

## 2015 Summary of Legislative Bills Passed into Law Impacting DHHS

June 30, 2015

### **LB 15 (Krist) Require the Supreme Court to provide standards and provide and change duties for and compensations of guardians ad litem.**

This bill requires, by July 1, 2015, the Supreme Court to provide by court rule standards for guardians ad litem for juveniles in juvenile court proceedings.

This bill requires guardians ad litem to consult (meet in person) with a juvenile in his/her placement within 2 weeks and requires subsequent consultations every 6 months thereafter. Guardians ad litem are also required to submit reports relating to their contacts with the juvenile at dispositional, review or permanency planning hearings. Copies of these reports that relate to foster care shall be submitted to the Foster Care Review Office.

This bill provides compensation for these guardians ad litem.

This bill became effective April 30, 2015.

### **LB 37 (Krist) Adopt the Prescription Drug Safety Act and change and transfer pharmacy, prescription, and drug provisions.**

This bill adopts the Prescription Drug Safety Act.

This bill provides definitions of “controlled substance,” “pharmacist,” “prescription drug,” “dispense,” and “legend drug”. This bill updates definitions of “calculated expiration date,” “chart order,” “hospital facility,” “practice of pharmacy,” public health clinic worker,” “telepharmacy,” “pharmacist in charge,” “pharmaceutical care,” and “compounding”.

This bill requires a practitioner who stores, dispense, compounds, administers, or otherwise provides any drug to a patient to comply with this act. Also, a practitioner or authorized person who compounds or reconstitutes any drug shall comply with this act.

This bill provides new requirements for the prescription of legend drugs and transmission of these prescriptions. Also, requirements for these prescriptions involving recordkeeping and labeling are provided.

This bill provides penalties for the violation of the adulteration and misbranding provisions of this act.

This bill allows an employee or agent of a prescribing practitioner to communicate a prescription, chart order, or refill authorization to a pharmacist or pharmacist intern except for an emergency oral authorization for a controlled substance.

This bill updates the exceptions to the practice of pharmacy statutes. Physician assistants are added to these exceptions while hospitals are removed.

This bill allows a pharmacist to supervise pharmacy technicians and pharmacist interns. A pharmacist may supervise any combination of pharmacy technicians and pharmacist interns at any time up to a total of three people. This provision does not apply to a pharmacist intern who is receiving experiential training.

This bill provides new requirements to compounding drug products.

This bill requires, beginning January 1, 2017, the pharmacist in charge of a hospital pharmacy to develop and implement policies and procedures to ensure that a pharmacist reviews all medical orders. Exceptions are provided when this review is not necessary.

This bill updates provisions to reflect that the refusal of the verbal offer to counsel must be documented prior to dispensing.

This bill updates provisions on medical orders. Pharmacists and pharmacist interns are not required to dispense, compound, administer, or prepare for administration of any drug or device pursuant to a medical order. Also, clarifications for medical orders involving transmission and verification are provided.

This bill updates provisions relating to public health clinics. Specifically, language is updated relating to delegated dispensing and contraceptives.

This bill requires a pharmacy technician to be certified by a state or national certifying body approved by the Board of Pharmacy. The thirty day grace period for pharmacy technicians to be registered is eliminated.

This bill requires the pharmacist in charge of a pharmacy or hospital is responsible for the supervision and performance of the pharmacy technicians. The supervision of pharmacy technicians at a hospital pharmacy shall be performed by the pharmacist assigned by the pharmacist in charge. Written control procedures and guidelines for training and employment of pharmacy technicians are eliminated.

This bill adds requirements for prescriptions for legend drugs and chart orders.

This bill updates language involving the safety of dispensed drugs or devices. No prescription drug or medical device that has restricted distribution by the Food and Drug Administration may be returned.

This bill incorporates the Drug Product Selection Act into the Pharmacy Practice Act and deletes duplicative definitions.

This bill changes provisions of the Health Care Facility Licensure Act. The definition of “hospital pharmacy” is provided. Each hospital shall designate a pharmacist in charge and

responsible for the practice of pharmacy and medication use procedure in such hospital. A hospital in which drugs or devices are compounded, dispensed, or administered pursuant to a chart order is not required to obtain a separate license unless the compounding is done in the pharmacy at the hospital for persons not registered as patients. Compounding in a hospital pharmacy may occur for any hospital which is part of the same health care system. The pharmacist in charge of a hospital pharmacy shall establish and implement policies and procedures for these practices.

This bill revises the definition of emergency medical reasons. Emergency medical reasons does not include regular and systematic sales to practitioners of prescription drugs that will be used for routine office procedures.

This bill harmonizes the provisions of the Poison Control Act, Cancer Drug Repository Act and the Immunosuppressant Drug Act with the Prescription Drug Safety Act. Also, provisions of the Poison Control Act are updated.

This bill becomes effective August 30, 2015.

**LB 56 (Scheer) Provide procedures for the disposition of the Norfolk Regional Center.**

This bill requires the Director of Administrative Services (DAS) to survey the property comprising the Norfolk Regional Center. In consultation with DHHS, DAS shall determine what portion is not needed for state purposes. This bill also provides reporting requirements for DAS. LB 56 became effective April 30, 2015.

**LB 72 (Schumacher) Provide restrictions on trusts for collection of Medicaid reimbursement obligations and require notice of inheritance tax petitions.**

This bill provides that, after the death of the trustor, a trustee of a revocable trust which has become irrevocable by reason of the death of the trustor shall not transfer trust property to the beneficiary before the satisfaction of all Medicaid reimbursement claims. DHHS may, upon application of a trustee, waive this restriction of transfers in which DHHS determines that there is no Medicaid reimbursement due or there are sufficient assets remaining in the trust or probate estate. If there is no Medicaid reimbursement due, DHHS is required to waive the restriction within 60 days after receipt of the trustee's waiver request, trustee's name and social security number, and if available, trustee's spouse's name and social security number if the spouse is deceased. A trustee who is a financial institution, a trust company or an attorney may distribute assets from this trust before the receipt of the waiver from DHHS. However, the trustee must sign a recital under oath and mail by certified mail to DHHS that states the decedent's name and social security number, and if available, the name and social security number of the spouse if deceased, and that the trustor was not a recipient of Medicaid. A trustee who makes such a recital knowing the recital is false becomes personally liable for Medicaid reimbursement to the extent of the assets distributed from the trust necessary to discharge any such claim remaining unpaid after application of the assets of the transferor's probate estate.

This bill allows the debt of the Medicaid recipient to the Medicaid program to be recovered from the estate of a Medicaid recipient, including any real property, personal property, or other asset in which the recipient had any legal title or interest at the time of the recipient's death, to the extent of such interests. This estate also includes assets to be transferred to a beneficiary in relation to the recipient through a revocable trust or similar arrangement which has become irrevocable by reason of the recipient's death.

This bill requires, if the decedent was 55 years of age or older or resided in a medical institution, a notice of the filing of the petition regarding this debt be mailed to DHHS. This notice must have the decedent's name and social security number, and if available, the name and social security number of the decedent's spouse if the spouse is deceased. A certificate of this mailing shall be filed in the inheritance tax proceedings by the attorney for the petitioner or, if there is no attorney, by the petitioner, prior to an entry of this order.

This bill becomes effective August 30, 2015.

**LB 80 (Gloor) Provide, change, and eliminate anesthesia and sedation permit provisions under the Dentistry Practice Act.**

This bill provides definitions of deep sedation, minimal sedation, moderate sedation and redefines general anesthesia.

This bill changes the current permit process for dentists to administer general anesthesia, minimal sedation, moderate sedation and deep sedation. New education and training requirements are provided for dentists administering minimal, moderate and deep sedation on an outpatient basis to dental patients. This bill allows a dentist who has been issued a permit to administer parenteral sedation to administer moderate or minimal sedation.

This bill provides that a permit issued for the administration of general anesthesia before the operative date of this act shall remain valid until March 1 of the next odd-numbered year, and it may be renewed as a general anesthesia or deep sedation permit. A permit issued for the administration of parenteral sedation prior to the operative date of this act shall remain valid until March 1 of the odd-numbered year, and it may be renewed as a moderate sedation permit.

This bill harmonizes the new permit process language with current statutes relating to discipline, inspections, rules and regulations and incident reports.

This bill becomes operative on July 1, 2016.

**LB 81 (Cook) Change provisions relating to eligibility for child care assistance and require a report regarding transitional child care assistance programs.**

This bill provides changes to child care assistance eligibility. Specifically, at redetermination of eligibility, if a family's income exceeds 130% of the federal poverty level (FPL), the family shall continue to receive transitional child care assistance for up to 24 consecutive months or until the family income exceeds 185% of the FPL. If a family's income falls to 130% of the FPL or

below, the 24-month time limit shall cease to apply until the family becomes eligible for transitional child care assistance. The amount of such child care assistance shall be based on a cost-shared plan between the recipient family and the state and shall be based on a sliding-scale methodology. A recipient family may be required to contribute a percentage of such family's gross income for child care that is no more than the cost-sharing rates in the transitional child care assistance program.

This bill provides a reporting requirement. On or before December 1, 2016, and each year thereafter, the Division of Children and Family Services shall report electronically to the Governor and the Legislature the number of families in all transitional child care assistance programs and the number of families no longer eligible for all transitional child care assistance programs due to failure to meet income guidelines.

The bill becomes effective August 30, 2015.

**LB 87 (Campbell) Change membership and reporting requirements of the Nebraska Children's Commission.**

This bill adds the Commissioner of Education or his/her designee as an ex officio member of the Children's Commission. Also, this bill changes reporting requirements of this commission. This bill becomes effective August 30, 2015.

**LB 90 (Campbell) Change provisions for directed review under the Nebraska Regulation of Health Professions Act.**

This bill changes the definition of "directed review" to be pursuant to the current state law on directed review initiation and procedure.

This bill allows the chairperson of the Health and Human Services Committee, in consultation with other with the members of the Health and Human Services Committee, to initiate a direct review.

This bill updates language to further define the committee involved with the directed review process as the technical committee.

This bill becomes effective August 30, 2015.

**LB 107 (Crawford) Eliminate integrated practice agreements and provide for transition-to-practice agreements for nurse practitioners.**

This bill replaces integrated practice agreements with transition-to-practice agreements. Transition-to-practice agreement is defined as a collaborative agreement between a nurse practitioner and a supervising provider which provides for the delivery of health care through a collaborative practice and which meets requirements of this bill. This bill also provides definitions for supervising provider and supervision.

This bill changes the licensing requirements for nurse practitioners. Requirements relating to the integrated practice agreement are removed and replaced with requirements relating to transition-to-practice agreements. In order to practice as a nurse practitioner, an individual who holds or has held a license as a nurse practitioner shall submit to DHHS a transition-to-practice agreement or evidence of completion of 2,000 hours of practice as a nurse practitioner which have been completed under a transition-to-practice agreement or other agreements as allowed by state law.

This bill requires a transition-to-practice agreement to be a formal written agreement that provides that the nurse practitioner and the supervising provider practice collaboratively.

This bill requires the nurse practitioner and the supervising provider to each be responsible for his/her individual decisions in managing the health care of patients through consultation, collaboration, and referral. The nurse practitioner and the supervising provider shall have joint responsibility for the delivery of health care to a patient.

This bill requires the supervising provider be responsible for supervision of the nurse practitioner to ensure the quality of health care provided to patients.

This bill provides that in order for a nurse practitioner to be a supervising provider for purposes of transition-to-practice agreements, the nurse practitioner shall submit to DHHS evidence of completion of 10,000 hours of practice as a nurse practitioner which have been completed under a transition-to-practice agreement or other agreements as allowed by state law.

This bill becomes effective August 30, 2015.

**LB 118 (Larson) Exempt licensed cigar shops and tobacco retail outlets from smoking restrictions.**

This bill provides legislative findings relating to cigar shops and tobacco retail outlets.

This bill allows limited exceptions to the Nebraska Clean Indoor Air Act. These limited exceptions are provided for guestrooms and suites, research, tobacco retail outlets, and cigar shops. The limited exceptions permit smoking in public places where the public would reasonably expect to find persons smoking.

This bill requires, beginning November 1, 2015, the owner of a tobacco outlet to provide to the Division of Public Health a copy of a waiver signed prior to employment by each employee on a form prescribed by the division. The waiver shall expressly notify the employee that he/she will be exposed to second-hand smoke, and the employee shall acknowledge that he/she understands the risks of exposure to second-hand smoke.

This bill became effective February 27, 2015.

**LB 129 (Harr) Require criminal background checks for applicants for an initial nursing license.**

This bill provides that an applicant for an initial license to practice as a registered nurse or a licensed practical nurse shall be subject to a criminal background check. This bill becomes effective August 30, 2015.

**LB 196 (Campbell) Change provisions of the Rural Health Systems and Professional Incentive Act.**

This bill changes the purpose language of this act. The purpose language includes establishing a loan repayment program that will provide financial incentives to medical residents who agree to practice their profession in a designated health profession shortage area within Nebraska.

This bill defines “part-time practice” as less than full-time practice, but at least 20 hours per week. Also, the reference to Nebraska Medical Student Assistance Act is removed in the “qualified educational debts” definition.

This bill includes the repayment of qualified educational debts owed by physicians in an approved medical specialty residency program in Nebraska as a financial incentive provided by this act.

This bill requires, to be eligible for the medical resident incentive program under this act, an applicant or a recipient to be enrolled or accepted for enrollment in a approved medical specialty program in Nebraska.

This bill limits the amount of financial assistance through this program to \$40,000 for each recipient for each year of residency and shall not exceed \$120,000.

This bill provides changes to the student loan recipient agreement. Exceptions may be approved for any period required for completion of training. Part-time practice in a shortage area shall result in a prorated reduction in the cancellation of the loan amount. Borrowers must repay the loan if they do not practice the profession for which the loan was given or discontinue the practice of the profession for which the loan was given.

This bill provides changes to the loan repayment recipient agreement. The funding for the repayment of the recipient’s qualified educational debts is increased to \$30,000 per year for physicians, dentists, and psychologists. The funding for the repayment of the recipient’s qualified educational debts is increased to \$15,000 per year for physician assistants, nurse practitioners, pharmacists, physical therapists, occupational therapists, and mental health practitioners. The loan recipient must now pay back 150% of the total amount of this loan with interest at a rate of 8% simple interest per year from the date of default if they discontinue practice in a shortage area. These payment obligations are cancelled in the event of the recipient’s permanent disability or death.

This bill requires each medical resident incentive recipient to execute an agreement with DHHS. This agreement shall include:

- Recipient agrees to practice an approved medical specialty of one year of full-time practice in a designated health profession shortage area and to accept Medicaid patients in his/her practice;
- The State of Nebraska will provide funding for the repayment of the recipient's qualified educational debts, in amounts up to \$40,000 per year for up to 3 years while in an approved medical specialty residency program in Nebraska. DHHS shall make payments directly to the recipient.
- If the recipient defaults on this agreement, the recipient shall repay to the state 150% of the outstanding loan principal with interest at a rate of 8% simple interest per year from date of default. Repayment schedules are provided; and
- Any practice or payment obligation incurred by recipient under this program is cancelled in the event of total and permanent disability or death.

This bill becomes effective August 30, 2015.

**LB 199 (Howard) Provide for stipends for social work students.**

This bill requires DHHS, in collaboration with accredited social work education programs at Nebraska's colleges and universities, to establish a program to provide stipends for undergraduate and graduate social work students who are committed to working in the field of child welfare services. Funds available under Title IV-E of the federal Social Security Act shall be used to pay for such stipends. DHHS and the governing boards of these colleges and universities shall develop an application process for eligible students and, based on the amount of funds available, shall determine the amount of such stipend to be awarded to each eligible student. DHHS and the governing boards may adopt and promulgate rules and regulations to carry out this law. This bill becomes effective August 30, 2015.

**LB 219 (Crawford) Change and eliminate child custody provisions and adopt the Uniform Deployed Parents Custody and Visitation Act.**

This bill adopts the Uniform Deployed Parents Custody and Visitation Act.

This bill provides definitions.

This bill provides, if a court finds that a party to a proceeding under this act has acted in bad faith or intentionally failed to comply with this act, or a court order issued under this act, the court may assess reasonable attorney's fees and costs against the party and order other appropriate relief. If a court has issued a temporary order or a permanent order regarding custodial responsibility, the residence of the deploying parent is not changed by reason of deployment. If a court in another state has issued a temporary order regarding custodial responsibility, the residence of the deploying parent is not changed by reason of deployment. The court may still exercise temporary emergency jurisdiction under this act.

This bill requires a deploying parent to notify the other parent of pending deployment not later than seven days after receiving notice of deployment. Each parent shall provide, as soon as reasonably possible, the other parent with a plan for fulfilling that parent's share of custodial

responsibility. If a court order prohibits disclosure of the address or contact information of the other parent, notification may be made to the issuing court. The issuing court shall then forward the notification to the other parent, but shall keep this information confidential. Notification is not required if the parents are living in the same residence. In a proceeding regarding custodial responsibility, a court may consider the reasonableness of the parent's efforts to comply with these notice provisions.

This bill prohibits a court from considering a parent's past deployment or possible future deployment in determining the best interest of the child.

This bill allows parents of a child to enter into a temporary agreement granting custodial responsibility during deployment. Requirements of this agreement are provided. This agreement terminates after the deployed parent returns and does not create a continuing right to caretaking authority. A nonparent with caretaking authority has standing to enforce this agreement until it is terminated.

This bill allows, by mutual consent, the parent of a child to modify an agreement regarding custodial responsibility.

This bill allows a deploying parent, by power of attorney, to delegate all or part of custodial responsibility to an adult nonparent for the period of deployment if no other parent is in the state or permitted to contact the child.

This bill requires this agreement or power of attorney be filed with the court.

This bill also provides procedures for parents to file motions for court orders regarding custodial responsibility and procedures for termination of the agreement or order upon the return of the deployed parent.

This bill requires a court to enter another temporary order to address parental contact in the time period between the return of the deployed parent and termination of the original temporary order.

This act becomes operative July 1, 2016.

**LB 240 (Hansen) Change the termination date of the Behavioral Health Screening and Referral Pilot Program.**

This bill extends the termination date of the Behavioral Health Screening and Referral Pilot Program to two years after September 6, 2015. LB 240 becomes effective August 30, 2015.

**LB 243 (Bolz) Create a pilot project relating to family finding services and change the Young Adult Bridge to Independence Act.**

FAMILY FINDING:

This bill provides legislative intent language which promotes kinship care and connections through family finding, prevents recurrence of child abuse and neglect, reduces the length of time children spend in foster care, reduces multiple placements of children in foster care, remains in compliance with federal law, and creates a family finding pilot project.

Definitions are provided (i.e. kinship, sibling, family member). Family finding is defined as the process of engagement, searching, preparation, planning, decision-making, lifetime network creation, healing, and permanency. This process is used to search for and identify family members and engage them in planning and decision-making; gain commitments from family members to support a child through nurturing relationships; and achieve a safe, permanent legal home or lifelong connection for the child, either through reunification or permanent placement through legal guardianship or adoption.

This bill requires DHHS, its contracted providers of family finding services and family members involved in these cases of this pilot to participate in family finding.

This bill creates a pilot project to provide family finding services within at least two service areas. DHHS shall contract with providers of family finding services or the case management lead agency pilot project to carry out this pilot project. A provider may contract with multiple service areas. Each contracting provider shall be trained in and implement the family finding steps. This pilot project shall terminate on June 30, 2019.

This bill requires DHHS to refer a portion of all cases involving children who are state wards in foster care or participants in the bridge to independence program or both to providers of family finding services. These providers shall locate family members of these children; engage and empower family members; and create an individualized plan to achieve a safe, permanent legal home for children when possible.

This bill requires DHHS to provide administrative oversight of the contracts entered into pursuant to this pilot project.

This bill requires the child's departmental case manager, the child's foster parents and the provider of family services to collaborate together to maximize success throughout this process.

This bill requires DHHS to carry out the requirements of the Interstate Compact for the Placement of Children when achieving out-of-state placement of a state ward, including prompt submission of required paperwork to ensure that the family finding process moves forward in a timely manner.

Legislative intent is provided to appropriate \$750,000 from the General Fund for this biennium and \$1.5 million from the General Fund for the next biennium to DHHS. DHHS shall pursue federal matching funds and allocate such funds to contracting providers of family finding services. These providers shall use these funds to provide family finding services, create and coordinate training initiatives for departmental case managers and provide contract monitoring and oversight of this pilot project and pay evaluation costs.

This bill requires DHHS to establish a data collection system and collect data for participating providers annually. This data shall be divided by services area. This data shall include number and ages of participating children and youth, duration of each case and case outcomes (i.e. permanency, guardianship, family support). Data involving incomplete cases shall be included and identified as such.

This bill requires DHHS to contract with an academic institution to complete an independent evaluation of this pilot project. The evaluation shall assess the effectiveness of the pilot project in achieving family finding purposes and the overall fiscal impact. The evaluation shall begin after the completion of the second year of the pilot project and be completed in the third year of the pilot project. DHHS shall electronically transmit the evaluation to the Health and Human Services Committee.

#### YOUNG ADULT BRIDGE TO INDEPENDENCE ACT:

This bill updates provisions of extended guardianships and the Bridge to Independence program for former foster youth.

This bill provides medical care for children in the extended guardianship assistance program.

This bill requires extended Medicaid coverage for youth in the Bridge to Independence program as well as removing an expired start date for this program.

This bill provides for an independence hearing. This hearing is the last court hearing before jurisdiction is terminated for a child who is 16 years old or older. This hearing shall address the child's future goals and plans and access to services and support. The child is not required to attend, but efforts must be made to encourage attendance if the child wishes to attend. At this hearing, the court shall advise the child of the Bridge to Independence program. DHHS is required to present information to the court regarding other community resources that may benefit the child.

This bill allows youth adjudicated by a tribal court or youth in certain kinship placements to be eligible for the Bridge to Independence program.

This bill extends medical care to young adults who have met eligibility requirements and have signed a voluntary services and support agreement. Also, this bill requires a new plan to be developed for young adults who have no previous independent living transition proposal.

This bill requires DHHS, as soon as possible after the young adult is determined eligible for the Bridge to Independence program and signs the voluntary services and support agreement, to conduct of income eligibility for purposes of Title IV-E of the federal Social Security Act. Also, this bill decreases the amount of time for DHHS to begin providing these services from 45 days to 15 days.

This bill requires DHHS to ensure continuity of care and eligibility by working with a child who wants to participate in the Bridge to Independence program and is likely to be eligible to participate in this program immediately following the termination of the juvenile court's jurisdiction. The voluntary services and support agreement shall be signed and the petition filed with the court upon the child's 19<sup>th</sup> birthday or within 10 days thereafter. There shall be no interruption in the foster care maintenance payment and Medicaid coverage for the child who is eligible and chooses to participate in this program. This bill also adds provisions relating to permanency review hearings. In addition, this bill allows the Foster Care Review Office to review certain confidential information from the youth.

This bill requires DHHS to provide Medicaid for those youth in extended adoption assistance and certain kinship placements.

This bill changes the reporting requirements of the Bridge to Independence Advisory Committee.

This bill requires DHHS to submit an amended state plan amendment by October 15, 2015 to seek federal funding for newly eligible young adults in certain kinship arrangements. Also, DHHS must carry out regulations in this section of law.

This bill requires DHHS, in the Children and Family Behavioral Health Support Act, to provide for medical care in addition to extended guardianship assistance payments.

The portions of this bill relating to family finding become effective August 30, 2015. Portions of this bill relating to tribal court and Medicaid in extended guardianships and certain kinship placements are operative July 1, 2015. The portion of this bill relating to the rules and regulations of the amended state plan amendment involving kinship arrangements is effective October 15, 2015. All other portions of this bill became effective May 28, 2015.

**LB 264 (Morfeld) Provide for issuance of credentials under the Uniform Credentialing Act based on military education, training or experience.**

This bill, beginning December 15, 2015, upon presentation of evidence that the education, training or service completed by an applicant for a credential while a member in the military is substantially similar to education required for the credential, requires DHHS, with the recommendation of appropriate board, to accept this education, training or service toward the minimum standards for the credential.

The appropriate board may adopt rules and regulations, on or before December 15, 2015, to specify methods meet these minimum standards.

This bill becomes effective August 30, 2015.

**LB 265 (Campbell) Change provisions relating to juveniles and child welfare.**

This bill creates the Out-of-Home Data Pilot Project. The purpose of this project is to demonstrate, under the supervision of the Out-of-Home Data Pilot Project Advisory Group, how

an existing state agency data system or systems currently used to account for children and juveniles in out-of-home placement could serve as a foundation for an independent, external oversight data warehouse. The pilot project shall be administered by the Foster Care Review Office and shall terminate January 1, 2017.

This bill creates the Out-of-Home Data Pilot Project Advisory Group. This group shall include the Inspector General of Nebraska Child Welfare or his/her designee, State Court Administrator or his/her designee, probation administrator or his/her designee, executive director of the Nebraska Commission on Law Enforcement and Criminal Justice or his/her designee, Commissioner of Education or his/her designee, executive director of the Foster Care Review Office or his/her designee, representative of the University of Nebraska at Omaha Juvenile Justice Institute, Chief Information Officer or his/her designee and one representative from each of the DHHS divisions of Children and Family Services, Developmental Disabilities, Behavioral Health and Medicaid and Long-Term Care.

This bill provides the purposes of this group. This group oversees the Out-of-Home Data Pilot Project and considers whether an independent, external oversight data warehouse could be created by building on an existing state agency data system or systems currently used to account for children and juveniles in out-of-home placement. This group shall consider the features and capabilities of existing state agency data systems that include:

- Information on children and juveniles in out-of-home placement;
- Where an independent, external oversight data warehouse might be located within the state government for administrative purposes;
- Possible costs associated with establishing and operating an independent, external oversight data warehouse;
- Challenges of data collection;
- Barriers to data sharing;
- Protection of confidential information;
- Restrictions on access to confidential information; and
- Other issues pertinent to the group's purpose.

This group shall submit a report electronically to the Legislature, Governor and the Supreme Court by December 15, 2015.

This bill defines an independent, external oversight data warehouse as a data system which allows data analysis to:

- Account for children and juveniles in out-of-home placement through DHHS or court involvement;
- Determine whether out-of-home placement outcomes for children and juveniles meet policy goals for children and juveniles in out-of-home placement;
- Determine whether children are better off as a result of out-of-home placement;
- Identify indicators for successful outcomes of out-of-home placements; and
- Project future needs for children and juveniles in out-of-home placement.

This bill clarifies that the juvenile court has concurrent original jurisdiction until January 1, 2017, with the county or district court as to a juvenile alleged to have committed a misdemeanor.

This bill defines “young adult” as an individual older than 18 years of age, but under 21 years of age.

This bill allows the Foster Care Review Office to participate in juvenile proceedings and allows any Foster Care Review Office written findings and recommendations admissible in these proceedings. Also, recommendations of this office or a local board are admissible in a foster care placement dispositional order review hearing if provided to all other parties of record.

This bill allows a juvenile’s sealed record to a judge making a determination whether to transfer a case to or from juvenile court.

This bill expands the definition of foster care placement and includes the term, trial home visit. Trial home visit is defined as a placement of a court-involved juvenile who goes from a foster care placement back to his/her legal parent or parents or guardian, but remains as a state ward.

This bill allows the Foster Care Review Office to provide information to the Office of Probation. Also, this bill changes to appointment process of this office’s members.

This bill requires DHHS to submit weekly reports on foster care placements in this state instead of monthly reports. This report is required to have additional information of the child’s ethnicity, probation officers, and the accumulation of data and the making of quarterly reports regarding the children in foster care placement. Also, a list of members of a local board must be sent to the Office of Probation Administration.

This bill allows the Foster Care Review Office to visit and observe foster care facilities and conduct case file reviews.

This bill requires that child-specific or family-specific mental or behavioral health services discussed at a local board meeting are exempt from the Open Meetings Act.

This bill requires DHHS to provide records to the Foster Care Review Office or local board upon request and the Office of Probation Administration to provide records to this office or local board upon court order.

This bill allows 10% of the General Fund appropriation to the Community-based Juvenile Services Aid Program be set aside for the development of a common data set and evaluation of this program. This bill provides requirements for the common data set and the allocation of this appropriation. Reporting requirements are also provided for this program.

The portions of this bill relating to the data warehouse and the Community-based Juvenile Services Aid Program became effective May 28, 2015. The rest of this bill becomes effective August 30, 2015.

**LB 292 (Coash) Change and eliminate provisions relating to the central registry of child protection cases and sex offender registration.**

This bill changes the report and provisions of child abuse or neglect to minors. If the subject of the report of child abuse or neglect is a minor child who is 12 years of age or older, but younger than 19 years of age, this report shall include:

- Notification of the mandatory expungement hearing to be held, a waiver form for the hearing, and an explanation of the hearing process;
- An explanation of the implications of being entered in the central registry as a subject;
- Notification of any procedures determined appropriate in rules and regulations adopted and promulgated by DHHS; and
- Provision of a copy of all notice materials required to be provided to the subject to the minor child's attorney, parent or guardian, and guardian ad litem, if applicable.

This bill provides that if a case is dismissed as by the court or a juvenile petition, the case shall be immediately expunged from the central registry.

This bill provides that if the subject of this report is a minor child who is younger than 12 years old, the case shall not be entered into the central registry. If a juvenile petition is filed indicating that the juvenile is without proper support through no fault of his/her parent, guardian, or custodian, the case shall not be entered into the central registry.

This bill provides that if the subject of this report is a minor child who is 12 years of age or older, but younger than 19 years of age, the case shall not be classified as court pending in the central registry.

This bill requires DHHS to report annually, on or before September 15, to the Governor and electronically to the chairpersons of the Health and Human Services Committee and the Judiciary Committee the number of cases entered into the central registry in which the subject is a minor child, the ages of such subjects who are children, and the number of such cases classified as court substantiated or agency substantiated.

This bill provides changes to the expungement hearing for minors. If the subject of this report is a minor who is 12 years of age or older, but younger than 19 years of age and the case is classified as court substantiated or agency substantiated, DHHS shall conduct a mandatory expungement hearing within 60 days after subject receives notice unless the subject or subject's attorney sign and return a waiver form 30 days after receipt. DHHS shall not, as a guardian, sign a waiver form for any subject in its custody. If such subject remains on the central registry, DHHS shall conduct a second mandatory expungement hearing within 60 days after the subject's 19<sup>th</sup> birthday unless the subject signs and returns a waiver form within 30 days after receipt. DHHS may conduct this hearing by any means, including by telephone. If this hearing is held, the subject may make a subsequent request for expungement.

This bill also changes provisions of the Sex Offender Registration Act.

This bill becomes effective August 30, 2015.

**LB 294 (Scheer) Adopt the Human Trafficking Victims Civil Remedy Act, change provisions relating to service of process, evidence of sexual assault, search warrants, temporary custody of juveniles, and foster care reports, change penalties for human trafficking and crimes relating to morals, and provide for forfeiture of assets.**

This bill adopts the Human Trafficking Victims Civil Remedy Act. Any trafficking victim or his/her parent or legal guardian who suffered injury from human trafficking may bring a civil action against any person who knowingly engaged in this trafficking or aided or assisted with this trafficking. Procedures for filing these actions are provided.

This bill requires that the current monthly DHHS report on foster care placements include information on whether any such child was immune from criminal prosecution or was considered a trafficking victim.

This bill adds a statutory reference to temporary custody of juveniles with mental illness.

This bill also changes provisions relating to service of process, sexual assault, forfeiture of assets for persons involved in human trafficking, prostitution, and search warrants.

Portions of this bill relating to search warrants become operative July 1, 2017. Portions of the bill relating to the penalties for human trafficking become effective August 30, 2015. The remaining portions of this bill became effective May 20, 2015.

**LB 296 (Kolterman) Require DHHS to provide notification after removal of a child.**

This bill brings state law into compliance with the federal Preventing Sex Trafficking and Strengthening Families Act. Specifically, this bill updates the definition of sibling and provides notification after removal of a child.

This bill defines sibling as an individual who is considered by Nebraska law to be a sibling or who would have been considered a sibling under Nebraska law but for a termination of parental rights or other disruption in parental rights such as the death of a parent.

This bill revises notification in juvenile cases to include parents who have legal custody of a child's sibling.

This bill becomes operative July 1, 2015.

**LB 315 (Howard) Change provisions relating to Medicaid recovery audit contractors.**

This bill requires all recovery audit contractors retained by DHHS when conducting a recovery audit to:

- Review claims within 2 years from the date of the payment;

- Send a determination letter concluding an audit within 60 days after receipt of all requested material from a provider;
- In any records request to a provider, furnish information sufficient for the provider to identify the patient, procedure, or location;
- Develop and implement with DHHS a procedure in which an improper payment identified by an audit may be resubmitted as a claims adjustment;
- Utilize a licensed health care professional from the area of practice being audited to establish relevant audit methodology consistent with established guidelines, standards of care, and state-issued Medicaid provider handbooks;
- Provide a written notification and explanation of an adverse determination that includes the reason for the adverse determination, the medical criteria on which the adverse determination was based, an explanation of the provider's appeal rights, and, if applicable, the appropriate procedure to submit a claims adjustment; and
- Schedule any onsite audits with advance notice of not less than 10 business days and make a good faith effort to establish a mutually agreed upon time and date for the onsite audit.

This bill requires DHHS to exclude the following from the scope of review or recovery audit contractors:

- Claims processed or paid through a capitated Medicaid managed care program; and
- Any claims that are currently being audited or that have already been audited by the recovery audit contractor or currently being audited by another entity.

No payment shall be recovered in a medical necessity review in which the provider has obtained a prior authorization for the service and the service was performed as authorized.

This bill changes provisions regarding recovery audit contracts entered into on a contingent fee basis. Whether the contract is a contingent fee contract or otherwise, the contractor shall not recover overpayments by DHHS until all appeals have been completed unless there is credible allegation of fraudulent activity by the provider, the contractor has referred claims to DHHS for investigation, and an investigation has commenced. In that event, the contractor may recover overpayment prior to the conclusion of the appeals process. In any contract between DHHS and a recovery audit contractor, the payment or fee provided for identification of overpayments shall be the same provided for identification of underpayments.

This bill requires records request made by a recovery audit contractor in any 180-day period be limited to not more than 5% of the number of claims filed by the provider for the specific service being reviewed, not to exceed 200 records. The contractor shall allow a provider no less than 45 days to respond to and comply with a record or records request. If the contractor can demonstrate a significant provider error rate relative to an audit of records, the contractor may make a request to DHHS to initiate an additional records request regarding the subject matter under review for the purpose of further review and validation. The contractor shall not make the request until the time period for appeals process has expired.

This bill requires, on an annual basis, DHHS to require the recovery audit contractor to compile and publish on the DHHS Internet website metrics related to the performance of each recovery audit contractor. Such metrics shall include:

- Number and type of issues reviewed;
- Number of medical records requested;
- Number of overpayments and the aggregate dollar amounts associated with these overpayments;
- Number of underpayments and the aggregate dollar amounts associated with these underpayments;
- Duration of audits from initiation to time of completion;
- Number of adverse determinations and the overturn rating of those determinations in the appeal process;
- Number of appeals filed by providers and the disposition status of such appeals;
- Contractor's compensation structure and dollar amount of compensation; and
- Copy of DHHS's contract with the recovery audit contractor.

This bill requires the recovery audit contractor, in conjunction with DHHS, to perform educational and training programs annually for providers that encompass a summary of audit results, a description of common issues, problems, and mistakes identified through audits and reviews, and opportunities for improvement.

This bill allows providers to submit records requested as a result of an audit in electronic format which shall include compact disc, digital versatile disc, or other electronic format deemed appropriate by DHHS or via facsimile transmission, at the request of the provider.

This bill provides changes to the appeal process involving recovery audits. Providers shall have the right to appeal a determination made by the recovery audit contractor. The contractor shall establish an informal consultation process to be used prior to the issuance of a final determination. Within 30 days after receipt of notification of a preliminary finding from the contractor, the provider may request an informal consultation with the contractor to discuss and attempt to resolve the findings or portion of such findings in the preliminary findings letter. The request shall be made to the contractor. The consultation shall occur within 30 days after the provider's request, unless otherwise agreed to by both parties. Within 30 days after notification of an adverse determination, a provider may request an administrative appeal of the adverse determination as set forth in the Administrative Procedure Act.

This bill defines adverse determination as any decision rendered by the recovery audit contractors that results in a payment to a provider for a claim for service being rendered or rescinded.

This bill requires the current Medicaid contract report to be filed electronically.

This bill becomes effective August 30, 2015.

**LB 320 (Bolz) Adopt the Aging and Disability Resource Center Demonstration Project Act and require a state plan regarding persons with Alzheimer's or related disorders.**

AGING AND DISABILITY RESOURCE CENTER (ADRC) DEMONSTRATION PROJECT:

This bill provides legislative findings.

This bill provides purpose language to evaluate the feasibility of establishing ADRCs statewide.

This bill provides definitions. ADRCs are defined as a community-based entity established to provide information about long-term care services and support and to facilities access to options counseling to assist eligible individuals and their representatives in identifying the most appropriate services to meet their long-term care needs. Options counseling is defined as a service that assists eligible individuals in need of long-term care and their representatives to make informed choices about the services and settings which best meet their long-term care needs and that uses uniform assessments and encourages the widest possible use of community-based options to allow eligible individuals to live as independently as possible in the setting of their choice. Uniform assessment is defined as a single standardized tool used to assess a defined population at a specific time. This bill also provides definitions of area agencies of aging, eligible individuals and centers for independent living.

This bill requires DHHS to award grants for three ADRC demonstration projects. DHHS shall adopt criteria for evaluating proposals to operate an ADRC project and release a request for proposals within 60 days after the operative date of this law.

The ADRC demonstration project shall be established to evaluate the feasibility of establishing ADRCs statewide as a means of promoting appropriate, effective, and efficient use of long-term care resources. The ADRC demonstration project shall operate through June 30, 2018. Each ADRC demonstration project shall provide one or more of the following services:

- Comprehensive information on the full range of available public and private long-term care programs, options, financing, service providers, and resources within a community;
- Assistance in accessing and applying for public benefits programs;
- Options counseling;
- Convenient point of entry to the range of publicly-supported long-term care programs for eligible individuals;
- Process for identifying unmet service needs in communities and developing recommendations to respond to those unmet needs;
- Facilitation of person-centered transition support to assure that eligible individuals are able to find the services and support that are most appropriate to their needs;
- Mobility management to promote the appropriate use of public transportation services by a person who does not own or is unable to operate an automobile; and
- A home care provider registry that will provide people who need home care with the names of home care providers and information about their rights and responsibilities as home care consumers.

This bill allows, within 60 days after the release date of a request for proposals, an area agency on aging, after consultation with a collaboration of organizations that serve aging persons and persons with disabilities, to submit to DHHS a proposal to establish an ADRC. The proposal shall specify how organizations currently serving eligible individuals will be engaged in the process of delivery of services through the ADRC project. The proposal shall be developed in consultation with eligible individuals and their representatives. The proposal shall indicate how resources will be used by the collaborating organizations to fulfill the responsibilities of an ADRC demonstration project.

This bill allows two or more area agencies on aging to develop a joint proposal to establish an ADRC demonstration project to serve all or a portion of their planning-and-service areas. A joint proposal shall provide information on how these services will be provided in the counties.

This bill requires DHHS, within 30 days after receipt of this proposal, to review this proposal and determine whether this proposal is eligible for funding. DHHS shall select three proposals for funding. DHHS shall enter into a contract with an independent institution having experience in evaluating ADRC programs for an evaluation of the ADRC demonstration project. The contract shall require that a report evaluating the demonstration projects be presented to the Clerk of the Legislature prior to December 1 of 2016, 2017 and 2018.

This bill requires DHHS to reimburse each area agency on aging operating an ADRC demonstration project on a schedule agreed upon by DHHS and the area agency on aging. Such reimbursement shall be made from state funds appropriated by the Legislature, federal funds allocated to DHHS for the purpose of establishing and operating ADRCs, and other funds available.

#### STATE PLAN REGARDING PERSONS WITH ALZHEIMER'S OR RELATED DISORDERS:

This bill requires the Aging Nebraskans Task Force to develop a state plan regarding individuals with Alzheimer's or related disorders. This task force shall work with the chief executive officer of DHHS as well as the public guardian, area agencies on aging, organizations advocating for these types of patients and caregivers, law enforcement community, client advocacy organizations, health care providers, private health care providers and community-based health professionals. Also, this task force shall:

- Assess the current and future of Alzheimer's and related disorders on residents of the state;
- Determine the existing services and resources in that state that addresses these needs; and
- Develop recommendations to respond to escalating needs for these services and resources.

This bill requires this task force to examine:

- Trends and needs in the state relating to populations with Alzheimer's or related disorders;

- Existing services, resources, and capacity available to individuals with these types of disorders;
- Need for state policy or action in order to provide clear, coordinated services and support to these individuals, their families and their caregivers; and
- Strategies to identify gaps in services.

This bill requires this task force to develop the state plan and electronically deliver the state plan to the Governor and the Legislature on or before December 15, 2016. This task force shall make a presentation of the state plan to the Health and Human Services Committee on or before December 15, 2016.

This task force terminates on January 1, 2017.

The portions of this bill relating to ADRCs become effective August 30, 2015. The portions of this bill relating the state plan became effective May 28, 2015.

**LB 347 (Krist) Expand the jurisdiction of the Inspector General to include juvenile justice services and allow access to certain records and information.**

This bill expands the jurisdiction of the Inspector General to include investigations into the Juvenile Services Division of the Office of Probation Administration (Probation), the Nebraska Commission on Law Enforcement and Criminal Justice (Commission), and juvenile detention and staff-secure juvenile facilities. This bill also allows access of the Inspector General to videotapes of a child victim or child witness describing an act of sexual assault or child abuse and confidential records information. In addition, Probation and the Commission are required to provide the Inspector General computer access to all computerized records and documents relating to juvenile justice. This bill becomes effective August 30, 2015.

**LB 366 (Pansing Brooks) Change the personal needs allowance under Medicaid.**

This bill requires DHHS to include in the standard on need for eligible aged, blind and disabled persons at least \$60 per month for a personal needs allowance if such persons reside in alternative living arrangements. This bill becomes effective August 30, 2015.

**LB 390 (Crawford) Provide for medical use of cannabidiol and naloxone and change controlled substances and transfers to the Nebraska Health Care Cash Fund.**

This bill provides definitions of cannabidiol and intractable seizures.

This bill provides legislative findings language involving the study of the use of cannabidiols to treat intractable seizures. Also, this bill provides that the purpose of this act is to permit medical professionals to conduct limited-scope, evidence-based studies exploring the safety and efficacy of treating intractable seizures and treatment resistant seizures using cannabidiol.

This bill requires the University of Nebraska Medical Center (UNMC) to create the Medical Cannabidiol Pilot Study. UNMC and Nebraska Medicine shall be the only entities authorized to

produce or possess cannabidiol for purposes of this study. This study shall designate medical providers for this research. UMMC is required to create a risks and benefits form and provide a document (name, date of birth, address, medical provider) to the patients participating in this study. Reporting requirements are also provided. This study terminates on October 1, 2019.

This bill requires a physician designated as a medical provider or a licensed pharmacist participating in this study to determine eligibility for participation in this study, to keep a record of the evaluation and observation of a patient under the physician's care and transmit these records to DHHS upon request. All medical records received or maintained by DHHS are confidential and may not be disclosed to the public.

This bill provides that an agency of this state or a political subdivision, including any law enforcement agency, may not initiate proceedings to remove a child from any home based solely upon the use or possession of cannabidiol as authorized by this act.

This bill requires that all employees involved in the research of this study not be prosecuted for unlawful possession.

This bill allows a health professional to prescribe, administer or dispense naloxone to a person experiencing an opioid-related overdose or a family member or friend in a position to assist a person experiencing this overdose. This bill also provides protections from prosecution to an emergency responder or peace officer who administers naloxone to persons experiencing this type of overdose.

This bill also changes provisions of the Uniform Controlled Substances Act and the Health Care Cash Fund.

This bill became effective May 28, 2015.

**LB 415 (Pansing Brooks) Change provisions to the Uniform Interstate Family Support Act.**

This bill updates the Uniform Interstate Family Support Act (UIFSA) to incorporate the 2008 amendments to the Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance.

This bill updates definitions which include foreign country, convention, and initiating tribunal.

This bill updates the procedures for the enforcement of foreign support orders involved in UIFSA.

This bill became effective April 30, 2015.

**LB 430 (Mello) Change child welfare appropriation provisions.**

This bill appropriates \$94,000 from the General Fund for FY2014/15 to the Foster Care Review Office. Of the unexpended General Fund appropriation existing on June 30, 2014, \$7,000,000 is reappropriated to child welfare aid. This bill became effective February 27, 2015.

**LB 452 (Hilkemann) Provide advertising requirements under the Uniform Credentialing Act.**

This bill requires that any credential holder's advertisement for health care services to identify the type of credential or credential or credentials held by the credential holder under state law. The advertisement shall not include deceptive or misleading information and shall not include any affirmative communication or representation that misstates, falsely describes, or falsely represents the skills, training, expertise, education, board certification, or credential or credentials of the credential holder.

This bill harmonizes the new provisions with the current disciplinary process.

This bill becomes effective August 30, 2015.

**LB 456 (Gloor) Change provisions relating to the Nebraska Exchange Stakeholder Commission.**

This bill provides that the Nebraska Exchange Stakeholder Commission hold at least three instead of four meetings annually. Currently, the Director of Medicaid and Long-Term Care or his/her designee is a member of this commission. This bill became effective May 27, 2015.

**LB 482 (Krist) Change provisions relating to juveniles.**

This bill prohibits juveniles as described as uncontrollable or truant to be placed in a juvenile detention facility. Also, these juveniles shall not be placed out of their homes as a dispositional order of the court unless all available community-based resources have been exhausted and maintaining the juvenile in the home presents a significant risk of harm to the juvenile or community. A peace officer, upon making contact with a child who appears to be this type of juvenile, may refer the child and child's parents to a clinically-credentialed community-based provider. Further, fingerprints of these juveniles shall not be taken.

This bill prohibits the use of restraints on a juvenile during a juvenile court proceeding. These restraints must be removed unless the use is necessary and there is no less restrictive alternative. The court is required to provide the juvenile's attorney an opportunity to be heard before the court orders the use of restraints. If restraints are ordered, the court shall make written findings of fact to support this order. Restraints include, but are not limited to, handcuffs, chains, irons, straitjackets, and electronic restraint devices.

This bill requires, prior to filing a petition that the juvenile is truant or uncontrollable, the county attorney to make reasonable efforts to refer the juvenile and family to community-based resources.

This bill becomes effective August 30, 2015.

**LB 500 (Howard) Require application for a Medicaid state plan amendment for multi-systemic therapy.**

This bill requires, on or before May 1, 2016, DHHS to submit an application to the Centers for Medicare and Medicaid Services (CMS) to amend the Medicaid state plan. This amendment to the Medicaid state plan shall provide for utilization of money to allow for payments for multi-systemic therapy for youth who are eligible for Medicaid and CHIP (federal Children's Health Insurance Program). This bill became effective May 28, 2015.

**LB 539 (Watermeier) Change provisions relating to the office of the Legislative Audit and the Auditor of Public Accounts.**

This bill requires, upon receipt of a written request by the Office of the Legislative Audit (office) for access to any information or records, the agency to provide to this office as soon as is practicable and without delay, but not more than three business days after the actual receipt, the requested materials. If there is a legal basis for refusal, a written denial must be provided. If the entire request cannot with good faith efforts be fulfilled in three business days, a written explanation must be provided. This delay cannot exceed three calendar weeks. Computation of business days is provided.

This bill provides that no state employee who provides information to the Legislative Performance Audit Committee be subject to any personnel action. Any person exercising his/her supervisory or managerial authority to affect personnel action in this bill shall be guilty of a Class III misdemeanor and subject to personnel action.

This bill allows the Auditor of Public Accounts (Auditor) to examine the books, accounts, vouchers, record, and expenditures of any service contractor or sub-recipient of state or federal funds.

This bill requires the Auditor to have access to any and all information and records, confidential or otherwise, of any public entity unless the auditor is denied such access by federal law or explicitly named and denied such access by state law. If such law exists, the public entity shall provide the auditor a written explanation.

This bill requires, upon receipt of a written request by the Auditor for access to any information or records, the agency to provide to this office as soon as is practicable and without delay, but not more than three business days after the actual receipt, the requested materials. If there is a legal basis for refusal, a written denial must be provided. If the entire request cannot with good faith efforts be fulfilled in three business days, a written explanation must be provided. This delay cannot exceed three calendar weeks. Computation of business days is provided.

This bill allows the Auditor to issue subpoenas to compel the attendance of witnesses and the production of any papers, books, accounts, documents and testimony and cause the depositions of witnesses. If a witness refuses to comply with the subpoena, the district court of Lancaster

County or judge thereof, shall compel obedience by proceedings for contempt. If a witness refuses to testify on the basis of the privilege against self-incrimination, the Auditor may request a court order.

This bill provides that any person who willfully fails to comply with the new provisions involving the Auditor, obstructs or hinders the audit or attempts to mislead any person conducting the audit shall be guilty of a Class II misdemeanor.

This bill allows a public entity being audited by the Auditor and any federal agency that have made a grant to such public entity to also have access to the relevant working papers and audit files.

This bill allows the Auditor to decide not to make the names of those providing information public.

This bill became effective May 28, 2015.

**LB 547 (Campbell) Change provisions regarding use of federal block grant funds for child care activities and provide for grants to early childhood education programs.**

This bill provides legislative findings. The Legislature finds that the reservations and allocations are made pursuant to the 2014 reauthorization of the federal law, the Child Care and Development Block Grant Act. Also, the Legislature finds that these reservations and allocations are designed to improve the quality of child care services and increase prenatal options for, and access to, high quality child care and are in alignment with its comprehensive system of child care and early education programs.

This bill requires, beginning October 1, 2015, DHHS to increase its reservation of federal funds received from this block grant from 4% to 7% for activities relating to the quality of child care services. Beginning October 1, 2017, DHHS is required to increase its reservation of federal funds received from this block grant from 7% to 8% for these activities. Beginning October 1, 2019, DHHS is required to increase its reservation of federal funds received from this block grant from 8% to 9% for these activities. In addition to these reserved percentages, beginning October 1, 2016, DHHS shall reserve 3% of these federal funds received from this block grant for these activities.

This bill requires, beginning October 1, 2015, that the increase from 4% to 7% in the reservation of federal funds for activities relating to quality of child care services be allocated for quality rating and improvement system incentives and support under the Step Up to Quality Child Care Act. Beginning October 1, 2017, the increase from 7% to 8% from federal funds received from the block grant, plus the percentage allocated from the 4% to 7% increase for 2015 quality rating and improvement system incentives, which together total 4%, shall be allocated for quality rating and improvement system incentives and support under the Step up to Quality Child Care Act. Beginning October 1, 2019, the increase from 8% to 9% from federal funds received from the block grant, plus the percentage allocated from the 4% increase used for 2017 quality rating and improvement system incentives, which total 5%, shall be allocated for quality rating and

improvement system incentives and support under the Step Up to Quality Child Care Act. After the federal fiscal year beginning on October 1, 2019, 5% of federal funds from this block grant which have been reserved for activities relating to the quality of child care, shall be allocated for quality rating and improvement system incentives and support under the Step Up to Quality Child Care Act.

This bill requires, beginning October 1, 2016, that the 3% reservation of federal funds for activities relating to the quality of care for infants and toddlers shall be allocated for providing grants to programs that enter into agreements with child care providers.

This bill requires that these funds comply with current federal regulations.

This bill does not prohibit DHHS from allocating additional percentages of the child care and development block grant of other dollar amounts for activities relating to the quality of child care services or the quality of care for infants and toddlers.

This bill allows the board of trustees to issue grants to early childhood education programs entering into agreements with child care providers. Child care providers receiving these grants are required to enroll in the quality rating and improvement system described in the Step Up to Quality Child Care Act. These child care providers must also meet training requirements and scoring requirements under the quality scale, under this act. School districts entering into these agreements must employ or contract with a program coordinator.

This bill becomes effective August 30, 2015.

**LB 554 (Business and Labor Committee) Provide for payment of claims against the state.**

This bill provides payment of claims against the State as well as authorized agency write-offs of certain claims.

This bill writes off \$583,469 for DHHS.

This bill also provides payments to other claims involving state agencies.

This bill became effective May 21, 2015.

**LB 566 (Coash) Change provisions relating to Indian child welfare.**

This bill requires a juvenile court to make an inquiry in abuse and neglect cases and termination of parental rights cases as to whether any party believes an Indian child is involved with the proceedings prior to advisement to rights.

This bill gives a determination of paternity made by an Indian tribe full faith and credit of this state.

This bill expands the existing cooperation between the state and Indian tribes. This cooperation includes recognition by the state that Indian tribes have a continuing and compelling governmental interest in an Indian child whether or not the Indian child is in the physical or legal custody of a parent, an Indian custodian, or an Indian extended family at the commencement of an Indian child custody proceeding or the Indian child has resided or is domiciled on an Indian reservation. The state is committed to protecting the essential tribal relations and best interests of an Indian child by promoting practices consistent with the federal Indian Child Welfare Act and other applicable law designed to prevent the Indian child's voluntary or involuntary out-of-home placement.

This bill adds definitions of the terms, "active efforts," "best interests of the Indian child," "voluntary foster care placement," "Indian child's primary tribe," and "qualified expert witness". Also, the definitions of "extended family member" and "reservation" are updated and clarified.

This bill allows a tribe to intervene in a court proceeding regardless of whether the intervening party is represented by legal counsel. Also, this bill provides a process for identifying a child's primary tribe when the child is eligible for membership in multiple tribes.

This bill expands notice requirements for courts to provide to Indian parents, custodians and tribes for an involuntary proceeding involving foster care placement or termination of parental rights. Written evidence showing active efforts have been made is admissible in these proceedings. Prior to the court ordering placement of the child or termination of parental rights, the court shall make a determination that active efforts have been provided or that the party has demonstrated active efforts.

This bill requires that a notice of involuntary proceeding in state court involving an Indian child shall conform to federal law. Also, this notice shall contain information relating the names and addresses of the child and parents, tribal affiliations, and domicile. If this information is unknown, a statement is needed indicating what attempts have been made to locate this information. A copy of this notice shall be filed with the court within 3 days of issuance.

This bill creates additional procedural requirements for voluntary consent to foster care placement, relinquishment, termination or termination of parental rights. This bill requires notice to the parent, custodian and tribes of an Indian child of any services and provides the tribe a right to participate in the provision of voluntary services. Also, this bill requires that DHHS provide services to prevent the breakup of an Indian family until these efforts have proven unsuccessful.

This bill provides for priorities for adoptive or foster care placement of Indian children and requires good cause to deviate from the placement preferences. Good cause is further defined and the burden of establishing good cause is on the party requesting the deviation.

This bill requires, during the course of each intake received by the statewide child abuse and neglect hotline provided by DHHS, the hotline representative to inquire as to whether one of the parties involved may be an Indian child or Indian person. This representative is required to document this information and inform a supervisor.

This bill requires DHHS, in consultation with Indian tribes, to adopt and promulgate rules and regulations to establish standards and procedures for the review of cases subject to the Nebraska Indian Child Welfare Act and the federal Indian Child Welfare Act. The standards and procedures and the monitoring methods shall be integrated into DHHS's structure and plan.

This bill becomes effective August 30, 2015.

**LB 591 (Bolz) Create the Achieving a Better Life Experience program, provide adjustments to taxable income, and adjust calculations of certain tax deductions and homestead exemptions.**

This bill establishes the Achieving a Better Life Experience program (ABLE). For purposes of administering accounts established to encourage and assist individuals and families in saving private funds for supporting individuals with disabilities, the State Treasurer shall either establish this program or contract with another state with a qualified program.

This bill creates the ABLE Program Fund and the ABLE Expense Fund. The Treasury Management Cash Fund shall also be used for the administration of this program.

This bill requires the State Treasurer to operate the program, submit an audit, provide investment options and administer the funding of this program.

This bill changes provisions relating to taxation.

This bill became effective May 28, 2015.

**LB 598 (Schumacher) Adopt the Office of Inspector General of the Nebraska Correctional System Act and change and provide requirements regarding inmates with mental illness, levels of confinement, parole, and prison overcrowding.**

This bill provides that when the physician or psychologist designated by the Director of Correctional Services finds that a person committed to the Department of Corrections suffers from a physical disease or defect or mental illness which in his/her opinion cannot be properly treated in any facility or institution in DHHS, the director may arrange for his/her transfer for treatment to a hospital or psychiatric facility outside the Department of Corrections.

This bill also creates the Inspector General of the Department of Corrections and changes provisions relating to corrections.

This bill becomes effective August 30, 2015.

**LB 605 (Mello) Provide change, and eliminate penalties, punishments, sentencing, restitution, probation, parole, and crime victim provisions and provide for post-release supervision, grants, and suspension of Medicaid for inmates.**

This bill suspends Medicaid provided to persons who become inmates of public institutions. It is the intent of the Legislature to ensure that human service agencies, correctional facilities, and detention facilities recognize that:

- Federal law generally does not authorize federal financial participation for Medicaid when a person is an inmate of a public institution, but that federal financial participation is available after an inmate is released from incarceration; and
- The fact that an applicant is currently an inmate does not, in and of itself, preclude DHHS from processing an application submitted to it by, or on behalf of, the inmate.

This bill requires Medicaid to be suspended rather than cancelled or terminated, for a person who is an inmate of a public institution if:

- DHHS is notified of the person's entry into the public institution;
- On the date of the entry, the person was enrolled in Medicaid; and
- The person is eligible for Medicaid except for institutional status.

A suspension shall end on the date the person is no longer an inmate of a public institution. Upon release from incarceration, such person shall continue to be eligible for receipt of Medicaid until such time as the person is otherwise determined to no longer be eligible for Medicaid.

This bill requires the Department of Correctional Services to notify DHHS:

- Within 20 days after receiving information that a person receiving Medicaid is or will be an inmate of a public institution; and
- Within 45 days prior to release of a person qualified for suspension.

Local correctional facilities, juvenile detention facilities, and other temporary detention centers shall notify DHHS within 10 days after receiving information that a person receiving Medicaid is or will be an inmate of a public institution.

This bill does not create a state-funded benefit or program.

This bill shall be implemented only if, and to the extent, allowed by federal law. This bill shall be implemented only to the extent that any necessary federal approval of state plan amendments or other federal approvals are obtained. DHHS shall seek approval if required.

This bill requires local correctional facilities, the Nebraska Commission on Law Enforcement and Criminal Justice, and the Office of Probation Administration to cooperate with DHHS and Department of Corrections for purposes of facilitating information sharing.

This bill requires the Department of Corrections to adopt and promulgate rules and regulations, in consultation with DHHS and local correctional facilities, to carry out this law. Also, DHHS shall adopt and promulgate rules and regulations, in consultation with the Department of Corrections and local correctional facilities, to carry out this law.

This bill also changes provisions relating to corrections.

This bill becomes effective August 30, 2015.

**LB 607 (Mello) Change provisions to aid to dependent children and create the Intergenerational Poverty Task Force.**

This bill increases payments for Aid to Dependent Children (ADC). Specifically, this bill strikes out the current language of \$300 per month with one dependent child and \$75 for each additional eligible person and replaces it with the maximum payment level for monthly assistance to be 55% of the current standard of need. Payments shall be made by unit size. Also, 20% of gross earned income shall be disregarded to test for eligibility during the ADC application process. In addition, for ADC participants and for applicants after eligibility has been established, 50% of the gross earned income shall be disregarded.

This bill creates the Intergenerational Poverty Task Force. The voting members include the chairperson of the Health and Human Services Committee, the chairperson of the Appropriations Committee and three at-large members appointed by the Executive Board. Non-voting members of this task force include the CEO of DHHS or his/her designee, the Commissioner of Labor and the Commissioner of Education. The remaining members of this task force shall be non-voting members who are representatives of advocacy groups focusing on childhood poverty and education issues, academic experts in childhood poverty and education, service providers, educational institutions, workforce development agencies and experts in early childhood education.

This task force shall:

- share, examine, and analyze data and information regarding intergenerational poverty in this state;
- encourage participation and input from academic experts, advocacy groups, nonprofit corporations, local governments and faith-based organizations in exploring strategies and solutions;
- study, evaluate, and report on the status and effectiveness of policies, procedures, and programs implemented by other states and non-governmental entities;
- Identify policies, procedures and programs;
- Create a long-range strategic plan (measurable goals, data-supported changes); and
- Protect the privacy of individuals living in poverty by using this data in compliance with the current law.

This bill allows this task force, in order to accomplish its duties, to request and receive from any state or local governmental entity relating to poverty in the state. Also, this task force may appoint special committees to advise and assist this task force.

Reporting requirements are provided for this task force.

This task force terminates on December 31, 2016.

The portions of the bill relating to the ADC changes become effective August 30, 2015. The portions of the bill relating to the Intergenerational Poverty Task Force became effective May 28, 2015.

**LB 629 (Mello) Provide for regulation of transportation network companies.**

This bill creates a comprehensive framework to regulate transportation network companies.

This bill defines transportation network companies as an organization, including a corporation, a limited liability company, a partnership, a sole proprietor, or any other entity, operating in this state that provides prearranged transportation services for compensation using an online-enabled application or platform to connect passengers with participating drivers using a personal vehicle. A transportation network company does not include Medicaid non-emergency medical transportation brokerage services provided pursuant to a contract with DHHS.

This bill provides that no transportation network company or participating driver shall provide transportation for any person under contract with DHHS without specific authorization from the Public Service Commission. In order to receive such authorization, the transportation network company or participating driver shall demonstrate that such service is or will be required by the present or future public convenience and necessity.

This bill became effective May 28, 2015.

**LB 656 (Speaker Hadley) Provide for deficit appropriations.**

This bill provides appropriations to the child welfare fund and the Juvenile Services Project Contingency. For Nebraska's veterans' homes, the unexpended General Fund appropriation existing on June 30, 2014, less \$2,761,800, is reappropriated.

This bill becomes operative July 1, 2015.

**LB 657 (Speaker Hadley) Appropriate funds for state government expenses.**

This bill is the 2015 mainline budget bill for DHHS as well as for all state government.

This bill provides FY2015/16 and FY2016/17 appropriations in the areas of Public Health, Veterans' Homes, Behavioral Health, Children and Family Services, Developmental Disabilities and Medicaid and Long-Term Care.

This bill also includes the following new language regarding appropriations.

**DEVELOPMENTAL DISABILITIES:**

This bill provides intent language that requires the Division of Developmental Disabilities to conduct a study regarding wages and benefits for front-line staff in service provision for individuals with developmental disabilities in Nebraska.

#### HEALTH DATA SYSTEMS:

This bill appropriates \$250,000 from the General Fund for FY2015/16 to DHHS to contract for an independent study of current health data systems in Nebraska. DHHS shall use a request for proposals process to contract. This study shall include, but not be limited to, a review of Nebraska's current agency collection of health care information, health reporting systems, programming capabilities, and data warehouse usage. This study shall include, but not be limited to recommendations for:

- Providing service data;
- Providing Medicaid eligibility and claims data;
- Providing access to timely data;
- Linking existing data sources;
- Reporting system participants;
- Data portals and warehousing of data;
- Privacy protections;
- Customer quality assurance; and
- Generating actionable data analysis.

DHHS shall report the finding electronically to the Legislature no later than June 30, 2016.

#### ACCESS NEBRASKA:

This bill does not require DHHS to continue the quarterly report related to the previous 2013 ACCESSNebraska report.

This bill requires DHHS to report on a quarterly basis information gathered, either as a part of the continuous quality improvement process or through other means, the following data regarding the ACCESSNebraska program and Medicaid call centers and public benefits administration program:

- Call wait times;
- Call abandonment times;
- Timeliness of initial applications by benefit program;
- Timeliness of renewal applications by benefit program;
- Data related to client cases closed who reapply for benefits within 30 days and 60 days after case closure; and
- Any other data relevant to the effectiveness of the ACCESSNebraska program and Medicaid call centers.

This bill requires DHHS to complete a needs assessment regarding staffing levels in the ACCESSNebraska program, in the Division of Medicaid and Long-Term Care and the Division of Children and Family Services. The needs assessment shall include:

- Data analysis of current staff vacancies by geographic area and types of positions;
- Need for recruitment and retention of new employees by geographic area and types of positions;
- Analysis of the human resources functions provided and needed to adequately train new staff members and move them into full capacity;
- Analysis of the adequacy of current staffing numbers and patterns based on achieving federal standards related to timeliness of new and renewal applications, accuracy of benefit amount determinations and accuracy of approvals and denials; and
- Analysis of strategies implemented and strategies needed to adequately staff the ACCESSNebraska program in order to achieve federal timeliness and accuracy regulations and internal department goals.

DHHS is required to submit a report detailing this needs assessment to the Health and Human Services Committee, Appropriations Committee, and ACCESS Nebraska Special Investigative Committee no later than December 15, 2015.

This bill appropriates \$1,000,000 General Funds for FY2016/17 for the electronic records initiative.

#### PUBLIC HEALTH:

This bill appropriates \$2,570,000 Cash Funds from the Nebraska Health Care Cash Fund for this biennium to the Tobacco Prevention and Control program for tobacco use and prevention and control.

This bill appropriates \$100,000 General Funds for this biennium to contract with the University of Nebraska Medical Center for the Nebraska Perinatal Quality Improvement Collaborative.

This bill appropriates \$300,000 General Funds for this biennium to contract for services for implementation of a statewide drug disposal project.

This bill appropriates \$1,400,000 General Funds for this biennium to the community health centers for dental services.

This bill becomes operative July 1, 2015.

#### **LB 660 (Speaker Hadley) Appropriate funds for capital construction and property acquisition.**

This bill authorizes DHHS to renovate Building No. 3 at the Hastings Regional Center to house the chemical dependency program serving adolescent males in state custody. There is included

in this appropriation an estimated \$2,897,000 to demolish buildings at the Hastings Regional Center.

This bill authorizes DHHS to convert Assisted Living licensed rooms to Skilled Nursing rooms at the Western Nebraska Veterans' Home.

This bill authorizes DAS to abate and remove hazardous materials; demolish and remove buildings; and demolish and remove infrastructure at the Norfolk Regional Center.

This bill becomes operative July 1, 2015.

**LB 661 (Speaker Hadley) Provide fund transfers, create funds, authorize certain transfers, and authorize contracts relating to oral health care.**

This bill creates the Health Care Homes for the Medically Underserved Fund within DHHS. The purpose of this fund is to enhance the ability of Nebraska's federally qualified health centers (FQHCs) to provide patient-centered medical homes to low-income medically underserved populations. Twenty-five percent of the federal Medicaid fraud settlement funds accruing to Nebraska annually shall be deposited in this fund for distribution to the FQHCs. These funds shall be distributed proportionally based on the unduplicated number of patients served in the previous year by such FQHCs. These funds shall be used for the following purposes:

- Hiring, training, certifying, and maintaining staff dedicated to patient-centered chronic disease management;
- Providing services;
- Capital improvements;
- Medication management;
- Information technology; and
- Reimbursement to health care providers.

This bill requires the State Treasurer to transfer \$300,000, on or before July 15, 2015, from the Health and Human Services Cash Fund to the Lead-Based Paint Hazard Control Cash Fund in the Department of Economic Development. It is the intent of the Legislature that the transfer to the Lead-Based Paint Hazard Control Cash Fund shall be from funds credited to the Medicaid Fraud Settlement Fund.

This bill also creates the Oral Health Training and Services Fund.

This bill becomes operative July 1, 2015.