

## 2017 Summary of Legislative Bills Passed into Law Impacting DHHS

### **LB 9 (Krist) Adopt the Radon Resistant New Construction Act.**

LB 9 adopts the Radon Resistant New Construction Act. Legislative findings on the health risks of radon are provided as well as definitions.

The Radon Resistant New Construction Task Force is created. The task force consists of the Department of Health and Human Services (DHHS) chief medical officer or his/her designee who shall serve as the chairperson of the task force. Additional members of the task force include, representatives from the home builders' associations, home inspectors' association, commercial construction associations, realtors' association a respiratory disease organization, a cancer research and prevention organization, the League of Municipalities, and community public health; and a professional engineer, an architect and expert in residential or commercial building codes. The Governor shall appoint these additional members.

This task force meets at the call of the chairperson. Members serve without compensation, but shall be reimbursed for actual and necessary expenses. DHHS is required to provide staff and support for the operation of the task force.

This task force will develop minimum standards for radon resistant new construction and shall recommend these minimum standards to the Governor, Health and Human Services Committee and Urban Affairs Committee. In developing these minimum standards, the task force designs the standards so they may be enforced by a county, city or village; consider the International Building Code; and consider factors relating to installation.

This task force will provide its recommendations by April 15, 2018 and it will sunset on May 1, 2018. The Legislature intends that the recommendations be used during the 2019 Legislative session to establish minimum standards.

LB 9 becomes effective August 24, 2017.

### **LB 18 (Kolterman) Change licensure and scope of practice for dental assistants and dental hygienists.**

LB 18 establishes the licensure categories of dental assistant, expanded function hygienist and expanded function dental assistant. Licensure requirements are provided for the applicants in these professions. Upon completion of these requirements, DHHS, with the recommendation of the Board of Dentistry (Board), shall issue a permit to practice. Examples of expanded functions can include the dental activities of using fluoride, taking X-rays or polishing.

Every applicant must practice as a licensed dental assistant from another state to meet standards set by the Board. The applicant must also have been engaged in practice as a licensed dental assistant for at least three years under a license in another state.

Every person who owns, operates, or controls a facility in which an expanded function dental hygienist or an expanded function dental assistant is practicing must display the permit in such facility.

Dental hygienists are permitted to perform extra functions relating to oral health. DHHS may authorize a licensed dental hygienist, upon completion of education and testing approved by the Board, to perform interim therapeutic restoration techniques and writing prescriptions for mouth rinses and fluoride products. If a licensed dental hygienist has completed three thousand hours of clinical experience, they may also perform these additional functions as well as minor denture adjustments. Also, upon completion of education and testing approved by the Board, a licensed dental hygienist may administer nitrous oxide under the indirect supervision of a licensed dentist.

DHHS is allowed, with the recommendation of the Board and by rule and regulation, to prescribe functions, procedures, and services which may be performed by a licensed dental assistant under the supervision of a licensed dentist when intended to attain or maintain optimal oral health. Also, DHHS, with the recommendation of the Board, is required to adopt and promulgate rules and regulation governing the performance of duties by dental assistants, licensed dental assistants, expanded function dental assistants and expanded function dental hygienists. The rules and regulations shall include the degree of supervision which must be provided by a licensed dentist and proof of competency requirements.

This bill provides duties for dental assistants, licensed dental assistants, and expanded function dental assistants. Dental assistants may perform duties delegated by a licensed dentist in assisting the dentist in his/her clinical duties. Also, under indirect supervision of a licensed dentist, the dental assistant may monitor nitrous oxide or use certain anesthesia. Upon completion of education and testing by the Board, dental assistants may take X-rays or perform coronal polishing. A licensed dental assistant, upon completion of education and testing by the Board and under the supervision of a licensed dentist, may perform duties involving prostheses. Upon completion of education and testing by the Board and with a permit, an expanded function dental assistant, under the indirect supervision of a licensed dentist, may perform duties relating to restoration. A licensed dentist supervising these professions is responsible for the patient care.

An expanded function dental hygienist may perform all the procedures authorized by a licensed dental hygienist. Upon completion of education and testing approved by the Board and with a permit and under the indirect supervision of a licensed dentist, an expanded function dental hygienist may perform functions relating to restoration.

LB 18 becomes operative January 1, 2018.

**LB 19 (Kolterman) Change requirements for the practice of acupuncture.**

LB 19 eliminates the requirement that the acupuncturist be presented by the patient with a letter of referral from a physician or osteopath within ninety days of a treatment. An acupuncturist will now be required to refer a patient to an appropriate practitioner when the problem of the patient is beyond the training, experience, or competence of the acupuncturist.

LB 19 becomes effective August 24, 2017.

**LB 22 (Speaker Scheer At the Request of the Governor) Provide, change, and eliminate provisions relating to appropriations and reduce appropriations.**

LB 22 provides changes to appropriations and re-appropriations to DHHS in the current fiscal year ending June 30, 2017. This bill provides re-appropriations in DHHS programs involving health aid, juvenile services operations, Bridge to Independence, public health, care management, professional licensure and sex offender treatment.

LB 22 became effective February 16, 2017.

**LB 46 (Watermeier) Provide for Choose Life License Plates.**

LB 46 requires the Department of Motor Vehicles to issue Choose Life License Plates. Application requirements and license fees are provided.

Fees for initial issuance and renewal of these license plates are required. The State Treasurer is required to credit a portion of this fee to the Health and Human Services Cash Fund to supplement federal funds available to DHHS for the Temporary Assistance for the Needy Families program.

LB 46 becomes effective August 24, 2017.

**LB 88 (Blood) Adopt the Interstate Medical Licensure Compact and the Nurse Licensure Compact, provides for temporary licensure for military spouses, changes provisions relating to nurse practitioners, audiologists, registered nurses and licensed practical nurses.**

LB 88 adopts the Interstate Medical Licensure Compact. The purposes of the Compact are to provide a streamlined process that allows physicians to become licensed in multiple states, create another pathway for licensure, adopt the prevailing standard for licensure, ensure that state medical boards that participate retain jurisdiction to impose an adverse action against a license, and create the Interstate Medical Licensure Compact Commission (commission). A physician is required to meet eligibility requirements to receive an expedited license, designate a member state as the state of principal license, file an application for an expedited license, and comply with license renewal requirements. Member states issuing an expedited license may impose a fee on these licenses. The Compact also provides for disciplinary actions and investigations. The commission is charged with duties which include administering the Compact, promulgating rules, adopting bylaws, resolving disputes, establishing a database of all licensed physicians, and establishing a budget. The commission may levy and collect an annual assessment from each member state. A member state may withdraw from the compact by specifically repealing the statute which enacted the compact into law. The Compact shall dissolve when withdrawal of member states result in the membership in the compact to one member state.

The Nurse Licensure Compact is also adopted. The purposes of the Compact are to protect the public's health and safety, ensure the cooperation of party states in nurse licensure and

regulation, facilitate information in nurse regulation, promote compliance with the laws governing the practice of nursing, invest party states with the authority to hold nurses accountable to all state practice laws, decrease redundancies in issuance of nurse licenses, and provide opportunities for interstate practice of nurses. The Compact provides for multi-state licenses, applications for multi-state licenses, additional authorities of licensing boards to take adverse action. All party states shall participate in a coordinated licensure information system of all nurses. The Compact also establishes the Interstate Commission of the Nurse Licensure Compact Administrators. The commission's duties include rulemaking, dispute resolution, enforcement, establishing a budget, and financial decisions. The Compact shall become effective by no less than twenty-six states or on December 31, 2018.

This bill requires DHHS, with the recommendation of the appropriate board, to issue a temporary credential, except for dentistry, to a military spouse. Military spouses are required to submit copies of their military dependent identification card, spouses's military orders, credential from another jurisdiction, and fingerprints as well as the application fee. DHHS shall issue a temporary credential if it is determined that the applicant is a resident of Nebraska, is the spouse of an active duty member of the U.S. Armed Forces who is assigned to a duty station in Nebraska, holds a valid credential in another jurisdiction that has similar standards, has submitted fingerprints and has paid the application fee. The temporary credential shall be valid until the application for the regular credential is approved or rejected, not to exceed one year.

Provisions are updated relating to nurse practitioners. This bill defines approved nurse practitioner program as a graduate-level program accredited by a national accrediting body recognized by the U.S. Department of Education. Transition-to-practice agreements are defined as a collaborative agreement for two thousand hours of initial practice between a nurse practitioner and a supervising provider. The Nurse Practitioner Practice Act does not prohibit the performance of activities of a nurse practitioner by a person who does not have a license or temporary license under this act. Also, a nurse practitioner who was licensed in good standing in Nebraska on or before August 30, 2015, and had attained the equivalent of an initial two thousand hours of practice supervised by a physician or osteopathic physician shall be allowed to practice without a transition-to-practice agreement. This bill also updates application requirements of the Advanced Practice Registered Nurse Practice Act by changing the requirement of thirty contact hours of education in pharmacotherapeutics to completion of two thousand hours of practice as a nurse practitioner under a transition-to-practice agreement. Finally, this bill eliminates the requirement for nurse practitioners to submit to DHHS proof of professional liability insurance as well as transition-to-practice agreements.

Audiologists are exempted from the licensing requirements of a hearing instrument specialist.

Application requirements are changed for a registered nurse. Graduates of foreign nursing programs must pass a board-approved examination and, unless a graduate of a nursing program in Canada, provide a satisfactory evaluation of the education attended by the applicant from a board-approved foreign credentials evaluation services.

Licensed practical nurses are permitted to provide intravenous therapy. This bill requires licensed practical nurses to:

- hold a valid license issued before May 1, 2016;
- graduate from an approved program of practical nursing on or after May 1, 2016 or
- hold a valid license as a licensed practice nurse license issued on or before May 1, 2016 and complete, within five years, an eight hour didactic course in intravenous therapy and an approved employer-specific intravenous therapy skills course.

The portions of this bill relating to the Interstate Medical Licensure Compact, audiologists, and nurses providing intravenous therapy become effective August 24, 2017. The remaining portions became effective April 26, 2017.

**LB 91 (Hilkemann) Change provisions relating to infant health screenings.**

LB 91 requires that all infants born in Nebraska to be screened for additional diseases involving enzyme disorders, thyroid conditions and muscular disorders. These screenings will now include congenital primary hypothyroidism, adrenoleukodystrophy, mucopolysaccharidoses, Pompe disease and other inherited or congenital infant or childhood onset diseases. The term, metabolic, is eliminated. Also, this bill changes the administration fee by DHHS to twenty dollars.

LB 91 becomes operative July 1, 2018.

**LB 92 (Kolterman) Change tele-health provisions relating to children’s behavioral health and require health carriers to provide coverage for tele-health services.**

LB 92 removes a tele-health rules and regulation requirement. This bill eliminates the requirement that services provided by means of telecommunications technology, other than tele-health behavioral health services received by a child, are not covered if the child has access to a comparable service within thirty miles of his or her place of residence.

Insurance policies relating to tele-health are also changed.

LB 92 becomes effective August 24, 2017.

**LB 151 (Stinner) Change and provide for duties of the Auditor of Public Accounts and certain audited entities.**

LB 151 provides requirements for any entity, except the state colleges and the University of Nebraska, that is audited or examined and that is the subject of a comment and recommendation in a report or management issued by the Auditor. These entities, on or before six months after the management letter or report is issued, are required to provide to the Auditor a detailed written description of any corrective action taken in response to the comment and recommendation. The Auditor may investigate and evaluate the corrective action. The Auditor shall then electronically submit a report of any findings to the appropriate standing committee of the Legislature, the Appropriations Committee and the Governor. The Auditor shall also ensure that the report is

delivered to the Appropriations Committee for entry into the record during the committee's budget hearing process.

Public entities are required to provide suitable accommodations for any employee of the Auditor in conducting an audit. These accommodations shall include desks or tables or chairs, electrical outlets and Internet access.

The requirement that the Auditor conducts all audits and examinations in a timely manner and in accordance with current audit standards is removed. Also, this bill changes duties of the Auditor relating to the assessing of interest rates, sharing of working papers and requesting information from political subdivisions.

This bill also changes provisions relating to Department of Administrative Services contract requirements and local government budget statements.

LB 151 became effective April 28, 2017.

**LB 166 (Kolterman) Change provisions of Uniform Controlled Substances Act and Pharmacy Act.**

LB 166 changes pharmacy provisions relating to inventory; emergency situations; multi-drug containers; interns, technicians and clerks; practice agreements; long term care facilities; pharmacist-in-charge; liability; hospital settings and legend drugs.

Each pharmacy is required to complete a controlled substances inventory when there is a change in the pharmacy-in-charge. The inventory shall contain the information required in the annual inventory, and the original copy shall be maintained in the pharmacy for five years after the date is completed.

The definition of emergency situations is changed. Currently, DHHS defines this term through rules and regulations. This bill will now re-define this term as a situation in which a prescribing practitioner determines that immediate administration of the controlled substance is necessary, no appropriate treatment is available, and providing a prescription is not reasonably possible. Also, the term, emergency situations, if applicable, is changed as it relates to filling out prescriptions. In addition, the remaining portion of a partially filled prescription may be filled no later than thirty days after the date the prescription was written. Further, this bill provides new definitions of practice agreement, repackage and written protocol and harmonizes the definition of practice of pharmacy with other statutes.

For multi-drug containers, this bill will allow more than one drug, device, or biological drug to be dispensed in the same container when such container is pre-packaged by the manufacturer and is shipped directly to the pharmacy or does not accommodate greater than a thirty-one day supply and is labeled. If a pharmacy fills prescriptions for controlled substances on behalf of another pharmacy, the prescription label shall contain the Drug Enforcement Administration number of the pharmacy at which the prescriptions are filled.

Provisions are changed relating to pharmacy interns, pharmacy technicians and pharmacy clerks. Pharmacist interns and pharmacy technicians will be required to report acts of gross negligence and practicing while impaired. Lastly, a pharmacist intern must be supervised at all times while performing the functions of a pharmacist intern.

Pharmacists may enter into a practice agreement with a licensed health care practitioner to provide pharmaceutical care. The pharmacist is required to notify the Board of Pharmacy of this agreement and any changes to the agreement. The notice must also be given to the board that licenses the health care practitioner. A copy of the agreement and written protocol shall be available for review by a DHHS representative and the agreement must be in writing and signed by the participants. The participants must review, sign, and date the agreement and protocols every two years. The agreement and written protocols cease immediately upon the death of the pharmacist or practitioner, loss of license to practice, disciplinary actions or the individual decision by either participant or by the participants mutual agreement to terminate the practice agreement. A pharmacist intern may participate in the agreement without expressly being mentioned in the agreement if the pharmacist intern is supervised by the pharmacist who is a party to the agreement.

This bill provides changes relating to long term care facilities. This bill requires that the quantity of drugs indicated in a medical order for a resident of a long-term care facility shall be sixty days unless otherwise limited by a prescribing practitioner. Also, emergency box restrictions in long term care facilities regarding drug storage are removed. Finally, this bill allows the long term care Director of Nursing to designate a person to sign the receipt verifying the drugs initially placed in the emergency box are identical to the initial list on the exterior of the emergency box.

The responsibility of the pharmacist-in-charge for supervision and performance of pharmacy technicians is retained. However, this bill removes the responsibility of the pharmacist-in-charge from the practice of pharmacy and the onsite training, functions, supervision, and verification of the performance of pharmacy technicians.

When administration of a drug occurs in a hospital setting pursuant to a chart order, hospital personnel are allowed to provide the unused portion of the drug to the patient upon discharge from the hospital for continued use in the treatment of the patient. The drug must have been opened and used for treatment of the patient and the drug is in a multi-dose device or container or in the form of a liquid. The drug must be labeled with the patient's name, name of drug and quantity if appropriate, the date the drug was provided, and the directions for use.

A licensed health care practitioner authorized to prescribe controlled substances may provide patients being discharged from the hospital a sufficient quantity of drugs to continue treatment until the patient can reasonably access a pharmacy. The pharmacist in charge at the hospital must maintain records of these drugs provided to patients. There are storage, labeling and documentation requirements for providing drugs under this subsection.

This bill changes provisions relating to prescription refills and packaging requirements for multi-drug containers, of legend drugs.

LB 166 became effective April 28, 2017.

**LB 171 (Albrecht) Provide for payment of claims against the state.**

LB 171 writes off \$791,784.20 for DHHS and provides payments of claims involving other state agencies.

LB 171 became effective May 13, 2017.

**LB 180 (Bolz) Provide for bridge orders transferring juvenile court jurisdiction of a juvenile to a district court.**

A juvenile court may terminate its jurisdiction by transferring jurisdiction over the juvenile's custody, physical care, and visitation to the district court through a bridge order. This bridge order must show that:

- the juvenile has been adjudicated in an active court case and a dispositional order is in place;
- paternity of the juvenile has been legally established;
- juvenile has been safely placed with a legal parent; and
- juvenile court has determined that its jurisdiction should properly end once orders for custody, physical care, and visitation are entered by the district court.

When the bridge order requirements are met, a parent or guardian ad litem may file this motion with the juvenile court. This motion shall allege that the juvenile court action may safely be closed once order for custody, physical care, and visitation have been entered by the district court, state the relief sought, disclose any actions or proceedings affecting the juvenile's custody, state names and addresses of persons other than legal parents who have a court order for physical custody or claim to have custody or visitation rights and name as respondent any other person who has any relation to the controversy. This bill provides judicial procedures in transferring jurisdictions in these cases.

The Parenting Act (i.e. parenting plan, mediation) will apply to subsequent modifications of bridge orders by a separate juvenile court or county court sitting as a juvenile court and docketed in district court. The Parenting Act does not apply to a county attorney in the enforcement of bridge orders.

LB 180 becomes effective August 24, 2017.

**LB 195 (Craighead) Require notification following mammography as prescribed.,**

All health facilities that perform mammography are required to include information that identifies the patient's individual breast tissue classification in their report. If a facility determines that a patient has heterogeneously dense or extremely dense breast tissue, the report shall also include a notice to the patient. Facilities may update the language of the notice to reflect advances in science and technology.

LB 195 becomes effective August 24, 2017.

**LB 204 (Hilgers) Change provisions relating to appeals to the Supreme Court, service on state employees, and summary judgment.**

When any state employee sued in an individual capacity for an act or omission occurring in connection with duties performed on the State's behalf, both the employee and State must be served. This bill also provides changes to appeals and summary judgments.

LB 204 becomes effective August 24, 2017.

**LB 209 (Watermeier) Amend the Administrative Procedure Act by redefining a term and changing provisions relating to an index.**

For purpose of this act, any standard affecting private rights, private interests, or procedures available to the public is presumed to be relied upon to bind the public. Also, agencies are required to submit the index of all current rules and regulations to the Clerk of the Legislature by December 31 of each year.

LB 209 becomes effective August 24, 2017.

**LB 223 (Kuehn) Change provisions relating to prescription drug monitoring.**

The prescription drug monitoring system must now make the prescriptions information available to the statewide health information exchange. Participants shall have access to the exchange if such access is in compliance with federal privacy and security protections (HIPAA). If a patient opts out of the exchange, the prescription information regarding the patient shall not be accessible by the participants.

Prescription drug information, data contained in the prescription drug monitoring system and reports from this data are confidential and privileged as well as not public record. No patient-identifying data shall be disclosed or made public except to the statewide health information exchange and its participants, prescribers and dispensers. All other data is confidential use of DHHS and the exchange and its participants. DHHS may release such information as medical records to public or private persons or entities.

Training is required for any user before accessing the prescription drug monitoring system. Training includes the purpose of the system, access to and proper usage and laws relating to confidentiality and security. Such training shall be administered by the statewide health information exchange. Users who have been trained before the effective date of this law are deemed to be in compliance with the training requirements.

This bill defines participant as an individual or entity that has entered into a participation agreement with the statewide health information exchange which requires the individual or entity to comply with federal law (HIPAA).

Beginning July 1, 2018, veterinarians are required to indicate that the prescription subject to current reporting requirements is an animal prescription. This prescription shall include name and address of the individual whom the drug is dispensed; reporting status; first and last name of the prescribing veterinarian and his or her federal Drug Enforcement Administration number; name of the drug and prescription number; prescription date and date prescription filled; number of refills; and quantity of drug and the number of days' supply.

LB 223 became effective May 10, 2017.

**LB 225 (Crawford) Change provisions of the Child Protection and Family Safety Act, the Nebraska Juvenile Code, the Foster Care Review Act, and the Nebraska Strengthening Families Act as prescribed.**

LB 225 changes provisions to alternative response, central registry records checks, dissemination of pictures and information of foster care children, and the Normalcy Task Force. Also, this bill provides intent language and creates the requirement of normalcy plans and the Children and Juveniles Data Feasibility Study Advisory Group.

DHHS may begin using alternative response statewide and continue until December 31, 2020. DHHS will be required to provide a report to the Children's Commission and the Health and Human Services Committee by November 15, 2018. The report shall outline, at a minimum, the challenges, barriers, and opportunities that may occur if alternative response implementation plan is made permanent. Language is clarified regarding evaluation, rules and regulations and updates to the Children's Commissions. Further, DHHS shall make child abuse and neglect reports available to child advocacy centers.

DHHS may charge a reasonable fee to recover expenses in carrying out central registry record checks. The fee shall not exceed three dollars for such request to check these records. DHHS must remit the fees to the State Treasurer for credit to the HHS Cash Fund. The fee may be waived by DHHS if the requesting party shows the fee would be an undue hardship. These fees shall be used to defray costs incurred to carry out such records checks. Finally, DHHS may adopt and promulgate rules and regulations to carry out this law.

This bill clarifies that nothing in current juvenile law shall be construed to restrict the immediate dissemination of a current picture and information about a child who is missing from a foster care or out-of-home placement. Such dissemination by Probation shall be authorized by a judge or court. Also, this information shall be subject to state and federal confidentiality laws and shall not include that the child is in the care, custody, or control of DHHS or under supervision of Probation. Also, DHHS and Probation shall establish procedures for the immediate dissemination of a current picture and information about a child who is missing from a foster care or out-of-home placement to appropriate third parties.

Provisions of the Nebraska Strengthening Families Act are changed. Beginning July 1, 2017, the Normalcy Task Force is replaced by the Nebraska Strengthening Families Act Committee. This

committee is then required to monitor and make recommendations regarding the federal Preventing Sex Trafficking and Strengthening Families Act.

The Nebraska Legislature recognize the importance of parental rights and the different rights that exist dependent on a variety of factors. Also legislative intent language is provided to recognize the importance of race, culture, and identity for children in out-of-home care.

Changes to child care institutions that provide foster care are provided. The department shall also require, as a condition of each contract entered into by a child-care institution to provide foster care, a written normalcy plan describing how the child-care institution will ensure that all children have access to age/developmentally appropriate activities to be filed with the department and a normalcy report regarding the implementation of the normalcy plan filed with the department annually by June 30. These reports are not required to be provided by child-care institutions located outside Nebraska or psychiatric residential treatment facilities. Children placed by DHHS in a foster family home or child care institution shall be entitled to access to reasonable opportunities of participation in activities. Children must be notified, in an age or developmentally appropriate manner, of the process for making a request to participate in these activities.

This bill also requires DHHS, including YRTCs, to develop a written normalcy plan. The written normalcy plan shall address normalcy efforts to address barriers for children in child care institutions, normalcy efforts for all children placed in the child-caring institutions; the institution's case planning, staffing, a list of activities provided onsite and in the community, identified accommodations and support services; the individualized needs of all children involved in the system; efforts to reduce disproportionate impact of the system and services on families and children of color and other populations; and efforts to develop a youth board to assist in implementing the reasonable and prudent parent standard in the child-care institution and promoting/supporting normalcy. The normalcy report shall specifically address compliance.

Normalcy plans and reports shall be available upon request to the Nebraska Strengthening Families Act Committee, Children's Commission, Probation, the Governor, and electronically to the Health and Human Services Committee, by September 1 of each year. In addition, DHHS is required to adopt and promulgate rules and regulations regarding training for foster care parents on recognizing human trafficking.

The Children and Juveniles Data Feasibility Study Advisory Group is created. This group shall oversee a feasibility study to identify how existing state agency data systems relating to children and juveniles can be used to establish an independent, external data warehouse. The Nebraska Foster Care Review Office is required to provide the administrative support. This group shall include the Inspector General of Nebraska Child Welfare or designee, the State Court Administrator or designee, Probation administrator or designee, executive director of the Commission on Law Enforcement and Criminal Justice or designee, Commissioner of Education or designee, executive director of the Foster Care Review Office or designee, Chief Information Officer or designee, Chief Executive Officer of DHHS or designee. This bill also provides duties to create subcommittees and a reporting requirement.

LB 225, except for the provision regarding background checks, became effective April 28, 2017. The background check provision becomes effective September 3, 2017.

**LB 255 (Crawford) Adopt the Dialysis Patient Care Technician Registration Act.**

The purpose of this Act is to ensure the health, safety, and welfare of the public by providing for the accurate, cost-effective, efficient and safe utilization of dialysis patient care technicians in the administration of hemodialysis. Hemodialysis is a medical procedure to remove fluid and waste products from the blood and to correct electrolyte imbalances and is used to treat kidney failure.

A dialysis patient care technician may administer hemodialysis under the authority of a registered nurse. This bill provides minimum requirements for a dialysis patient care technician as well as registration requirements. An applicant must report to DHHS, in writing, any conviction for a felony or misdemeanor and any pardon or setting aside of a conviction.

DHHS is required to list each dialysis patient care technician on the Dialysis Patient Care Technician Registry. A listing in the registry shall be valid for the term of the registration and upon renewal unless such listing is refused renewal or removed. The registry shall contain the individual's full name, any convictions, certificate showing completion of a nationally recognized training program and certificate showing completion of an examination. These technicians are not required to register in the Medication Aide Registry.

LB 255 became effective May 11, 2017.

**LB 259 (Hansen) Adopt and change competency and financial ability provisions relating to court proceedings.**

LB 259 provides the jurisdiction for county courts to determine the competency of a defendant to stand trial. Also, city attorneys may call to the attention the competency of a defendant.

Provisions are also changed relating to debt collection, ability to post bail, financial ability to pay fines or traffic citations, and pre-trial release.

Portions of this bill relating to competency, debt collection and pre-trial release become effective August 24, 2017. The remainder of this bill becomes operative July 1, 2019.

**LB 263 (Transportation and Telecommunications Committee) Change provisions regulating the transportation of DHHS clients and provisions relating to transportation.**

LB 263 allows DHHS, Medicaid managed care organization under contract with DHHS, or another agent working on DHHS's behalf to contract for non-emergency medical transportation for Medicaid clients with a regulated motor carrier holding a designation of authority. While operating under a designation of authority, a regulated motor carrier must comply with DHHS requirements to protect the safety and well-being of DHHS clients; including training, driver standards, background checks and quality of service. A regulated motor carrier must also

comply with the Public Service Commission rules and regulations governing insurance requirements, equipment standards, and background checks.

DHHS or any agency organized under the Nebraska Community Aging Service Act may contract for the transportation of clients with a contractor which does not hold a certificate if the following circumstances occur:

- the contractor is the individual who will personally drive the vehicle in question;
- the only compensation to the contractor is paid by DHHS at a rate no greater than that provided for reimbursement of state employees; and
- no regulated motor carrier is serving the area in which the client needs transportation; or
- the regulated motor carrier serving the area is incapable of providing the service; or
- the regulated motor carrier cannot or will not provide such service.

This provision of law does not apply to a regulated motor carrier holding a designation of authority.

In consultation with DHHS, Public Service Commission is required to adopt and promulgate rules and regulations governing minimum liability insurance requirements, equipment standards, driver qualification requirements, and notices for any contractor used by DHHS or area agencies on aging.

DHHS or any area agency on aging must reimburse common and contract carriers for transportation of passengers. Rates for non-emergency medical transportation service providers with a designation of authority are not subject to commission regulation. Also, regulated motor carriers with such designation reimbursed under this provision are not subject to commission rate regulation. DHHS may reimburse an individual for costs if the individual is under contract with DHHS and provides transportation and the eligible person has chosen the individual to provide the transportation. DHHS shall reimburse for the costs incurred in the transportation at a rate no greater than that provided for reimbursement of state employees. Transportation provided to an eligible person by an individual does not constitute transportation for hire. DHHS may adopt and promulgate rules and regulations to implement this provision.

This bill requires a designation of authority to be issued to any regulated motor carrier to provide Medicaid non-emergency medical transportation services pursuant to a contract with DHHS, a Medicaid managed care organization under contract with DHHS or another agent working on DHHS's behalf if it is found after notice and hearing from the application or from any hearing held on the application that authorization is or will be required to serve the distinct needs of Medicaid clients. In determining whether the authorization is or will be required by Medicaid clients, the Public Service Commission shall consult with the Director of MLTC of DHHS or his or her designee.

Other transportation provisions are changed relating to motor vehicles, and notification systems and Native American Cultural Awareness and History Plates.

The portions relating to transportation of DHHS clients became effective April 28, 2017. The remaining portions become effective August 24, 2017.

**LB 267 (Linehan) Change provisions relating to onsite vaccinations to health care facilities.**

LB 267 requires each nursing facility and skilled nursing facility to annually offer onsite vaccinations. These vaccinations shall be for influenza and pneumococcal disease to all residents and influenza to all employees.

LB 267 becomes effective August 24, 2017.

**LB 268 (Schumacher) Change court and other provisions relating to medical assistance reimbursement.**

LB 268 changes provisions relating to reimbursement of Medicaid payments made by DHHS.

County courts are allowed to have concurrent jurisdiction with district courts to determine contribution rights under the current Medicaid reimbursement law.

This bill changes notices that are given to DHHS involving estates as well as waivers of restrictions on transfers and recitals. Notices, waivers and recitals will be provided to DHHS in a delivery manner and at an address designated by DHHS (i.e. e-mail). DHHS shall post the acceptable manner of delivering notice on its website. Any notice, waiver, or recital that fails to conform to such manner is void.

Provisions relating to the recording of deeds are changed. This bill requires that a portion of the recording fee be used to preserve and maintain public records of a register of deeds office that has been consolidated with another county office. Also, no fees shall be received for recording instruments for DHHS.

Medicaid applicants are required to disclose all of his or her interests in any assets. Assets include any security, bank account, intellectual property right, contractual or lease right, real estate, trust, corporation, or limited liability company. Also, the applicant shall disclose income from these interests and income from their spouse or an entity controlled by spouse. If income is derived from a written lease, DHHS shall determine whether the terms were commercially reasonable for Medicaid eligibility purposes. The burden of proof of commercial reasonableness rests with the applicant and DHHS's determination of commercial reasonableness may be appealed. DHHS shall seek recovery against the applicant if the applicant willfully fails to make these disclosures. DHHS may also seek recovery against an applicant that unlawfully obtains Medicaid if brought against applicant or their estate within five years of the death of the applicant and their spouse. DHHS may adopt and promulgate rules and regulations to carry out this law. These rules and regulations may include guidance on the commercial reasonableness of lease terms.

The State of Nebraska may place a lien on real estate for Medicaid reimbursement. This bill requires the register of deeds to send a statement of real estate transfers between relatives to DHHS. Also, DHHS must file notice of a lien to the register of deeds in the county/counties

where the real estate is located after DHHS receives the Medicaid application. Further, additional requirements are provided relating to the priority of the lien, value of the lien, optional future advances and release of these liens. DHHS may adopt and promulgate rules and regulations to carry out this law.

A medical provider shall have the authority of a guardian and conservator for the limited purpose of making a Medicaid application on behalf of a person the provider is treating. This person must be unconscious or unable to apply for Medicaid and does not have a power of attorney or court-appointed individual to apply on his/her behalf.

Provisions are changed relating to Medicaid recipients. DHHS is prohibited from closing on a lien on the recipient's home if a sibling with an equity interest has resided in the home for at least one year while the home is the residence of an adult child who has lived in the home for at least two years immediately before the recipient was institutionalized and can establish that her or she provided care that delayed the recipient's admission.

The definition of the estate of recipient is changed to include real estate, assets conveyed to heirs, and insurance policies, annuities, pensions, and retirement plans which the recipient has ownership or interest in.

This estate shall not include insurance policies not paid by recipient, insurance proceeds and accounts in institutions, insurance proceedings subject to Burial Pre-Need Act, real estate conveyances subject to grantor's life estate and pensions or retirement plans exempt from reimbursement. DHHS cannot recover items that are not included in the estate. In addition, this bill changes Medicaid recipient provisions involving the protection of assets transferred and third party actions. Further, DHHS shall release the property of the decedent if there is no Medicaid reimbursement due and no Medicaid application has been filed. DHHS is required to certify to the applicant that no reimbursement is due and report annually to the Legislature the attorney fees paid for failure to make these certifications. County attorneys may seek the consent of DHHS to recover Medicaid reimbursement if DHHS does not seek to recover eighteen months it is entitled to do so. Finally, this bill allows DHHS to bring an action for recovery against the estate of the recipient before five years of the recipient's death, recipient spouse's death, the youngest child of recipient turns twenty-one years of age or any adult child of recipient is no longer blind or disabled.

DHHS is required to search its records to determine if the deceased had applied for or received Medicaid. If the deceased made such application or received such assistance, DHHS will file a demand for notice in county court. DHHS must also annually report to the Legislature the number of demands and mailings of the certificates over twenty-one days.

This bill changes lien provisions relating to the Secretary of State.

LB 268 becomes effective August 24, 2017.

**LB 289 (Pansing Brooks) Change provisions relating to paternity of a child conceived as a result of sexual assault, provide provisions relating to sex offenses and domestic violence protection orders, and provide for sexual assault protection orders.**

If a family includes a child who was conceived by the victim of a sexual assault and a biological parent is convicted of the crime, the convicted biological parent shall not be considered a part of the child's family for purposes of requiring reasonable efforts to preserve and reunify the family. Also, the court may stay a paternity action if there is a pending criminal allegation of sexual assault against the alleged father regarding the conception of the child. Lastly, this bill prohibits a person from having custody, parenting time or visitation with a child if the person has been convicted of sexual assault unless the custodial parent consents.

Also, this bill provides for domestic protection orders, sexual assault protection orders and provisions relating to sex offenses.

LB 289 becomes effective August 24, 2017.

**LB 307 (Brasch) Provide for mediation, child abuse prevention, and civil legal services fees in certain proceedings.**

LB 307 requires the collection of a mediation fee of fifty dollars and a child abuse prevention fee of twenty-five dollars. These fees shall be remitted to the State Treasurer who shall credit the child abuse prevention fee to the Nebraska Child Abuse Prevention Fund and the mediation fee to the Parenting Act Fund. This bill also provides for a civil legal services fee in pleadings involving the modification of child support; or establishing or modifying custody, parenting time or visitation.

LB 307 becomes effective August 24, 2017.

**LB 323 (Kolterman) Adopt the Palliative Care and Quality of Life Act.**

DHHS is required to establish the Palliative Care Consumer and Professional Information and Education Program and consult with the Palliative Care and Quality of Life Advisory Council regarding this program. This information must be available on the DHHS website on or before June 30, 2018 and shall include continuing education opportunities, delivery of care, best practices, educational materials, referral information and delivery systems.

The Palliative Care and Quality of Life Advisory Council is created. The Council must consult with DHHS on matters relating to palliative care initiatives. Also, this bill requires the Council to survey palliative care providers regarding best practices and recommendations, work with DHHS, and make recommendations to DHHS regarding the information on the website. The Council will be composed of nine members appointed by the Governor for a three-year term. At least two members must be physicians or nurses holding hospice or palliative medicine certification and one member must be a DHHS employee who is familiar with hospice and palliative medicine. The remaining members shall have palliative care work experience, have experience with palliative care delivery models or represent palliative care patients and their

family caregivers. This bill also requires the Council to meet at least twice a year, elect a chairperson and vice-chairperson and be reimbursed for expenses. DHHS is required to provide a place and time for the meetings and provide the necessary staffing for the meetings.

LB 323 becomes effective August 24, 2017.

**LB 327 (Speaker At the Request of the Governor) Appropriate funds for the expenses of Nebraska State Government for the biennium ending June 30, 2019.**

LB 327 is the mainline budget bill for DHHS as well as for all state government. This bill provides FY2017/18 and FY2018/19 appropriations in the areas of public health, behavioral health, children and family services, developmental disabilities and Medicaid and long-term care.

This bill includes language on appropriations in the areas of Medicaid. An appropriation is included to rebase rates by three percent for hospitals paid under the prospective payment system. Unexpended appropriation balances for the Medicaid program may be transferred to the Developmental Disabilities Fund maintain individuals with an intellectual or developmental disability. It is the intent of the Legislature that DHHS shall provide quarterly status reports electronically on the Medicaid Medical Information System (MMIS).

Appropriations for the electronic records initiative are included.

Language regarding appropriations in the area of developmental disabilities is included. This bill includes intent language that the Department of Education and the Division of Developmental Disabilities work collaboratively to focus on employment for individuals with disabilities and to maximize federal matching funds. Appropriations are also provided for the waiting list.

LB 327 becomes operative July 1, 2017.

**LB 330 (Speaker Scheer at Request of Governor) Appropriate funds for capital construction and property acquisition.**

LB 330 authorizes DHHS to use re-appropriated funds originally appropriated for the renovation of Building 3 at the Hastings Regional Center. Such re-appropriated funds will be used to construct a facility at the Hastings Regional Center to house the chemical dependency program for males in state custody. Included in the re-appropriated fund balances is an estimated \$2,897,000 to demolish buildings at the Hastings Regional Center.

This bill also appropriates funds to other state agencies for capital construction and property acquisitions.

LB 330 becomes operative July 1, 2017.

**LB 331 (Speaker Scheer at Request of Governor) Create funds, provide for transfers, change provisions governing funds and change the reserve requirement.**

LB 331 requires the State Treasurer to transfer \$1,200,000 from the Health and Human Services Cash Fund to the General Fund. It is the intent of the Legislature that the transfer be from funds credited to the False Medicaid Claims Cash Fund, a sub-fund of the Health and Human Services Cash Fund.

Also, the State Treasurer is required to transfer \$3,700,000 from the Health and Human Services Cash Fund to the General Fund. It is the intent of the Legislature that the transfer be from funds credited to the Wholesale Drug Distributor sub-fund of the Health and Human Services Cash Fund,

Furthermore, the State Treasurer must transfer \$7,000,000 from the Health and Human Services Cash Fund to the General Fund. It is the intent that the transfer be from funds credited to the Cancer Research sub-fund of the Health and Human Services Cash Fund.

Provisions are changed relating to funds, transfers and the reserve requirement.

LB 331 became effective May 24, 2017.

**LB 333 (Riepe) Change provisions relating to developmental disabilities.**

LB 333 updates the definition of developmental disability. Developmental disability is defined as a severe, chronic disability including an intellectual disability, other than mental illness.

Developmental disability is further defined as:

- attributable to a mental or physical impairment unless impairment is solely attributable to a severe emotional disturbance or persistent mental illness;
- manifests before the age of twenty-two years;
- continues indefinitely;
- results in substantial functional limitations in adaptive functioning; and
- reflects the individual's need for a combination and sequence of special, interdisciplinary, generic services, or individualized support.

An individual from birth through the age of nine years who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without manifesting substantial functional limitations in three or more areas of adaptive functioning.

The term, maximum extent possible, is struck from the language that all persons with developmental disabilities shall have a right to live, work, and recreate with people who are not disabled and shall be served by the community. Also, this bill strikes old language regarding priorities.

This bill strikes language on quality review teams and creates a quality management and improvement plan. This bill requires DHHS, with the assistance and support of the Advisory Committee on Developmental Disabilities, to develop and implement a quality management and improvement plan to promote and monitor quality relating to services and quality of life for persons with developmental disabilities. The purpose of this plan is to provide information

necessary for an accurate assessment of the quality and effectiveness of services for persons with developmental disabilities and their families. Also, this plan shall reflect national best practice for these services as determined by DHHS with the assistance of the advisory committee. Further, this plan shall assess these services through quantitative and qualitative means and include recommendations for improvements. DHHS is required to provide this plan electronically to the Legislature no later than September 30, 2017. In addition, DHHS is required to issue an implementation report regarding this plan and publish it on the DHHS website and provide it electronically to the Legislature on or before December 30, 2017, and March 30, 2018. Beginning in 2018, DHHS shall annually provide a report, electronically to the Legislature on or before September 30, 2017, regarding outcomes, improvement priorities, and activities during the previous fiscal year.

Provisions relating to the Advisory Committee on Developmental Disabilities are changed. This committee will also include a representative of Nebraska's designated protection and advocacy organization, a representative of the Nebraska Planning Council on Developmental Disabilities, and a representative of the University Center for Excellence in Developmental Disability Education, Research, and Service. Also, fifty-one percent of the members shall be persons with developmental disabilities and family members. DHHS is required to inform the committee of proposed systemic changes to these services at least thirty days prior to the implementation of the changes. If the director determines that circumstances require implementation of the changes before such notice, DHHS shall inform the committee as soon as possible. The committee, in partnership with the director, shall establish criteria for the process of providing the information and receiving the response.

DHHS must administer the Medicaid home and community-based waivers upon application approval by the federal Centers for Medicare and Medicaid Services (CMS). Beginning July 1, 2019, persons determined to be eligible for specialized services who on or after September 6, 1993, graduate from high school, reach the age of twenty-one, or are currently receiving services shall receive services pursuant to the Developmental Disabilities Services Act. The amount of funding for these services shall be determined using an objective assessment process developed by DHHS and approved by CMS. Also, this bill provides intent language that DHHS to take all possible steps to maximize federal funding.

New priorities for funding the Medicaid home and community-based services waivers are provided. The first priority will be responding to the needs of persons with developmental disabilities in immediate crisis due to caregiver death, homelessness, or a threat to life and safety. The second priority shall be for persons that have resided in an institutional setting for a period of at least twelve continuous months and who are requesting community-based services. The third priority will be for serving DHHS wards or persons placed under Probation by the courts who are transitioning upon age nineteen with no other alternatives. The fourth priority shall be for serving persons transitioning from the education system upon attaining twenty-one years of age to maintain skills and receive day services. The fifth priority shall be for serving all other persons by date of application.

LB 333 became effective May 24, 2017.

**LB 335 (Riepe At the Request of the Governor) Change provisions relating to a child care market rate survey.**

LB 335 requires DHHS, for fiscal year beginning on July 1, 2017, to not set the child care reimbursement rate less than the fiftieth percentile or the rate for the immediately preceding fiscal year. Also, DHHS, for fiscal year beginning on July 1, 2018, shall not set such rate less than the sixtieth percentile for the last three quarters of the fiscal year or the rate for the fiscal year beginning on July 1, 2016.

LB 335 becomes effective May 13, 2017.

**LB 340 (Murante At the Request of the Governor) Transfer powers and duties from DHHS Division of Veterans' Homes to Department of Veterans' Affairs.**

LB 340 requires all programs, services, and duties of the Division of Veterans' Homes to be transferred to the Department of Veterans' Affairs. All rules, regulations and orders of the Division or its predecessor agencies will continue to be effective until revised, amended, repealed or nullified. The Veterans' Homes Board shall prescribe membership rules in accordance with current law.

The Department of Veterans' Affairs Cash Fund is created and will include money transferred pursuant to the Veterans Services Act. This bill also transfers employees, contracts, legal actions, property, funds and financial obligations from the Division to the Department of Veterans' Affairs. Any appropriation and salary limit provided to DHHS during this legislative session shall be null and void and any such amounts are appropriated to the Department of Veterans' Affairs

Lastly, for an agency with four thousand and one to five thousand employees, the number of discretionary employees is changed from fourteen to forty.

LB 340 becomes operative July 1, 2017.

**LB 417 (Riepe) Change and eliminate provisions relating to public health and welfare.**

LB 417 provides technical changes in the areas of nursing assistants, behavioral health peer support, reports, senior companion volunteers and Uniform Credentialing Act (UCA) notices.

The term nursing assistants is changed to nurse aide in order to align state statutes with the federal statutes governing nurse aides.

The Division of Behavioral Health will establish standards for peer services. These standards include training programs and for training, certification of, and service delivery by individuals.

This bill eliminates and changes statutorily required reports to the Legislature. This bill eliminates reports on care management units, occupancy of licensed psychiatric hospital beds of regional centers, behavioral health data management, and juvenile associations. This bill

eliminates Medicaid reports to the Medicaid Reform Council and biannual rules, regulations and state plan amendment reports, but does require an annual report involving a summary and analysis of the Medicaid program to the Governor and Legislature. This bill places the foster care training waiver report under the reporting requirements of the child welfare services report.

Provisions relating to the senior companion volunteer program are updated. This bill updates the term senior companion volunteer to senior volunteer. Also, this bill updates language involving grants and reimbursement.

The requirement for mailing written notices under the UCA is broadened to any notices which would allow these to be sent electronically.

LB 417 becomes effective August 24, 2017.

**LB 430 (Smith) Change powers and duties of DHHS under the Radiation Control Act.**

LB 430 changes DHHS fee collection requirements relating to nuclear power plants. This bill requires that the fee for any nuclear power plan not exceed the lesser of actual costs or eighty-two thousand dollars per year. These fee collection requirements will not apply to any nuclear power plan that has initiated permanent plant decommissioning and has notified DHHS that it has implemented a permanent defueled emergency plan and no longer requires pre-planned assistance from state agencies and no longer requires protective actions beyond the site boundary. If a nuclear power plant is no longer subject to these fee requirements, the fee for the remaining nuclear power plan shall not exceed the lesser of the actual costs of the department's activities or one hundred ten thousand dollars per year.

LB 430 becomes effective August 24, 2017.

**LB 444 (Walz) Changes provision under the Nebraska Workers' Compensation Act regarding frontline state employees and county or city health insurance plans.**

LB 444 expands workers' compensation coverage to frontline state employees who suffer mental injuries and mental illness without a corresponding injury. Frontline employees include DHHS employees whose duties involve regular and direct interaction with high-risk individuals. High-risk individuals include patients at a regional center or juveniles committed to the Youth Rehabilitation and Treatment Centers in Geneva and Kearney.

Cities and counties are prohibited from cancelling health insurance coverage for injured first responders.

LB 444 becomes effective August 24, 2017.

**LB 464 (Watermeier) Provide notice to and duties for the Secretary of State regarding adoption, amendment, or repeal of a rule or regulation.**

LB 464 requires an agency to send proposed rules or regulations to the Secretary of State to be published on their website.

LB 464 became effective May 11, 2017.

**LB 481 (Kuehn) Provide for drug product selection for interchangeable biological products.**

LB 481 updates Nebraska law to allow for the substitution of biological products with federal Food and Drug Administration (FDA) approved interchangeable biological products.

Definitions for biological product and interchangeable biological product are provided. Biological products (i.e. vaccines, blood products for transfusions, human tissue for transplants) are defined as the same meaning in federal law. Federal law defines biological products as a virus, serum, vaccine or blood component that is applicable to the prevention, treatment, or cure of a disease or condition of human beings. Interchangeable biological products are defined as a biological product that the FDA has licensed, determined meets the standards for federal law and determined is therapeutically equivalent to federal law.

Pharmacists are required to advise the patient that drug product selection has occurred if they receive a prescription for a biological product and choose to dispense an interchangeable biological product for the prescribed product. Additional dispensing requirements are provided for pharmacists.

DHHS is required to maintain a link on its website to the current list of all biological products that FDA has determined to be interchangeable biological products.

LB 481 becomes operative on January 1, 2018.

**LB 487 (Morfeld) Provide and change immunity provisions relating to naloxone and asthma and allergic reactions and change provisions of the Uniform Controlled Substances Act.**

LB 487 changes criminal code provisions relating to persons using controlled substances. A person will not be in violation of possessing a controlled substance if they made a good faith emergency medical assistance in response to a drug overdose.

Immunity provisions for the use of naloxone are provided for peace officers and emergency responders.

The definition of marijuana is changed to include cannabidiol contained in a drug product approved by the federal Food and Drug Administration (FDA). Further, this bill added cannabidiol in a drug product approved by the federal Food and Drug Administration as a Schedule V narcotic. Lastly, this bill clarifies that the U.S. Drug Enforcement Administration is the only entity besides the State who can issue controlled substance registration.

A physician or other health care professional may issue a non-patient-specific prescription for medication in response to life-threatening asthma or anaphylaxis to schools. Also, a pharmacist is allowed to dispense medication pursuant to this prescription. Immunity provisions are provided.

LB 487 becomes effective August 24, 2017.

**LB 506 (Albrecht) Adopt the Compassion and Care for Medically Challenging Pregnancies Act and provide changes to the State Child and Maternal Death Review Team.**

LB 506 adopts the Compassion and Care for Medically Challenging Pregnancies Act and provides definitions. This act allows a physician or nurse practitioner who diagnoses an unborn child as having a lethal anomaly to inform the pregnant woman that perinatal hospice services are available and offer or refer this care. Further, the physician or nurse practitioner may deliver to the pregnant woman in writing the information support sheet provided by DHHS.

DHHS is required to create and organize geographically a list of perinatal hospice programs available in Nebraska and nationally. DHHS shall post this information on its website and shall include an information support sheet in English and Spanish on the website that can be printed and delivered by physicians and nurse practitioners to the pregnant woman. The website and information sheet shall be completed and available within ninety days after the effective date of this act. The website and information support sheet shall include a statement regarding perinatal hospice, description of health care services available, and contact information. A perinatal hospice program may request that DHHS include the program's informational material and contact information on the website. DHHS may add the information upon request.

Duties for the State Child and Maternal Death Review Team are provided. This bill allows this team to enter into written agreements with entities to provide for the secure storage of electronic data based on information and records collected by the team. This information includes data that contains personal or incident identifiers. These agreements shall provide for the protection of the security and confidentiality of the content of the information, including access limitations, storage of information, and destruction of information. Confidentiality provisions in current state law shall apply to the activities of the data storage entity. This bill also defines entity as an organization which provides collection and storage of data from multiple agencies, but is not solely controlled by the agencies providing the data.

LB 506 becomes effective August 24, 2017.

**LB 578 (McDonnell) Adopt the Ground Emergency Medical Transport Act.**

LB 578 requires that an eligible provider, in addition to the payment rate that a provider would receive for Medicaid ground emergency medical transport services, receive supplemental reimbursement. Participation by an eligible provider is voluntary. A provider is eligible for supplemental reimbursement if they:

- provide emergency medical transport services to Medicaid beneficiaries;

- enroll as a Medicaid provider;
- are owned or operated by state, tribal or local government; and
- participate in an intergovernmental transfer program.

Calculations and payments of the supplemental reimbursement are provided.

State General Funds cannot be used in carrying out this Act.

DHHS must design and implement, in consultation with eligible providers, an intergovernmental transfer program relating to Medicaid managed care ground emergency medical transport services. To the extent intergovernmental transfers are voluntarily made by, and accepted from, an eligible provider, DHHS shall make increased capitation payments to applicable Medicaid managed care plans. This intergovernmental transfer program will be implemented on the date federal approval is obtained. However, to the extent permitted by federal law, DHHS may implement this program and increased capitation payments retroactive to the date that the state plan amendment is submitted to the Centers for Medicare and Medicaid (CMS). Participation in this program is voluntarily. As a condition for participation, each eligible provider is required to reimburse DHHS for any costs associated with implementing this program and comply with any DHHS information requests or data requirements.

An eligible provider is required, as a condition of receiving supplemental reimbursement, to enter into an agreement with DHHS regarding implementation and reimbursement of costs. The non-federal share of the supplemental reimbursement submitted to CMS for purposes of claiming federal financial participation shall be paid only with funds from state, tribal or local government and certified to DHHS.

A governmental entity may seek supplemental reimbursement on behalf of an eligible provider owned and operated by the entity. The entity is required to certify that the claimed expenditures for these services are eligible for federal financial participation, provide evidence supporting the certification, submit data to DHHS to determine the amount to claim as expenditures, and keep and maintain records on reimbursement amounts and any other records required by CMS.

On or before January 1, 2018, DHHS must submit a Medicaid State Plan Amendment (SPA) to CMS. The SPA shall provide for the supplemental reimbursement rate for ground emergency medical transport services. DHHS may limit the program to those costs that are allowable expenditures under federal law. Without federal approval, this Act may not be implemented. The intergovernmental transfer program shall be implemented only if and to the extent federal financial participation is available and is not otherwise jeopardized and any necessary federal approval has been obtained. To the extent that the chief executive officer (CEO) of DHHS determines that the payments do not comply with federal requirements, the CEO may return or not accept this transfer and may adjust payments as necessary.

DHHS is required submit claims for federal financial participation for the expenditures of these services that are allowable expenditures under federal law. Also, DHHS shall annually submit any necessary materials to the federal government to provide assurances that claims for federal financial participation will include only those expenditures at are allowable under federal law. If

a final determination is made by an appellate court or CMS that the supplemental reimbursement shall be made to a provider not described in this Act, the CEO shall execute a declaration that the supplemental reimbursement becomes inoperative. To the extent federal approval is obtained, the increased capitation payments may commence for dates of service on or after January 1, 2018.

LB 578 becomes effective August 24, 2017.

**LB 590 (Crawford) Change state building code provisions.**

LB 590 changes the child care occupancy provisions of in-home day care and in-home care facilities to align with the state building code. Also, this bill allows state agencies to adopt, promulgate, or enforce any rule or regulation in conflict with the state building code when specifically authorized by statute. This bill became effective April 28, 2017.

**LB 605 (Riepe) Change rate provisions relating to the Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD) Reimbursement Protection Fund.**

LB 605, for Fiscal Year 2016/17 and each fiscal year thereafter, the ICF/DD Reimbursement Protection Fund rebase rates will be calculated by using the tax proceeds to enhance rates by increasing the annual inflation factor to the extent allowed to ensure federal financial participation for DHHS's payments to ICF/DDs.

LB 605 becomes effective May 10, 2017.

**LB 644 (Government, Military and Veterans Affairs Committee) Provide, change, and eliminate provisions governing boards, commissions, and similar entities.**

LB 644 eliminates the Out-of-Home Data Pilot Project Advisory Group, Intergenerational Poverty Task Force, Aging Nebraskans Task Force, Medical Home Advisory Council, Perfusionist Committee, Nursing Home Advisory Council, and Medicaid Reform Council. This bill also changes and eliminates boards relating to agriculture and motor vehicles.

LB 644 becomes effective August 24, 2017.