

The Department of Health and Human Services team contributes to the lives and health of Nebraskans every day. Our mission, “helping people live better lives,” provides the motivation to make a difference. At every level of our organization, our goal is to be honest, trustworthy, competent and loyal. We strive to be transparent and accountable. With this in mind DHHS submits the following pieces of legislation for consideration during the 2018 legislative session.

LB 702 by Sen. Kolterman – Change provisions relating to children's health care coverage and Nebraska IV-D child support program modification procedures

The federal government issued a new regulation in late 2016 mandating changes in the Child Support Enforcement Program. This federal regulation is in conflict with two areas of Child Support Enforcement: 1.) State law regarding custody orders for children covered under Medicaid and other needs-based health care programs that are not considered to have health care coverage; and 2.) Child support is not currently reduced when a parent is incarcerated and has less income.

LB 702 bill will: 1.) Recognize that children covered under Medicaid and other needs-based health care programs do, in fact, have health care coverage; and 2.) Update statutes to require notice by the State to individuals who will be incarcerated for more than 180 days of a right to review and modify their child support order.

The federal government has let DHHS know that failure to timely comply with either of these new federal mandates places all IV-D and TANF funding at risk in Nebraska. Nebraska has been advised it would stand to lose over **\$81 million** based on FY 2015 figures for noncompliance.

Referred to Health and Human Services Committee

LB 903 by Sen. Linehan – Change provisions relating to the Long-Term Care Ombudsman Act

New federal regulations became effective July 1, 2016, requiring changes to the long-term care ombudsman programs and state statutes. Also there needs to be a clarification to the definition of local matching funds in statute.

LB 903 will bring Nebraska statutes in line with federal requirements regarding long-term care ombudsman programs and federal requirements regarding matching dollars. Per the Administration for Community Living, by agreeing to accept the ombudsman grant, the state must carry out the aging programs in compliance with federal regulations, HHS terms and conditions, or risk losing several grants. This bill will bring Nebraska into compliance with these regulations. To clarify the definition of local matching funds, this bill will also eliminate two words “and fees” from 81-2225.

If the long-term care ombudsman program statutory changes are not made, about **\$8 million** in federal grants for the program could be withheld. Also with regards to the fee issue,

un knowledgeable persons could inadvertently include unallowable funds in the local match calculation for the grants. If used in this manner, it is out of compliance with federal regulations. The statute should give clear information and accurate guidance to the public regarding fiscal and other matters to help ensure compliance.

Referred to Health and Human Services Committee

LB 924 by Sen. Riepe – Change provisions of the Emergency Medical Services Practice Act, the Occupational Therapy Practice Act, and the Uniform Credentialing Act

This bill includes statutory changes involving the Uniform Credentialing Act, the Occupational Therapy Practice Act and the EMS Program, all within the Department of Health and Human Services.

Uniform Credentialing Act

DHHS has identified opportunities concerning the Uniform Credentialing Act (UCA) and is requesting two changes: 1.) To eliminate the requirement for signatures on license documents since currently board member signatures are currently required but difficult to get since the board only meets quarterly. 2.) To provide authorization for fingerprint criminal background checks through the Nebraska State Patrol (NSP) and the Federal Bureau of Investigation (FBI) at times other than initial licensure to conform to new licensure compact requirements. Without this change only a single-state license could be issued if a license expires instead of a multi-state license.

Occupational Therapy

Currently §38-2518(a) is prohibitive of internationally-educated individuals obtaining licensure, even when the education received meets or exceeds the requirements for licensure as an Occupational Therapist in the State of Nebraska. Because of this statute, the Department has denied one Occupational Therapist applicant and has one pending denial.

This bill will allow for individuals who have received their education in Occupational Therapy outside of the United States the ability to obtain licensure in Nebraska.

EMS Program

DHHS has identified several changes in its EMS program that will provide a more efficient and customer friendly process, but they require statutory changes. The changes are listed on the following page:

Sunset Emergency Medical Technician – Intermediate (EMT-I) licenses

This change would align statute with current national educational programs and supports available for emergency care providers. Currently, there is no method for EMT-Is to reinstate their Nebraska licenses because there are no refresher courses or educational programs available. These technicians are currently titled and trained as Advanced Emergency Medical Technicians.

Add Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and Paramedic definitions to the statutes

Currently, these license levels are not individually defined in statute but have a list of skills promulgated in regulation. This change would be consistent with other professions such as nursing, physical therapy, occupational therapy who have the skills they can perform defined by scope of practice and allowed by the training and education they receive in statute.

Eliminate reference to first responder and EMT-Paramedic throughout the Act because they are no longer a license category. LB 195, 2009

These license types have not been issued or supported since the laws were passed effective September 1, 2010. Any language that mentions these obsolete license types needs to be removed to avoid any confusion and to clarify current licenses issued and supported by the Department.

Eliminate funeral coaches and hearses from the definition of Ambulance. 38-1205

Updating the language will align statutes with current practice and provide for patient safety. This update is needed because funeral coaches and hearses no longer meet the national standards for ambulance safety and are not equipped to provide safe patient care.

Add that one of the three physicians on the Board shall specialize in pediatrics. 38-1215 (2) (b)

Patient care for an adult patient and pediatric patient is different. There are medication dosing differences, equipment use differences and procedure differences. A pediatrician will be able to offer the expert insight and guidance when the EMS Board is developing model protocols and guidance documents for use by EMS personnel that affect children.

Eliminate Board duty to review and comment on state agency proposals and applications that seek funding for emergency medical care because this may interfere with short deadlines to apply for grants. 38-1216 (3)

There are several funding proposals that have had short deadlines for application and the EMS Board only meets quarterly. Current statute makes application for funding difficult as deadlines are hard to meet. This could result in a loss of grant funds.

Eliminate the requirement to establish criteria for deployment and use of automated external defibrillators because there is a statute covering these devices, §71-51, 102. 38-1217 (11)

The reference to automated external defibrillators within the EMS Practice Act should be removed because a separate statute (71-51, 102) already provides for oversight of the devices.

Eliminate 38-1219 (2) Provide for curricula which will allow out-of-hospital emergency care providers and users of automated external defibrillators as defined in section 71-51, 102 to be trained for the delivery of practices and procedures in units of limited subject matter which will encourage continued development of abilities and use of such abilities through additional authorized practices and procedures.

This change will align statute with current practice. The Department does not create curriculum because the Department does not have the resources to create and maintain proprietary curriculum. DHHS contracts with another organization for a curriculum.

Referred to Health and Human Services Committee

For more information on these bills or any DHHS matter, please contact:

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