilitation and treatment centers (YRTCs) is assessed as needing inpatient or sub-acute substance abuse or behavioral health residential treatment, the juvenile may be transferred to a program or facility. The treatment and security needs of the juvenile must be met before this transfer is made. The assessment process shall include the involvement of both private and public sector behavioral health providers. The selection of the treatment venue for each juvenile shall include individualized case planning and incorporate the goals of the juvenile justice system. Participation in the individualized planning process shall be required of all juveniles if such programming is determined to be age and developmentally appropriate. Juveniles committed to the YRTCs who are transferred to alternative settings for treatment remain committed to the Department and OJS until discharged from such custody.

LB 542 has been effective since May 25, 2007.

LB 554 (Flood) Adopt a new Parenting Act.

This bill retains the best interest of the child standard, amends the Parenting Act, provides training and education courses, requires parenting plans, mandates mediation, provides requirements for mediators, creates a Parenting Act Fund, and changes current laws on child support, parental support and paternity.

Legislative findings are provided in which it is in the best interests of the child that a parenting plan be developed. Definitions are provided. These definitions include best interests of the child, economic abuse, emotional abuse, mediation, joint legal custody, joint physical custody, legal custody, parenting plan, remediation, specialized alternative dispute resolution, and unresolved parental conflict. These definitions are also provided in the current statutes relating to divorces.

Requirements for the best interest of the child are provided:

- a parenting arrangement and parenting plan
- a parenting and visitation arrangement when there is a preponderance of evidence of domestic partner abuse,

- that the child's families and those serving in parenting roles remain appropriately active and involved in parenting,
- the court determines continued communications of the parents even when they have voluntarily negotiated a parenting plan, and
- certain principles provide a basis upon which education of parents is delivered and upon which negotiation and mediation of parenting plans are conducted.

If a party is absent or relocates from the family residence, the court shall not consider the absence or relocation as a factor in determining the best interests of the child under certain circumstances.

The Parenting Act shall apply to proceedings or modifications in which parenting functions for a child are at issue. The Parenting Act does not apply in any action filed by a county attorney or authorized attorney involving child support, establishment of paternity and medical support. A county attorney or authorized attorney shall not participate in the development of or court review of a parenting plan. In these proceedings, the clerk of the court shall provide information on the parenting plan and mediation to the parents.

The State Court Administrator shall create an information sheet for parties in these proceedings. This information sheet includes information regarding parenting plans, child custody, parenting time, and visitation. Also, this information sheet shall inform the parents that they are required to attend a basic level parenting education course. Further, this sheet shall also state 1) that the parties have the right to agree to a parenting plan arrangement, 2) that before July 1, 2010, if they do not agree, they may be required, and on or after July 1, 2010, they shall be required to participate in parenting plan mediation, 3) that if mediation does not result in agreement, the court will be required to create a parenting plan. Other information on how to obtain assistance in resolving a custody case is also required.

Judges, attorneys, court-appointed attorneys, court-appointed guardians and mediators involved in these proceedings shall participate in training approved by the State Court Administrator to recognize child abuse or neglect, domestic intimate partner abuse and unresolved parental conflict. The State Court Administrator shall devise screening guidelines and safety procedures for these cases. Such screenings shall be conducted as a part of the individual initial screening session before setting the case for mediation. Screening for domestic intimate partner abuse shall be conducted by each attorney representing a party or child in proceedings under this act. The State Court Administrator's office, in collaboration with professionals in the fields of domestic abuse services, child and family services, mediation and law, shall develop and approve curricula for this training.

The court shall order all parties to these proceedings to attend a basic level parenting education course. Participation in this course may be delayed or waived by the court for good cause shown. The court may order parties under this act to attend a second-level parenting education course after a factual determination of child abuse or neglect, domestic intimate partner abuse or unresolved parental conflict. Also, the court may order a child in these proceedings to attend a child of divorce education course. The State Court Administrator shall approve all parenting and child of divorce education courses. Each party shall be responsible for the costs of

attending these courses. Parties may be allowed to attend separate courses or the same course at different times.

In proceedings under this Act, a parenting plan shall be developed and shall be approved by the court. Court rule may provide for the parenting plan to be developed by the parties or their counsel, a court conciliation process, an approved mediation center or a private mediator. The court shall create a parenting plan when one has not been developed or submitted. The parenting plan shall serve the best interests of the child and assist in developing a restructured family. This plan shall include, but not be limited to the determination of legal custody and physical custody of each child, apportionment of parenting time, visitation, or other access for each child; location of the child, a transition plan, procedures for making decisions on day-to-day care of the child, provisions for a remediation process, arrangements to maximize safety of all parties; and provisions for safety when there is a preponderance of evidence of child abuse or neglect, domestic intimate partner abuse, unresolved parental conflict or criminal activity. Also, the parenting plan shall require a party to provide notification of changing residence of the child and may encourage mutual discussions of major decisions on parenting functions. The parenting plan shall be accompanied by a financial plan. In the development of a parenting plan, consideration shall be given to the child's age, the child's developmental needs, the child's perspective and enhancing healthy relationships between the child and the party.

Every party seeking a temporary order relating to parenting time, parenting functions or custody, visitation or other access shall file and serve a child information affidavit. The State Court Administrator's Office shall create the form for this affidavit. After a hearing, the court shall enter a temporary parenting order. Modified temporary parenting orders may be entered and provisions for temporary support may be included in this order. A child information affidavit shall also be filed and served by parties seeking a final judicial allocation of parenting functions.

If any party requests or if a preponderance of the evidence demonstrates, the court shall determine whether a parent who would otherwise be allocated custody, parenting time, visitation or other access has committed child abuse or neglect, child abandonment, domestic intimate partner abuse or has persistently interfered with the other parent's access to the child. If a parent is found to have engaged in these activities, limits shall be imposed that are reasonably calculated to protect the child or child's parent from harm. Also, the court shall not order legal or physical custody to be given to that parent without making special written findings.

Persons required to be registered as a sex offender shall not be granted custody of, unsupervised parenting time, visitation, or other access with a child. No person shall be granted custody of a child as well as unsupervised parenting time, visitation or other access if a sex offender resides in their household.

Custody, parenting time, visitation, or other access orders and the parenting plan shall not be inconsistent with a restraining order, protection order or criminal no-contact orders unless certain circumstances. Time, day, place and manner of transfer of child must be specified in these orders in cases of domestic intimate partner abuse and restraining order, protection orders or criminal no-contact orders.

After a hearing on the record, the court shall determine whether the submitted parenting plan meets all of the requirements of this act and is in the best interests of the child. The court may modify the plan if not in compliance with this act. Also, the court may include a provision of resolution of dispute and consequences for failure to follow the parenting act provisions.

An individual party, party's attorney, guardian ad litem, social services agency, court, entity providing domestic violence services or another interested entity may refer these custody matters to mediation or alternative dispute resolution at any time before the filing or after the filing of an action with a court. At any time in the proceedings, a court may refer a case to mediation or alternative dispute resolution. Prior to July 1, 2010, mediation shall not be required in cases of domestic intimate partner abuse or unresolved parental conflict unless the court has established a specialized alternative dispute resolution process approved by the State Court Administrator. Mediation will become mandatory on and after July 1, 2010.

A mediator may be a court conciliation program counselor, court conciliation program mediator, approved mediation center affiliated mediator or a mediator in private practice. Qualifications for mediators and approved specialized mediators are provided. Mediators are required to provide an individual initial screening session with each party to assess the presence of child abuse or neglect. Attorneys for the parties cannot mediate the case unless potential conflicts of interest are disclosed and discussed. Limitations on mediators who are licensed attorneys are provided. The mediator shall facilitate the mediation process and may terminate mediation under certain conditions. Mediation may not be terminated by either party after July 1, 2010. Mediation of cases under this act shall be governed by the uniform standards adopted by the State Court Administrator. Mediation of a parenting plan shall be subject to the Uniform Mediation Act and the Dispute Resolution Act, to the extent such acts are not in conflict. The costs of the mediation process shall be paid by the parties.

The Parenting Act Fund is created. The State Court Administrator shall use this fund to carry out this act. Also, the additional docket fees collected by courts in dissolution of marriage, child custody, parenting time or visitation proceedings are increased to \$75. \$25 will be credited to the Child Abuse Prevention Fund and \$50 to the Parenting Act Fund.

Current divorce statutes involving civil pleadings are modified. Specifically, complaints will now include only the county and state of the address required for a plaintiff living in an undisclosed location because of safety concerns. Also, language relating to parenting plans existing restraining orders and financial statements is included in these complaints.

In actions involving child support, child custody, parenting time, visitation or other access, the parties and their counsel, if represented, shall develop a parenting plan. If no parenting plan is developed, the complaint shall so indicate and the case may be referred to mediation before July 1, 2010. The decree in such actions shall include the determination of legal custody and physical custody based on the best interests of the child. Such determinations shall be made by incorporation into the decree of a parenting plan. The decree must conform to this act. The social security number of each parent and the minor child shall be furnished to the clerk of the district court, but shall not be disclosed or considered a public record. Custody shall be determined on the basis of the best interests of the child. Current statutes related to custody,

income withholding, visitation and support payments are modified to conform to this act. Actions in modification proceedings may be referred to mediation.

The Uniform Interstate Family Support Act is amended. If support order payments are current, a release of the judgment or subordination of a lien for a support order may be accomplished by filing a certified copy of support order payment history and a release of judgment or subordination document in the county office where the lien is registered. If support order payments are not current, the person desiring such release may file an application in the court which rendered the original judgment or support order. Also, the current statutes on the judicial enforcement of an order and adoptions are modified to comport with this act.

Current laws relating to county attorneys enforcing child support orders are amended. The county attorney or authorized attorney may intervene without leave of the court in any proceeding for dissolution of marriage, paternity, separate maintenance, or support for the purpose of securing an order. Also, the criteria used by county attorneys in filing a complaint to modify a support order are changed. Specifically, a person who has been incarcerated for a period of one year or more in a county or city jail or a federal or state correctional facility shall be considered to have an involuntary reduction of income with certain exceptions.

Current laws on parental support and paternity are changed. The father of a child shall also be liable for the reasonable expenses of the child that are associated with the birth of the child. In cases in which any medical expense associated with the birth of the child and the mother of the child during the period of her pregnancy, confinement and recovery are paid by Medicaid, the county attorney or authorized attorney may petition the court for reasonable medical expenses paid by Medicaid. If the father challenges such expenses, he has the burden of proving these expenses were not medically reasonable. A civil proceeding to recover these expenses may be instituted within four years after the child's birth.

Current statutes relating to the State Disbursement Unit and duties of the Attorney General are modified to comport to this act.

The sections of this bill regarding county attorneys filing complaints to modify child support orders, parental support, paternity, the State Disbursement Unit and duties of the Attorney General become operative July 1, 2008. The rest of the sections become operative January 1, 2008.

LB 610 (Legislative Performance Audit Committee) Provide documentation and recordkeeping for the Department of Health and Human Services regarding sex offenders.

The personnel of the Department of Health and Human Services who work with sex offenders shall develop, maintain, and adhere to written policies or administrative rules and regulations governing the transfer and discharge of sex offenders treated in the program of the Department. At a minimum, the policies or rules and regulations shall contain:

- specific requirements regarding the treatment needed for sex offenders to be transferred or discharged, and
- list of personnel of the department who are required to review and document their opinions regarding the treatment progress of each sex offender prior to transfer or discharge.

The Department shall maintain, along with each sex offender's permanent medical records, complete treatment records for sex offenders treated in a program. At a minimum, these records shall contain:

- detailed documentation on whether or not the sex offender has met the requirements for transfer or discharge, and
- signed comments from all personnel of the department required to review the sex offender's treatment progress prior to transfer or discharge.

This bill becomes effective September 1, 2007.

LB 674 (Lathrop) Prohibit use of social security numbers by employers as prescribed.

Employer is defined as a person who employs any individual within this state as an employee. Employers shall not publicly post or publicly display in any manner more than the last four digits of an employee's Social Security number, require an employee to transmit more than the last four digits of his/her Social Security number over the Internet unless secured, require an employee to use more than the last four digits of his/her Social Security number to access an Internet Web site unless authentication is required for access or require an employee to use more than the last four digits of his/her Social Security number as an employee number for employment-related activities.

An employer shall be permitted to use more than the last four digits of an employee's social security number for compliance with state or federal laws, or rules or regulations. These include child support enforcement laws and rules and regulations. Other exceptions are provided. A penalty is provided.

This bill also adopts the Credit Report Protection Act.

Portions of this bill relating to the Credit Report Protection Act become operative on September 1, 2007. Portions of this bill relating to social security numbers become operative on September 1, 2008.