

2018 Summary of Legislative Bills Passed into Law Impacting DHHS

LB 42 (Hilkemann) Change motor vehicle provisions relating to child passenger restraint requirements.

LB 42 requires all children up to age 2 to use a rear-facing car seat until the child outgrows the car seat manufacturer's height or weight requirements. It raises the age that children are required to use a child restraint system from up to age 6 to up to age 8. It requires that children up to age 8 occupy the rear seat of the vehicle if available.

This bill updates the current foster care law to these new age requirements.

LB 42 becomes operative January 1, 2019.

LB 100 (Stinner) Change provisions relating to removal of firearm-related disabilities under the Nebraska Mental Health Commitment Act.

LB 100 changes the term “subject” to “petitioner” to more accurately reflect an individual person.

Persons released from mental health commitment or treatment may petition a mental health board to reinstate their right to obtain a handgun or concealed carry permit. Further, this person/petitioner is required to prove by clear and convincing evidence for the reinstatement. The mental health board shall grant this petition if the petitioner has met this evidentiary standard that their firearm disability should be removed.

This bill becomes effective July 19, 2018.

LB 104 (Bolz) Adopt the Health Care Surrogacy Act.

LB 104 authorizes the use of surrogates to be designated by an adult or an emancipated minor to assist and make health care decisions when an individual is incapacitated when no guardian has been appointed. If there is no surrogate designated, the bill also establishes the following order of priority for whom may act as a surrogate: spouse, adult child, parent, adult sibling. Also, a person who has exhibited special care and concern for the individual may be eligible as a surrogate. Further, the surrogate shall communicate their authority to this individual’s family.

Surrogates are prohibited from being an owner, operator, or employee of a DHHS or Department of Corrections health care facility at which this individual is receiving care. This bill provides further language addressing individuals not capable of making health decisions, two or more individuals having the same authority of a surrogate, termination of surrogate’s authority, and criminal penalties.

LB 104 becomes operative July 18, 2018.

LB 117 (Hilkemann) Adopt the Investigational Drug Use Act.

LB 117, the Investigational Drug Use Act, is more commonly called "Right to Try." The bill allows eligible patients under the Act to be treated with any drug, biological product, or device that has successfully completed Phase 1 of a clinical trial but has not yet been approved for general use by the United States Food and Drug Administration (USFDA) and remains in a clinical trial approved by the USFDA.

In order to be eligible, a patient must have an advanced illness, have considered all other treatment options, have a recommendation from their physician, give written, informed consent and have documentation from his/her physician that the requirements of this act have been met. This bill provides requirements for written, informed consent. Also, manufacturers may make this treatment available to the patient.

A good faith recommendation to an eligible patient regarding access to treatment with an investigational drug shall not subject the health care provider to discipline or adverse licensure action, but does not preclude any penalties under federal law. This bill also specifies that a treating physician acting in good faith may not be subject to arrest, prosecution, penalty, or denial of any right or privilege. Further, this bill restricts any official, employee or agent of this state from blocking access to an investigational drug, biological product, or device. Lastly, LB 117 reflects that no action can be taken against a manufacturer or other person or entity if they have complied in good faith with the terms of this act.

LB 117 becomes effective July 19, 2018.

LB 285 (Linehan) Require human immunodeficiency virus testing and eliminate consent requirements for such testing.

LB 285 makes two changes to Nebraska Public Health statutes. First, it eliminates the requirements for an opt-in for HIV tests. Second, it adds a requirement for physicians to add an HIV test to the group of tests that are currently conducted on pregnant women.

This bill requires every physician or other person authorized by law to practice obstetrics who is attending to a pregnant women to administer or cause to be administered a test of the pregnant woman's blood for the presence of human immunodeficiency virus (HIV) unless the pregnant woman has given written informed consent that she does not want to be tested. Also, this bill clarifies Department of Correction requirements involving HIV testing.

LB 285 becomes effective July 19, 2018.

LB 299 (Ebke) Adopt the Occupational Board Reform Act and change procedures for rules and regulations.

LB 299 creates the Occupational Board Reform Act. This bill provides that the policy of Nebraska is to protect the fundamental right of pursuing a lawful occupation, using the least restrictive regulation, including those occupations subject to the Nebraska Regulation of Health Professions Act, apply regulations that increase opportunities, enforce regulations that are within state law, and provide ongoing legislative review of regulations.

This bill defines an occupational board as a board, committee, department, or other entity created by state law which regulates providers through occupational regulations. Occupational regulations include any government certification, registration, and occupational license. Least restrictive regulation must be consistent with the health, safety, and welfare of the public.

This bill provides that the fundamental right of an individual to pursue an occupation includes the right of an individual with a criminal history to obtain an occupational license. An application and appeal process is provided for these individuals. An occupational board may charge a fee for these applications.

Beginning in 2019, each standing committee of the Legislature shall annually review and analyze approximately 20% of the occupational regulations and submit an annual report to the Legislature. Each committee shall complete this process for all occupational regulations within 5 years and every 5 years thereafter. If a lawful occupation is subject to the Nebraska Regulation of Health Professions Act, the analysis shall be made using the least restrictive method of regulation. In developing recommendations, the committee is required to review any report issued to the Legislature pursuant to the Nebraska Regulation of Health Professions Act. If the committee finds that it is necessary to change occupational regulations, the committee shall recommend the least restrictive regulation consistent with the public interest.

On or before July 1 of each year, each agency shall, for purposes of this Act, notify the Executive Board of the status of all rules and regulations pending before the agency which have not been adopted and promulgated. The executive board is required to forward any notification to the standing committee of the Legislature with jurisdiction over these rules and regulations.

LB 299 becomes operative July 1, 2019.

LB 439 (Wishart) Change licensure and regulation provisions for assisted-living facilities.

LB439 updates the Assisted Living Facility Act. The bill allows staff of assisted living facilities to provide complex nursing interventions to residents of the facility on a part-time or intermittent basis and revises the definition of complex nursing interventions. It changes the definition of authorized representative to include a designee of the resident and defines resident services agreement as an agreement entered into by the resident or resident's authorized representative and the assisted living facility that stipulates responsibilities, services and cost of services. It requires an assisted living facility to enter into a resident services agreement with each resident.

The bill authorizes an assisted living facility to determine if an applicant for admission will be admitted or if a resident will be retained and establishes criteria for making that determination. A facility must inform the applicant of the criteria for admission to and continued residence in the assisted living facility and the process for addressing issues that may prevent admission or continued residence. The assisted-living facility must disclose whether or not the facility provides part-time or intermittent complex nursing intervention.

It is the intent of the Legislature that the cost of the staff and operating costs shall be funded from the Nebraska Health Care Cash Fund

LB 439 becomes effective July 19, 2018.

LB 596 (Groene) Exempt equine, cat, and dog massage practice from licensure and regulation.

LB 596 defines equine (horse), cat and dog massage therapy as the application of hands-on massage techniques for the purpose of circulation, relaxing muscle spasms, relieving tension, enhancing muscle tone, and increasing range or motion in equines, cats, and dogs. This bill exempts this practice from licensure under the Veterinary Medicine and Surgery Practice Act.

LB 596 becomes operative July 19, 2018.

LB 670 (Krist) Change provisions relating to the juvenile justice system.

This bill changes the comprehensive juvenile services plan that is required for the participation in the juvenile grant or aid program. This plan must now include an examination of disproportionate minority contact. Changes are also provided for the funding of the Community-based Juvenile Services Aid Program.

This bill changes provisions relating to the Nebraska Coalition for Juvenile Justice. Membership provisions are changed by eliminating the Administrator of the Office of Juvenile Service and the position of coordinator. This bill provides reporting changes in which identifying juvenile issues and recommending guideline are no longer mandatory.

LB 670 changes the quarterly room confinement report required from juvenile facilities. The language “number of” is struck and it now requires a report on juveniles placed in room confinement. This report shall redact all personal identifying information, but shall provide individual, not aggregate data. Further, any juvenile facility, including a residential child-caring agency, which fails to comply with these reporting requirements are subject to disciplinary action.

This bill changes provisions relating to peace officers taking juveniles into custody. Also, on or after July 1, 2019, a juvenile shall not be detained unless the physical safety of persons in the community would be seriously threatened or detention is necessary to secure the presence of the juvenile at the next hearing. A child 12 years of age or younger shall not be placed in detention under any circumstance and a juvenile shall not be placed in detention to allow a parent or

guardian to avoid their legal responsibility, to punish such juvenile, to permit more convenient administrative access to such juvenile, to facilitate further investigation or because of lack of more appropriate facilities.

LB 670 also strikes a requirement under current law that a preliminary hearing be held before an impartial person when a juvenile has been confined, detained, or otherwise significantly deprived of his or her liberty in response to a violation of the juvenile's probation. Courts are also given additional jurisdiction regarding child custody determinations.

The portions of this bill relating to the detention of juveniles, the Aid program and the Coalition became effective April 24, 2018. The rest of this bill becomes effective July 19, 2018.

LB 685 (Blood) Provide a funding priority for special-needs military dependents under the Developmental Disabilities Services Act.

LB 685 changes the funding priorities for the needs of persons with developmental disabilities under the Medicaid Home and Community-Based Waiver. This bill changes the fifth-priority funding to include individuals with developmental disabilities who are dependents of members of the armed forces of the United States and who are a legal resident of the state due to the service member's military assignment in Nebraska. The current fifth funding priority involving all other person with developmental disabilities is moved to the sixth funding priority.

LB 685 became effective April 19, 2018.

LB 697 (Ebke) Change certain district court judicial district boundaries.

This bill changes the district court judicial boundaries of District 1, District 2 and District 10. Clay and Nuckolls counties are moved from District 1 to District 10 while Otoe is moved from District 2 to District 1. Current state law requires the alignment of Division of Children and Family Services (CFS) service areas to be coterminous with district court judicial districts.

This bill becomes effective July 19, 2018.

LB 701 (Kolterman) Provide for tele-health practice by physicians and physician assistants.

LB 701 amends the Uniform Credentialing Act to establish a physician-patient relationship through tele-health. A licensed physician or licensed physician assistant who is providing a tele-health service may prescribe the patient a drug if authorized to do so. Definitions of tele-health and tele-monitoring are provided.

The bill allows the Department to promulgate rules and regulations for physicians and physician assistants.

LB 701 becomes operative July 21, 2018.

LB 702 (Kolterman) Change provisions relating to children's health care coverage and Title IV-D child support order modification procedures – Children and Family Services Division (DHHS Bill)

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:

- 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
- Child support is not currently reduced when a parent is incarcerated.

LB 702 bill will recognize that children covered under Medicaid and other needs-based health care programs do, in fact, have health care coverage. It will also 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. This notice must be sent within 15 days of learning that the parent will be incarcerated. In addition, the notice must be sent by first class mail to the address of the facility as well as other parent's address.

LB 702 becomes operative July 19, 2018.

LB 708 (Bolz) Change provisions relating to juvenile court bridge orders.

This bill clarifies that the juvenile court shall obtain child custody determinations from foreign jurisdictions pursuant to the Uniform Child Custody Jurisdiction and Enforcement Act. It also clarifies the transfer of jurisdiction shall not result in new filing fees and other court costs being assessed against the parties.

LB 708 becomes effective July 19, 2018.

LB 717 (Howard) Change training requirements under the Quality Child Care Act.

LB 717 directs the Department of Health and Human Services to add pre-service orientation and training on sudden unexpected infant death syndrome for providers of child care and school-age-care programs.

This bill becomes effective July 19, 2018.

LB 729 (Wayne) Allow certain claims arising out of misrepresentation or deceit under the State Tort Claims Act.

LB 729 will remove sovereign immunity clauses that protect the Department of Health and

Human Services for claims resulting from for a failure to warn, notify, or inform of a ward's history as a victim or perpetrator of sexual abuse in cases of adoption or placement.

LB 729 provides that the State Tort Claims Act does not apply to any claim arising out of misrepresentation or deceit, except in cases of adoption or placement where DHHS fails to warn, notify, or inform relating to a ward's behavioral and mental health history, educational history, and medical history. This includes history of a ward's being a victim or perpetrator of a sexual abuse.

This bill becomes effective July 19, 2018.

LB 731 (Williams) Change provisions relating to remote dispensing pharmacies, physical therapy, opiate prescriptions, cosmetology, esthetics, nail technology, mobile salons and barbers.

REMOTE DISPENSING PHARMACY:

LB 731 allows remote dispensing to occur in Nebraska. The purpose of the legislation is to provide access to pharmacies/pharmacists in rural and underserved areas of Nebraska. The remote pharmacy will be staffed by a certified pharmacy technician and owned by a supervising pharmacy (licensed and located in Nebraska - and no less than 10 driving miles from a pharmacy already in operation) to dispense medications. Remote dispensing shall occur under remote supervision via a real-time audiovisual communication system by a licensed pharmacist employed by a supervising pharmacy. Additionally, this bill provides requirements for the pharmacist in charge, refills, and remote dispensing.

PHYSICAL THERAPY LICENSURE COMPACT:

LB 731 adopts the physical therapy licensure compact to allow the State of Nebraska to join the other member States of the compact. The compact intends to provide more licensure portability across State lines for physical therapists while still ensuring public safety and protection. The goal of this compact is to improve public access to physical therapy services. This bill also provides compact language relating to state participation in the Compact, privileges, active duty military personnel or their spouses, the Physical Therapy Compact Commission, qualified immunity, defense, indemnification, data system, rulemaking, withdrawals from the Compact, and oversight.

OPIATE PRESCRIPTIONS:

This bill adds a specific continuing competency requirement for nurse midwives, nurse anesthetists, dentists, physicians, physician assistants, nurse practitioners, podiatrists, and veterinarians for three hours of continuing education biennially regarding prescribing opiates. The continuing education may include, but is not limited to, education regarding prescribing and administering opiates, risks and indicators regarding addiction to opiates, and emergency opiate

situations. One half of the three hours of continuing education shall cover the prescription drug monitoring program.

COSMETOLOGY, ESTHETICS, AND NAIL TECHNOLOGY:

LB 731 changes provisions relating to cosmetology. This bill removes the 15 day deadline for application and the requirement for at least 2 examinations annually. Additionally, this bill changes cosmetologist reciprocity requirements and school requirements involving enrollments and applications. Obsolete language relating to registration and temporary licensure is struck. For licensure as a cosmetologist, the program of studies shall now consist of a minimum of 1800 hours while the 2000 credits requirement is struck. For licensure as a cosmetology instructor, the program of studies shall now consist of 600 hours with no 6 month requirement. Cosmetologists licensed in Nebraska attending a barber school or college may be given credit of 1000 hours of training applied toward the course hours required for graduation.

LB 731 changes provisions relating to esthetics. For licensure as an esthetician, the program of studies shall now consist of a minimum of 600 hours while the 600 credits requirement is removed. This bill changes application and enrollment requirements for proposed schools of esthetics.

LB 731 changes provisions relating to nail technology. For licensure as a nail technician or a nail technology instructor, the program of studies is changed to require 300 hours and eliminates the 150 hour minimum. Reciprocity requirements are changed. Obsolete language relating to registration and temporary licensure is struck. Enrollment and application requirements for nail technology schools are modified.

LB 731 allows salons to permit its clients to use or consume intoxicating beverages upon its premises.

MOBILE COSMETOLOGY AND NAIL TECHNOLOGY SALONS:

LB 731 provides for the licensure of mobile cosmetology and nail technology salons. This bill defines a cosmetology mobile salon and a nail technology mobile salon, sets out the requirements to license mobile salons, provides for inspections of the mobile salons, provides the renewal/expiration process, and delineates the owner's responsibilities. The definition of cosmetology establishment is changed to include mobile cosmetology salons.

BARBERS:

LB 731 provides changes relating to mobile barber shops,

Provisions relating to mobile cosmetology salons, mobile nail technology salons and mobile barber shops become operative January 1, 2019. The rest of this bill becomes effective July 19, 2018.

LB 751 (Legislative Performance Audit Committee) Change agency duties with respect to adoption of rules and regulations.

This bill amends sections of the Administrative Procedure Act relating to agency duties with respect to adoption of rules and regulations.

Under this bill, if an agency does not adopt and promulgate regulations within the required timeframe under statute, the agency shall, upon request, submit an explanation to the Executive Board stating why the regulations are not adopted. Additionally, if the regulations have not been adopted within the statutorily required timeframe, the agency shall provide an explanation why the regulations are not adopted to the Legislative Performance Audit Committee in the yearly July 1 report.

LB 751 becomes operative July 21, 2018.

LB 793 (Riepe) Eliminate provisions relating to aging and disability resource centers and developmental disabilities services and transfer and appropriate funds.

This bill provides intent language that aging and disability resource centers (ADRCs) serve as an ongoing component of Nebraska's long-term care continuum. Also, this bill eliminates references to the previous aging and disability resource center demonstration project, clarifies option counseling and enumerates requirements for programming and collaboration between aging and disability partners. DHHS is required to award funding for ADRCs and pursue federal matching funds to allocate to ADRCs. Further, this bill provides additional intent language that the costs for staff, operations, and aid be funded from the Nebraska Health Care Cash Fund for the next two fiscal years and appropriates funds from the Nebraska Health Care Cash Fund to carry out these provisions of the bill.

Under the current law, beginning July 1, 2019, persons determined eligible for specialized services who on or after September 6, 1993, graduate from high school, reach the age of twenty-one years old, or are currently receiving services shall receive services under the Developmental Disabilities Services Act (DDSA). This provision of law is removed. Under this bill, if the Department determines that there are not enough funds available to provide services to all of these individuals, the Department shall provide day services to individuals who:

- Are transitioning from the education system upon attaining 21 years of age on or before July 1, 2019; and
- Are determined by the Department to be otherwise eligible for the day services in accordance with the DDSA.

The Department is required to provide services comparable to the day services the individual would have received if funds were available.

No later than September 15 of each year, the director of the Developmental Disabilities Division shall provide electronic notification to the Health and Human Services Committee and the

Appropriations Committee of the estimated number of individuals needing services and the net additional resources necessary to provide these services.

The portions of this bill relating to developmental disabilities become effective July 19, 2018, and will terminate on June 30, 2021. The portions of this bill relating to ADRCs became effective April 24, 2018.

LB 859 (Hansen) Change records relating to employee deaths which may be withheld from the public.

Under this bill, information relating to the cause or circumstances surrounding the death of an employee arising from or related to his/her employment may be disclosed if, after an investigation, a relative of the deceased employee makes a request to access the records. This new provision does not require the release of informant identification, names of citizens making complaints or inquiries, or other information that may compromise an ongoing criminal investigation. The bill also defines family member for the purposes of this bill.

LB 859 becomes operative July 21, 2018.

LB 903 (Linehan) Change provisions relating to the Nebraska Community Aging Services Act and the Long-Term Care Ombudsman Act.

LB 903 brings Nebraska statutes in line with federal requirements for the long-term care ombudsman. This bill will ensure the Department of Health and Human Services (DHHS) is in compliance with federal law regarding the program and federal requirements regarding matching dollars. The statutory changes necessary to be in compliance include using the word “office” rather than “department” when referring to the Long-Term Care Ombudsman Program Office, adding language about auxiliary aids and services for communication, and restricting access to Long-Term Care Ombudsman case files.

Also, this bill brings Nebraska statutes in line with federal definitions and requirements regarding matching dollars for the State Unit on Aging. To fix the issue with local matching funds, this bill eliminates the language, “and fees”, from current state law.

LB 903 became effective April 12, 2018.

LB 906 (Williams) Change provisions relating to the schedules of controlled substances.

The purpose of LB 906 is to update the Nebraska Uniform Controlled Substances Act to conform to the federal Controlled Substances Act. LB 906 adds language that will recognize the list of exempt products established by the Drug Enforcement Agency. LB 906 also corrects a misspelled substance listed in Schedule I.

LB 906 becomes effective July 19, 2018.

LB 913 (McDonnell) Change provisions relating to assault with a bodily fluid against a public safety officer to include a health care professional.

This bill adds health care professionals to the definition of public safety officer for purposes of the criminal prohibition on assault with a bodily fluid against a public safety officer. A definition for health care professionals includes a physician or other health care practitioner who is licensed, certified, or registered to perform specified health services consistent with state law who practices at a hospital or a health clinic. Hospitals and health clinics are required to display a sign stating that assault of a health care professional with a bodily fluid may be punishable as a felony. This bill does not apply to staff at the Regional center or YRTC.

LB 913 becomes effective July 19, 2018.

LB 931 (Howard) Provide requirements for opiate and controlled substance prescriptions.

LB 931 prohibits medical practitioners from prescribing more than a seven-day supply of opioid pain relievers for a patient younger than 19. A practitioner desiring to prescribe opioids to such a patient for the first time is also required to discuss the reason for the prescription and the risks associated with opioid use with the patient's parent or guardian.

The bill includes an exception from the seven-day supply limitation for patients suffering from chronic pain, a cancer diagnosis, or palliative care. In order to prescribe more than a seven-day supply, the practitioner is required to document the patient's condition and record his or her professional finding that a non-opiate alternative was not appropriate to address the medical condition. The bill does not apply to controlled substances prescribed to a narcotic-dependent person. Legislative findings are provided. The portions of the bill relating to the "seven-day supply" terminates on January 1, 2029.

This bill places restrictions on healthcare practitioners prescribing controlled substances listed on Schedule II of the Controlled Substances Act or any other opiate not listed in Schedule II. In order to lawfully prescribe such drug, the practitioner must first discuss certain information with the patient, or with the patient's parent or guardian if the patient is younger than 18 years old and is not emancipated. The healthcare practitioner is required to discuss the following topics: risks of addiction and overdose, reasons why the practitioner deems the prescription necessary, and alternative treatments that may be available. Such discussions are required prior to the first prescription and again prior to issuing a third prescription to the patient. This section also terminates on January 1, 2029.

Unless the individual taking receipt of dispensed opiates is personally and positively known to the pharmacist, the individual is required to provide photographic identification (i.e. driver's license, state identification card). An exception is provided for patients who are residents of a health care facility.

LB 931 becomes effective July 19, 2018.

LB 944 (Scheer) Provide, change, and eliminate provisions relating to appropriations and reduce appropriations.

LB 944, introduced by the Speaker at the request of the Governor, is part of the Governor's 2018 mid-biennium budget adjustment recommendations for the 2017-2019 biennium. The bill makes adjustments to appropriations and reappropriations for state operations, aid and construction programs, provides for transfers, and modifies intent language and earmarks accompanying appropriations approved by the 105th Legislature, First Session, for the current fiscal year ending June 30, 2018, and the next fiscal year ending June 30, 2019.

Within DHHS, LB 944 makes adjustments to appropriations relating to child welfare aid, Medicaid, and programs relating to public health, developmental disabilities, and behavioral health.

Pursuant to federal law, no funds disbursed under the Federal Title X Program are to be used in programs where abortion is a method of family planning. None of the funds disbursed under this program shall be paid or granted to an organization that performs, assists with the performance of, provides directive counseling in favor of, or refers to abortion. Referral for an abortion is limited to the act of recommending a pregnant woman to doctors, clinics, or other persons or entities for the purpose of obtaining an abortion. Neutral, factual, non-directive information about prenatal care and delivery, infant care, foster care, adoption, and pregnancy termination or referral for an emergency situation shall not constitute a referral for abortion. An otherwise qualified organization shall not be disqualified from receipt of such funds because of its affiliation with an organization that performs, assists with the performance of, provides directive counseling in favor of, or refers for abortion, if the affiliated organization is objectively independent of the qualified organization. Objective independence includes, but is not limited to, legal, physical, and financial separation between affiliated organization and the qualified organization.

LB 944 became effective April 5, 2018.

LB 945 (Scheer) Create funds and authorize, change, provide, and eliminate fund transfer provisions.

LB 945, introduced by the Speaker at the request of the Governor, is part of the Governor's 2018 mid-biennium budget adjustment recommendations for the 2017-2019 biennium. The bill authorizes and provides for fund transfers and changes certain fund transfer provisions.

This bill transfers funds from the Health and Human Services Cash Fund to the X-Ray Cash Fund, Radioactive Materials Cash Fund, and the Emergency Preparedness Cash Fund.

LB 945 became effective April 5, 2018.

LB 950 (Albrecht) Provide for payment of claims against the state.

LB 950 writes off \$723,678.25 for DHHS and provides payment of claims involving state agencies.

LB 950 became effective April 5, 2018.

LB 982 (Morfeld) Provide for persons eighteen years of age or older to consent to certain behavioral health services.

LB 982 changes provisions relating to the age of majority. This bill allows persons eighteen years of age or older to consent to mental health services without the consent of his/her parent or guardian.

LB 982 becomes effective July 19, 2018.

LB 1034 (Riepe) Change provisions relating to school-age child care programs, mental health/substance abuse, emergency medical services, psychology, prescription drug monitoring, stroke system of care, licensure, and athletic teams/physicians.

SCHOOL AGE CHILD CARE PROGRAMS:

LB 1034 requires the standards for care and protection of children, for school-age child care programs, located within an accredited or approved school to meet the same standards of an accredited or approved school under the regulations of the State Department of Education. DHHS is required to provide for inspections of these programs. If the school age child care program accepts reimbursement from a state or federal program, DHHS shall also determine whether the school-age child care program complies with federal or state program requirements. DHHS may, in consultation with the Department of Education, adopt and promulgate rules and regulations.

MENTAL HEALTH/SUBSTANCE ABUSE:

LB 1034 reduces regulatory burdens by combining the separate Mental Health Center and the Substance Abuse Treatment Center statutes into one health care facility type that can provide both mental health and substance abuse treatment services. A health care facility applying for a license as a mental health substance use treatment center shall designate whether the license is to be issued to provide services for mental health disorders, for substance use disorders, or for both. This bill removes outpatient services from the requirements for being licensed as a substance abuse treatment center. Definitions of substance use disorder and mental illness are provided and obsolete language relating to substance abuse treatment centers are removed.

This bill provides alternative methods to obtain an Alcohol and Drug Counseling License or Mental Health Practice License in Nebraska through reciprocity by recognizing licensure and

other requirements from other states. An individual may now obtain this license if he/she holds a license that is current in another jurisdiction, has at least 270 hours of alcohol and drug counseling education, at least 3 years of full-time alcohol and drug counseling practice and has passed an alcohol and drug counseling examination.

This bill includes additional degrees or substantially equivalent degrees to be considered acceptable for licensure as a mental health practitioner. The bill also removes the specific time frame that supervised experience hours can be earned and creates an alternative method through reciprocity by recognizing active practice for at least 5 years from another jurisdiction and the applicant has passed the Nebraska examination. Additionally the bill requires DHHS to update rules and regulations to not require an applicant to have a supervisor in place at the time of application for a provisional mental health practitioner license and gives the applicant 30 days to provide this information.

EMERGENCY MEDICAL SERVICES:

This bill authorizes Nebraska to be a participating state in the Emergency Medical Services (EMS) Personnel Licensure Interstate Compact. Under the supervision of a medical director, licensed Nebraska EMS personnel may practice in member states in certain circumstances, and those licensed in other Compact states will be able to provide certain services in Nebraska. All participating states are required to meet certain background check, education, and safety standards to ensure quality care. The state also maintains authority to prohibit anyone to practice in Nebraska in order to protect the health and safety of citizens. Additionally, EMS Compact language is provided relating to privilege to practice, relationship to emergency management assistance, adverse actions, the Interstate Commission for EMS Personnel Practice, coordinated data base, rulemaking, and oversight.

LB 1034 also amends the Emergency Medicaid Services Practice Act to eliminate outdated language and provide flexibility in practice. This bill sunsets emergency medical technician licenses; adds definitions of emergency medical responder, advanced emergency medical technician and paramedic; eliminates funeral coaches and hearses from the definition of ambulance; adds that one of the three physicians on the EMS Board shall specialize in pediatrics; eliminates EMS Board duty to review and comment on state agency proposals; and eliminates outdated references.

PSYCHOLOGY INTERJURISDICTIONAL COMPACT:

The State of Nebraska adopts the Psychologist Inter-jurisdictional Compact. This bill requires the chairperson of the Psychology Board or designee to serve as the administrator of this Compact. This Compact is intended to regulate the day-to-day practice of tele-psychology and the provisions of psychological services using telecommunication technologies, by psychologists across state boundaries. This Compact is also designed to encourage the cooperation of compact states in the areas of psychology licensure and regulation and enhance the states' ability to protect the public's health and safety. This bill also provides Compact language relating to home state licensure, privilege to practice tele-psychology, temporary authorization to practice, conditions of tele-psychology practice in a receiving state, adverse actions, coordinated licensure

information system, establishment of the Psychology Inter-jurisdictional Compact Commission, rulemaking, and oversight.

PRESCRIPTION DRUG MONITORING:

LB 1034 changes language relating to the Prescription Drug Monitoring Program (PDMP). This bill clarifies the definition of dispenser and dispensing to a nonhuman patient.

STROKE SYSTEM OF CARE:

LB 1034 requires DHHS to also designate hospitals as thrombectomy-capable stroke centers. Also, this bill adds thrombectomy-capable stroke centers to restrictions on advertising, allows their representation on the stroke system of care task force and allows thrombectomy-capable stroke centers to enter into a coordinating stroke care agreement with an acute stroke ready hospital to provide appropriate access to care for acute stroke patients.

LICENSURE:

The bill amends the Occupational Therapy Practice Act to allow internationally-educated individuals to obtain licensure in the State of Nebraska. In addition, this bill eliminates the requirement for signatures on license documents and modifies language contained in the Uniform Credentialing Act regarding the authority of the State to require criminal background checks to be in compliance with requirements of the Enhanced Nurse Licensure Compact.

ATHLETIC TEAMS/PHYSICIANS:

Physicians who are licensed in good standing to practice medicine in another state who accompany an athletic team or organization into Nebraska are added as an exemption to the unlawful practice of medicine. The exemption is limited to treatment provided to such athletic team or organization while present in Nebraska.

LB 1034 becomes effective July 19, 2018.

LB 1040 (Albrecht) Provide for commemorative certificates of nonviable birth.

Nebraska currently makes birth certificates available for miscarriages that occur after the twentieth week of gestation. LB 1040 provides the option to request a commemorative, state issued certificate of nonviable birth for miscarriages that occur before the twentieth week during a pregnancy that has been verified by a health care practitioner. DHHS is required to provide this form on its website and charge a fee not to exceed its actual cost. The commemorative certificate is not an official birth certificate or legal document, and is not recorded by the state. Further, this certificate cannot be used in civil actions seeking damages.

LB 1040 becomes effective July 19, 2018.

LB 1078 (Crawford) Change sibling placement and other foster care requirements, change sibling visitation, require reporting of sexual abuse, and eliminate certain obsolete provisions.

LB 1078 calls for the Department of Health and Human Services to report to the Health and Human Services Committee of the Legislature the number of sexual abuse allegations, screenings, and substantiations involving children being served by the Division of Children and Family Services and placed at a residential child-caring agency.

Allegations of sexual abuse of a state ward, juvenile probationer, juvenile in detention, and juvenile in a residential child-caring agency would also have to be reported to the Office of the Inspector General of Nebraska Child Welfare.

DHHS must make reasonable efforts to place children with their siblings whether or not the siblings had a pre-existing relationship. Also, DHHS is required to file a written sibling placement report with the court to include efforts made to locate the child's siblings, and the impact of the placement on the safety and well-being of the children.

LB 1078 becomes effective July 19, 2018.