

LEGISLATURE OF NEBRASKA
ONE HUNDRED NINTH LEGISLATURE
FIRST SESSION

LEGISLATIVE BILL 376

Introduced by Health and Human Services Committee: Hardin, 48,
Chairperson; Ballard, 21; Hansen, 16; Meyer, 17.

Read first time January 16, 2025

Committee: Health and Human Services

1 A BILL FOR AN ACT relating to the Department of Health and Human
2 Services; to amend sections 28-3,107, 28-705, 28-706, 43-512.11,
3 43-2624, 43-3301, 43-3342.04, 68-130, 68-150, 68-158, 68-716,
4 68-909, 68-912, 68-916, 68-1006, 68-1007, 68-1509, 68-1735.03,
5 68-1804, 69-2409.01, 71-2226, 71-2518, 71-7450, 81-132, 81-638,
6 81-642, 81-643, 81-645, 81-648, 81-649, 81-649.02, 81-664, 81-1113,
7 81-3116, 83-102, 83-105, 83-4,134.01, and 83-1216.01, Reissue
8 Revised Statutes of Nebraska, and sections 30-38,113, 38-1130,
9 38-1208.01, 38-1216, 43-4406, 43-4504, 43-4706, 68-919, 68-974,
10 68-995, 68-9,109, 68-1530, 71-509, 71-564, 71-604.02, 71-2489,
11 71-7804, 76-3501, and 76-3505, Revised Statutes Cumulative
12 Supplement, 2024; to change requirements for physicians performing
13 or inducing an abortion; to change and eliminate various reporting
14 requirements; to change requirements for rules and regulations as
15 prescribed; to redefine a term; to change requirements for the Title
16 IV-D Customer Service Unit; to change funding provisions for child
17 care grants; to change eligibility requirements for young adults in
18 the bridge to independence program; to change requirements relating
19 to office space maintained by counties; to change and eliminate
20 requirements relating to application for, determination of need for,
21 and payment of assistance to the aged, blind, and disabled; to
22 change notification requirements for certain test results; to change

1 requirements for nonvoting members of the Alzheimer's Disease and
2 Other Dementia Advisory Council and the Primary Care Investment
3 Council; to change requirements for affidavits relating to
4 acknowledgment of maternity; to change requirements of the State
5 Commodity Supplemental Food Program; to change requirements for new
6 construction under the Radon Resistant New Construction Act; to
7 change responsibility requirements for the Division of Children and
8 Family Services; to change and eliminate powers and duties of the
9 department; to eliminate provisions relating to spousal assets under
10 the Medical Assistance Act, the Autism Treatment Program Act,
11 maternal and child welfare, the Palliative Care and Quality of Life
12 Act, the Outpatient Surgical Procedures Data Act, and patients with
13 complex health needs; to provide for the use of wholesale drug
14 distributor license fees for the prescription drug monitoring
15 program; to eliminate obsolete provisions; to harmonize provisions;
16 to repeal the original sections; and to outright repeal sections
17 43-3326, 48-2307, 68-921, 68-922, 68-923, 68-924, 68-925, 68-962,
18 68-963, 68-964, 68-965, 68-966, 68-1008, 68-1118, 68-1518,
19 68-1735.02, 68-2004, 71-17,115, 71-2201, 71-2202, 71-2203, 71-2204,
20 71-2205, 71-2207, 71-2208, 71-3005, 71-4501, 71-4502, 71-4503,
21 71-4741, 71-8313, 81-650, 81-6,111, 81-6,112, 81-6,113, 81-6,114,
22 81-6,115, 81-6,116, 81-6,117, 81-6,118, 81-6,119, and 81-3133,
23 Reissue Revised Statutes of Nebraska, and sections 68-1010, 71-4504,
24 and 76-3507, Revised Statutes Cumulative Supplement, 2024.

25 Be it enacted by the people of the State of Nebraska,

1 **Section 1.** Section 28-3,107, Reissue Revised Statutes of Nebraska,
2 is amended to read:

3 28-3,107 (1) Any physician who performs or induces or attempts to
4 perform or induce an abortion shall report to the Department of Health
5 and Human Services, on a schedule and in accordance with forms and rules
6 and regulations adopted and promulgated by the department:

7 (a) If a determination of probable postfertilization age was made,
8 the probable postfertilization age determined and the method and basis of
9 the determination;

10 (b) If a determination of probable postfertilization age was not
11 made, the basis of the determination that a medical emergency existed;

12 (c) If the probable postfertilization age was determined to be
13 consistent with the postfertilization age limits provided in section
14 71-6915 ~~twenty or more weeks~~, the basis of the determination that the
15 pregnant woman had a condition which so complicated her medical condition
16 as to necessitate the abortion of her pregnancy to avert her death or to
17 avert serious risk of substantial and irreversible physical impairment of
18 a major bodily function, or the basis of the determination that it was
19 necessary to preserve the life of an unborn child; and

20 (d) The method used for the abortion and, in the case of an abortion
21 performed when the probable postfertilization age was determined to be
22 consistent with the postfertilization age limits provided in section
23 71-6915 ~~twenty or more weeks~~, whether the method of abortion used was one
24 that, in reasonable medical judgment, provided the best opportunity for
25 the unborn child to survive or, if such a method was not used, the basis
26 of the determination that termination of the pregnancy in that manner
27 would pose a greater risk either of the death of the pregnant woman or of
28 the substantial and irreversible physical impairment of a major bodily
29 function of the woman than would other available methods.

30 (2) By June 30 of each year, the department shall issue a public
31 report providing statistics for the previous calendar year compiled from

1 all of the reports covering that year submitted in accordance with this
2 section for each of the items listed in subsection (1) of this section.
3 Each such report shall also provide the statistics for all previous
4 calendar years during which this section was in effect, adjusted to
5 reflect any additional information from late or corrected reports. The
6 department shall take care to ensure that none of the information
7 included in the public reports could reasonably lead to the
8 identification of any pregnant woman upon whom an abortion was performed.

9 (3) Any physician who fails to submit a report by the end of thirty
10 days following the due date shall be subject to a late fee of five
11 hundred dollars for each additional thirty-day period or portion of a
12 thirty-day period the report is overdue. Any physician required to report
13 in accordance with the Pain-Capable Unborn Child Protection Act who has
14 not submitted a report, or has submitted only an incomplete report, more
15 than one year following the due date, may, in an action brought in the
16 manner in which actions are brought to enforce the Uniform Credentialing
17 Act pursuant to section 38-1,139, be directed by a court of competent
18 jurisdiction to submit a complete report within a time period stated by
19 court order or be subject to civil contempt. Failure by any physician to
20 conform to any requirement of this section, other than late filing of a
21 report, constitutes unprofessional conduct pursuant to section 38-2021.
22 Failure by any physician to submit a complete report in accordance with a
23 court order constitutes unprofessional conduct pursuant to section
24 38-2021. Intentional or reckless falsification of any report required
25 under this section is a Class V misdemeanor.

26 (4) Within ninety days after October 15, 2010, the department shall
27 adopt and promulgate rules and regulations to assist in compliance with
28 this section.

29 **Sec. 2.** Section 28-705, Reissue Revised Statutes of Nebraska, is
30 amended to read:

31 28-705 (1) Any person who abandons and neglects or refuses to

1 maintain or provide for his or her spouse or his or her child or
2 dependent stepchild, whether such child is born in or out of wedlock,
3 commits abandonment of spouse, child, or dependent stepchild.

4 (2) For the purposes of this section, child shall mean an individual
5 under the age of sixteen years.

6 (3) When any person abandons and neglects to provide for his or her
7 spouse or his or her child or dependent stepchild for three consecutive
8 months or more, it shall be prima facie evidence of intent to violate the
9 provisions of subsection (1) of this section.

10 ~~(4) A designation of assets for or use of income by an individual in~~
11 ~~accordance with section 68-922 shall be considered just cause for failure~~
12 ~~to use such assets or income to provide medical support of such~~
13 ~~individual's spouse.~~

14 (4) ~~(5)~~ Abandonment of spouse, child, or dependent stepchild is a
15 Class I misdemeanor.

16 **Sec. 3.** Section 28-706, Reissue Revised Statutes of Nebraska, is
17 amended to read:

18 28-706 (1) Any person who intentionally fails, refuses, or neglects
19 to provide proper support which he or she knows or reasonably should know
20 he or she is legally obliged to provide to a spouse, minor child, minor
21 stepchild, or other dependent commits criminal nonsupport.

22 (2) A parent or guardian who refuses to pay hospital costs, medical
23 costs, or any other costs arising out of or in connection with an
24 abortion procedure performed on a minor child or minor stepchild does not
25 commit criminal nonsupport if:

26 (a) Such parent or guardian was not consulted prior to the abortion
27 procedure; or

28 (b) After consultation, such parent or guardian refused to grant
29 consent for such procedure, and the abortion procedure was not necessary
30 to preserve the minor child or stepchild from an imminent peril that
31 substantially endangered her life or health.

1 (3) Support includes, but is not limited to, food, clothing, medical
2 care, and shelter.

3 ~~(4) A designation of assets for or use of income by an individual in~~
4 ~~accordance with section 68-922 shall be considered just cause for failure~~
5 ~~to use such assets or income to provide medical support of such~~
6 ~~individual's spouse.~~

7 (4) (5) This section does not exclude any applicable civil remedy.

8 (5) (6) Except as provided in subsection (6) (7) of this section,
9 criminal nonsupport is a Class II misdemeanor.

10 (6) (7) Criminal nonsupport is a Class IV felony if it is in
11 violation of any order of any court.

12 **Sec. 4.** Section 30-38,113, Revised Statutes Cumulative Supplement,
13 2024, is amended to read:

14 30-38,113 (1) Each state agency that provides governmental benefits
15 to individuals of any age with disabilities through means-tested
16 programs, including the medical assistance program, shall adopt and
17 promulgate rules and regulations that:

18 (a) Are not more restrictive than existing federal law, regulations,
19 or policies with regard to the treatment of a special needs trust,
20 including a trust defined in 42 U.S.C. 1396p(c)(2) and 42 U.S.C. 1396p(d)
21 (4);

22 (b) Are not more restrictive than any state law regarding trusts,
23 including any state law relating to the reasonable exercise of discretion
24 by a trustee, guardian, or conservator in the best interests of the
25 beneficiary;

26 (c) Do not require disclosure of a beneficiary's personal or
27 confidential information without the consent of the beneficiary;

28 (d) Allow an individual account in a pooled special needs trust to
29 be funded without financial limit;

30 ~~(e) Allow an individual to establish or fund an individual account~~
31 ~~in a pooled special needs trust without an age limit or a transfer~~

1 ~~penalty;~~

2 (e) ~~(f)~~ Allow an individual to fund a special needs trust for the
3 individual's child with disabilities without a transfer penalty and
4 regardless of the child's age; and

5 (f) ~~(g)~~ Allow all legally assignable income or resources to be
6 assigned to any special needs trust without limit.

7 (2) Nothing in this section may be interpreted to require a court
8 order to authorize the funding of, or a disbursement from, a special
9 needs trust.

10 **Sec. 5.** Section 38-1130, Revised Statutes Cumulative Supplement,
11 2024, is amended to read:

12 38-1130 (1) Except as otherwise provided in this section, a licensed
13 dental hygienist shall perform the dental hygiene functions listed in
14 section 38-1131 only when authorized to do so by a licensed dentist who
15 shall be responsible for the total oral health care of the patient.

16 (2) The department may authorize a licensed dental hygienist to
17 perform the following functions in the conduct of public health-related
18 services in a public health setting or in a health care or related
19 facility: Preliminary charting and screening examinations; oral health
20 education, including workshops and inservice training sessions on dental
21 health; and all of the duties that a dental assistant who is not licensed
22 is authorized to perform.

23 (3)(a) Except for periodontal scaling, root planing, and the
24 administration of local anesthesia and nitrous oxide, the department may
25 authorize a licensed dental hygienist to perform all of the authorized
26 functions within the scope of practice of a licensed dental hygienist in
27 the conduct of public health-related services in a public health setting
28 or in a health care or related facility. In addition, the department may
29 authorize a licensed dental hygienist to perform the following functions
30 in such a setting or facility or for such a patient:

31 (i) Upon completion of education and testing approved by the board,

1 writing prescriptions for mouth rinses and fluoride products that help
2 decrease risk for tooth decay; and

3 (ii) Upon completion of education and testing approved by the board,
4 minor denture adjustments.

5 (b) Authorization shall be granted by the department under this
6 subsection upon (i) filing an application with the department and (ii)
7 providing evidence of current licensure and professional liability
8 insurance coverage. Authorization may be limited by the department as
9 necessary to protect the public health and safety upon good cause shown
10 and may be renewed in connection with renewal of the licensed dental
11 hygienist's license.

12 (c) A licensed dental hygienist performing dental hygiene functions
13 as authorized under this subsection shall ~~(i) report authorized functions~~
14 ~~performed by him or her to the department on a form developed and~~
15 ~~provided by the department and (ii) advise the patient or recipient of~~
16 services or his or her authorized representative that such services are
17 preventive in nature and do not constitute a comprehensive dental
18 diagnosis and care.

19 ~~(4) The department shall compile the data from the reports provided~~
20 ~~under subdivision (3)(c)(i) of this section and provide an annual report~~
21 ~~to the Board of Dentistry and the State Board of Health. The department~~
22 ~~shall annually evaluate the delivery of dental hygiene services in the~~
23 ~~state and, on or before September 15 of each year beginning in 2021,~~
24 ~~provide a report electronically to the Clerk of the Legislature regarding~~
25 ~~such evaluation. The Health and Human Services Committee of the~~
26 ~~Legislature shall hold a hearing at least once every three years to~~
27 ~~assess the reports submitted pursuant to this subsection.~~

28 (4) (5) For purposes of this section:

29 (a) Health care or related facility means a hospital, a nursing
30 facility, an assisted-living facility, a correctional facility, a tribal
31 clinic, or a school-based preventive health program; and

1 (b) Public health setting means a federal, state, or local public
2 health department or clinic, community health center, rural health
3 clinic, or other similar program or agency that serves primarily public
4 health care program recipients.

5 **Sec. 6.** Section 38-1208.01, Revised Statutes Cumulative Supplement,
6 2024, is amended to read:

7 38-1208.01 Paramedic practice of emergency medical care means care
8 provided in accordance with the knowledge and skill acquired through
9 successful completion of an approved program for a paramedic. Such care
10 includes, but is not limited to, (1) all of the acts that an advanced
11 emergency medical technician is authorized to perform, ~~and~~
12 and (2) visualized intubation, (3) surgical cricothyrotomy, and
13 (4) until December 31, 2025, all of the acts that an emergency medical
14 technician-intermediate is authorized to perform.

15 **Sec. 7.** Section 38-1216, Revised Statutes Cumulative Supplement,
16 2024, is amended to read:

17 38-1216 In addition to any other responsibilities prescribed by the
18 Emergency Medical Services Practice Act, the board shall:

19 (1) Promote the dissemination of public information and education
20 programs to inform the public about emergency medical service and other
21 medical information, including appropriate methods of medical self-help,
22 first aid, and the availability of emergency medical services training
23 programs in the state;

24 (2) Provide for the collection of information for evaluation of the
25 availability and quality of emergency medical care, evaluate the
26 availability and quality of emergency medical care, and serve as a focal
27 point for discussion of the provision of emergency medical care;

28 (3) Establish model procedures for patient management in medical
29 emergencies that do not limit the authority of law enforcement and fire
30 protection personnel to manage the scene during a medical emergency; and

31 ~~(4) Not less than once each five years, undertake a review and~~

1 ~~evaluation of the act and its implementation together with a review of~~
2 ~~the emergency medical care needs of the residents of the State of~~
3 ~~Nebraska and submit electronically a report to the Legislature with any~~
4 ~~recommendations which it may have; and~~

5 (4) (5) Identify communication needs of emergency medical services
6 and make recommendations for development of a communications plan for a
7 communications network for emergency care providers and emergency medical
8 services.

9 **Sec. 8.** Section 43-512.11, Reissue Revised Statutes of Nebraska, is
10 amended to read:

11 43-512.11 The Department of Health and Human Services shall submit
12 electronically an annual report ~~, not later than February 1 of each year,~~
13 to the Legislature regarding the effectiveness of programs established
14 pursuant to subdivision (5)(a) of section 43-512. The report shall
15 include, but not be limited to:

- 16 (1) The number of program participants;
17 (2) The number of program participants who become employed, whether
18 such employment is full time or part time or subsidized or unsubsidized,
19 and whether the employment was retained for at least thirty days;
20 (3) Supportive services provided to participants in the program;
21 (4) Grant reductions realized; and
22 (5) A cost and benefit statement for the program.

23 **Sec. 9.** Section 43-2624, Reissue Revised Statutes of Nebraska, is
24 amended to read:

25 43-2624 The Department of Health and Human Services shall award
26 grants to persons, community-based organizations, or schools needing
27 assistance to start or improve a child care program or needing assistance
28 to provide staff training for a child care program. ~~No grant shall exceed~~
29 ~~ten thousand dollars.~~ A recipient of a grant shall not be eligible for a
30 grant more than once in a three-year period. Child care grants shall be
31 awarded on the basis of need for the proposed services in the community.

1 Grants shall be given only to grantees who do not discriminate against
2 children with disabilities or children whose care is funded by any state
3 or federal funds. When considering grant applications of equal merit, the
4 department shall award the grant to the applicant which has not
5 previously received a grant from the Child Care Grant Fund. The
6 department may award grants in excess of the appropriation for this
7 program by spending available funds allowed for such grants from the
8 Child Care Development Fund.

9 **Sec. 10.** Section 43-3301, Reissue Revised Statutes of Nebraska, is
10 amended to read:

11 43-3301 Sections 43-3301 to 43-3325 ~~43-3326~~ shall be known and may
12 be cited as the License Suspension Act.

13 **Sec. 11.** Section 43-3342.04, Reissue Revised Statutes of Nebraska,
14 is amended to read:

15 43-3342.04 (1) The Title IV-D Division shall establish a Customer
16 Service Unit. In hiring the initial staff for the unit, a hiring
17 preference shall be given to employees of the clerks of the district
18 court. The duties of the Customer Service Unit include, but are not
19 limited to:

20 (a) Providing account information as well as addressing inquiries
21 made by customers of the State Disbursement Unit; and

22 (b) Administering two statewide toll-free telephone systems, one for
23 use by employers and one for use by all other customers, to provide
24 responses to inquiries regarding income withholding, the collection and
25 disbursement of support order payments made to the State Disbursement
26 Unit, and other child support enforcement issues, including establishing
27 a call center with sufficient telephone lines, a voice response unit, and
28 adequate personnel available during normal business hours to ensure that
29 responses to inquiries are made by the division's personnel or the
30 division's designee.

31 (2) The physical location of the Customer Service Unit shall be in

1 ~~Nebraska and shall result in the hiring of a number of new employees or~~
2 ~~contractor's staff equal to at least one fourth of one percent of the~~
3 ~~labor force in the county or counties in which the Customer Service Unit~~
4 ~~is located. Customer service staff responsible for providing account~~
5 ~~information related to the State Disbursement Unit may be located at the~~
6 ~~same location as the State Disbursement Unit.~~

7 ~~(3) The department shall issue a report to the Governor and to the~~
8 ~~Legislature on or before January 31 of each year which discloses~~
9 ~~information relating to the operation of the State Disbursement Unit for~~
10 ~~the preceding calendar year including, but not limited to:~~

11 ~~(a) The number of transactions processed by the State Disbursement~~
12 ~~Unit;~~

13 ~~(b) The dollar amount collected by the State Disbursement Unit;~~

14 ~~(c) The dollar amount disbursed by the State Disbursement Unit;~~

15 ~~(d) The percentage of identifiable collections disbursed within two~~
16 ~~business days;~~

17 ~~(e) The percentage of identifiable collections that are matched to~~
18 ~~the correct case;~~

19 ~~(f) The number and dollar amount of insufficient funds checks~~
20 ~~received by the State Disbursement Unit;~~

21 ~~(g) The number and dollar amount of insufficient funds checks~~
22 ~~received by the State Disbursement Unit for which restitution is~~
23 ~~subsequently made to the State Disbursement Unit;~~

24 ~~(h) The number of incoming telephone calls processed through the~~
25 ~~Customer Service Unit;~~

26 ~~(i) The average length of incoming calls from employers;~~

27 ~~(j) The average length of incoming calls from all other customers;~~

28 ~~(k) The percentage of incoming calls resulting in abandonment by the~~
29 ~~customer;~~

30 ~~(l) The percentage of incoming calls resulting in a customer~~
31 ~~receiving a busy signal;~~

1 ~~(m) The average holding time for all incoming calls; and~~
2 ~~(n) The percentage of calls handled by employees of the Customer~~
3 ~~Service Unit that are resolved within twenty-four hours.~~

4 ~~(4) The report issued to the Legislature pursuant to subsection (3)~~
5 ~~of this section shall be issued electronically.~~

6 **Sec. 12.** Section 43-4406, Revised Statutes Cumulative Supplement,
7 2024, is amended to read:

8 43-4406 On or before each September 15, the department shall report
9 electronically to the Health and Human Services Committee of the
10 Legislature the following information regarding child welfare services,
11 with respect to children served by the department:

12 (1) The percentage of children served and the allocation of the
13 child welfare budget, categorized by service area, including:

14 (a) The percentage of children served, by service area and the
15 corresponding budget allocation; and

16 (b) The percentage of children served who are wards of the state and
17 the corresponding budget allocation;

18 (2) The number of siblings in out-of-home care placed with siblings
19 as of the June 30 immediately preceding the date of the report,
20 categorized by service area;

21 (3) The number of waivers granted under subsection (2) of section
22 71-1904;

23 (4) An update of the information in the report of the Children's
24 Behavioral Health Task Force pursuant to sections 43-4001 to 43-4003,
25 including:

26 (a) The number of children receiving mental health and substance
27 abuse services annually by the Division of Behavioral Health of the
28 department;

29 ~~(b) The number of children receiving behavioral health services~~
30 ~~annually at the Hastings Regional Center;~~

31 **(b) (c)** The number of state wards receiving behavioral health

1 services as of June 30 ~~September 1~~ immediately preceding the date of the
2 report;

3 (c) ~~(d)~~ Funding sources for children's behavioral health services
4 for the fiscal year ending on the immediately preceding June 30;

5 (d) ~~(e)~~ Expenditures in the immediately preceding fiscal year by the
6 division, categorized by category of behavioral health service and by
7 behavioral health region; and

8 (e) ~~(f)~~ Expenditures in the immediately preceding fiscal year from
9 the medical assistance program and CHIP as defined in section 68-969 for
10 mental health and substance abuse services, for all children and for
11 wards of the state;

12 (5) The following information as obtained for each service area:

13 (a) Case manager education, including college degree, major, and
14 level of education beyond a baccalaureate degree;

15 (b) Average caseload per case manager;

16 (c) Average number of case managers per child during the preceding
17 twelve months;

18 (d) Average number of case managers per child for children who have
19 been in the child welfare system for three months, for six months, for
20 twelve months, and for eighteen months and the consecutive yearly average
21 for children until the age of majority or permanency is attained;

22 (e) Monthly case manager turnover;

23 (f) Monthly face-to-face contacts between each case manager and the
24 children on his or her caseload;

25 (g) Monthly face-to-face contacts between each case manager and the
26 parent or parents of the children on his or her caseload;

27 (h) Case documentation of monthly consecutive team meetings per
28 quarter;

29 (i) Case documentation of monthly consecutive parent contacts per
30 quarter;

31 (j) Case documentation of monthly consecutive child contacts with

1 case manager per quarter;

2 (k) Case documentation of monthly consecutive contacts between child
3 welfare service providers and case managers per quarter;

4 (l) Timeliness of court reports; and

5 (m) Non-court-involved children, including the number of children
6 served, the types of services requested, the specific services provided,
7 the cost of the services provided, and the funding source;

8 (6) All placements in residential treatment settings made or paid
9 for by the child welfare system, the Office of Juvenile Services, the
10 State Department of Education or local education agencies, and the
11 medical assistance program, including, but not limited to:

12 (a) Child variables;

13 (b) Reasons for placement;

14 (c) The percentage of children denied medicaid-reimbursed services
15 and denied the level of placement requested;

16 (d) With respect to each child in a residential treatment setting:

17 (i) If there was a denial of initial placement request, the length
18 and level of each placement subsequent to denial of initial placement
19 request and the status of each child before and immediately after, six
20 months after, and twelve months after placement;

21 (ii) Funds expended and length of placements;

22 (iii) Number and level of placements;

23 (iv) Facility variables; and

24 (v) Identification of specific child welfare services unavailable in
25 the child's community that, if available, could have prevented the need
26 for residential treatment; and

27 (e) Identification of child welfare services unavailable in the
28 state that, if available, could prevent out-of-state placements;

29 (7) For any individual involved in the child welfare system
30 receiving a service or a placement through the department or its agent
31 for which referral is necessary, the date when such referral was made by

1 the department or its agent and the date and the method by which the
2 individual receiving the services was notified of such referral. To the
3 extent the department becomes aware of the date when the individual
4 receiving the referral began receiving such services, the department or
5 its agent shall document such date;

6 (8) The number of sexual abuse allegations that occurred for
7 children being served by the Division of Children and Family Services of
8 the Department of Health and Human Services and placed at a residential
9 child-caring agency and the number of corresponding (a) screening
10 decision occurrences by category, (b) open investigations by category,
11 and (c) agency substantiations, court substantiations, and court-pending
12 status cases; and

13 (9) Information on children who are reported or suspected victims of
14 sex trafficking of a minor or labor trafficking of a minor, as defined in
15 section 28-830, including:

16 (a) The number of reports to the statewide toll-free number pursuant
17 to section 28-711 alleging sex trafficking of a minor or labor
18 trafficking of a minor and the number of children alleged to be victims;

19 (b) The number of substantiated victims of sex trafficking of a
20 minor or labor trafficking of a minor, including demographic information
21 and information on whether the children were already served by the
22 department;

23 (c) The number of children determined to be reported or suspected
24 victims of sex trafficking of a minor or labor trafficking of a minor,
25 including demographic information and information on whether the children
26 were previously served by the department;

27 (d) The types and costs of services provided to children who are
28 reported or suspected victims of sex trafficking of a minor or labor
29 trafficking of a minor; and

30 (e) The number of ongoing cases opened due to allegations of sex
31 trafficking of a minor or labor trafficking of a minor and number of

1 children and families served through these cases.

2 **Sec. 13.** Section 43-4504, Revised Statutes Cumulative Supplement,
3 2024, is amended to read:

4 43-4504 The bridge to independence program is available, on a
5 voluntary basis, to a young adult:

6 (1) Who has attained the age of eligibility;

7 (2) Who was adjudicated to be a juvenile described in:

8 (a) Subdivision (3)(a) of section 43-247 or the equivalent under
9 tribal law and (i) who, upon attaining the age of eligibility, was in an
10 out-of-home placement or had been discharged to independent living or
11 (ii) with respect to whom a kinship guardianship assistance agreement or
12 an adoption assistance agreement was in effect pursuant to 42 U.S.C. 673,
13 if the young adult had attained sixteen years of age before the agreement
14 became effective or with respect to whom a state-funded guardianship
15 assistance agreement or a state-funded adoption assistance agreement was
16 in effect if the young adult had attained sixteen years of age before the
17 agreement became effective;

18 (b) Subdivision (8) of section 43-247 or the equivalent under tribal
19 law if the young adult's guardianship or state-funded adoption assistance
20 agreement was disrupted or terminated after he or she had attained the
21 age of sixteen years and (i) who, upon attaining the age of eligibility,
22 was in an out-of-home placement or had been discharged to independent
23 living or (ii) with respect to whom a kinship guardianship assistance
24 agreement or an adoption assistance agreement was in effect pursuant to
25 42 U.S.C. 673 if the young adult had attained sixteen years of age before
26 the agreement became effective or with respect to whom a state-funded
27 guardianship assistance agreement or a state-funded adoption assistance
28 agreement was in effect if the young adult had attained sixteen years of
29 age before the agreement became effective; or

30 (c) Subdivision (1), (2), or (3)(b) of section 43-247 and (i) after
31 January 1, 2025, upon one day prior to attaining nineteen years of age or

1 the age of majority under relevant tribal law, was in a court-ordered
2 out-of-home placement and (ii) such placement had been authorized or
3 reauthorized in the six months prior to the juvenile attaining nineteen
4 years of age in a court order finding that it would be contrary to the
5 welfare of the juvenile to remain in or return to the juvenile's family
6 home;

7 (3) Who is:

8 (a) Completing secondary education or an educational program leading
9 to an equivalent credential;

10 (b) Enrolled in an institution which provides postsecondary or
11 vocational education;

12 (c) Employed for at least eighty hours per month;

13 (d) Participating in a program or activity designed to promote
14 employment or remove barriers to employment; or

15 (e) Incapable of doing any of the activities described in
16 subdivisions (3)(a) through (d) of this section due to a medical
17 condition, which incapacity is supported by regularly updated information
18 in the case plan of the young adult;

19 (4) Who is a Nebraska resident, except that this requirement shall
20 not disqualify a young adult who was a Nebraska resident but was placed
21 outside Nebraska pursuant to the Interstate Compact for the Placement of
22 Children; and

23 (5) Who does not meet the level of care for a nursing facility as
24 defined in section 71-424, for a skilled nursing facility as defined in
25 section 71-429, or for an intermediate care facility for persons with
26 developmental disabilities as defined in section 71-421.

27 **Sec. 14.** Section 43-4706, Revised Statutes Cumulative Supplement,
28 2024, is amended to read:

29 43-4706 (1) The department shall ensure that each foster family home
30 and child-care institution has policies consistent with this section and
31 that such foster family home and child-care institution promote and

1 protect the ability of children to participate in age or developmentally
2 appropriate extracurricular, enrichment, cultural, and social activities.

3 (2) A caregiver shall use a reasonable and prudent parent standard
4 in determining whether to give permission for a child to participate in
5 extracurricular, enrichment, cultural, and social activities. The
6 caregiver shall take reasonable steps to determine the appropriateness of
7 the activity in consideration of the child's age, maturity, and
8 developmental level.

9 (3) The department shall require, as a condition of each contract
10 entered into by a child-care institution to provide foster care, the
11 presence onsite of at least one official who, with respect to any child
12 placed at the child-care institution, is designated to be the caregiver
13 who is (a) authorized to apply the reasonable and prudent parent standard
14 to decisions involving the participation of the child in age or
15 developmentally appropriate activities, (b) provided with training in how
16 to use and apply the reasonable and prudent parent standard in the same
17 manner as foster parents are provided training in section 43-4707, and
18 (c) required to consult whenever possible with the child and staff
19 members identified by the child in applying the reasonable and prudent
20 parent standard.

21 (4) The department shall also require, as a condition of each
22 contract entered into by a child-care institution to provide foster care,
23 that all children placed at the child-care institution be notified
24 verbally and in writing, in an age or developmentally appropriate manner,
25 of the process for making a request to participate in age or
26 developmentally appropriate activities and that a written notice of this
27 process be posted in an accessible, public place in the child-care
28 institution.

29 (5)(a) The department shall also require, as a condition of each
30 contract entered into by a child-care institution to provide foster care,
31 a written normalcy plan describing how the child-care institution will

1 ensure that all children have access to age or developmentally
2 appropriate activities to be filed with the department and a normalcy
3 report regarding the implementation of the normalcy plan to be filed with
4 the department annually ~~by June 30~~. Such plans and reports shall not be
5 required to be provided by child-care institutions physically located
6 outside the State of Nebraska or psychiatric residential treatment
7 facilities.

8 (b) The normalcy plan shall specifically address:

9 (i) Efforts to address barriers to normalcy that are inherent in a
10 child-care institution setting;

11 (ii) Normalcy efforts for all children placed at the child-care
12 institution, including, but not limited to, relationships with family,
13 age or developmentally appropriate access to technology and technological
14 skills, education and school stability, access to health care and
15 information, and access to a sustainable and durable routine;

16 (iii) Procedures for developing goals and action steps in the child-
17 care institution's case plan and case planning process related to
18 participation in age or developmentally appropriate activities for each
19 child placed at the child-care institution;

20 (iv) Policies on staffing, supervision, permission, and consent to
21 age or developmentally appropriate activities consistent with the
22 reasonable and prudent parent standard;

23 (v) A list of activities that the child-care institution provides
24 onsite and a list of activities in the community regarding which the
25 child-care institution will make children aware, promote, and support
26 access;

27 (vi) Identified accommodations and support services so that children
28 with disabilities and special needs can participate in age or
29 developmentally appropriate activities to the same extent as their peers;

30 (vii) The individualized needs of all children involved in the
31 system;

1 (viii) Efforts to reduce disproportionate impact of the system and
2 services on families and children of color and other populations; and

3 (ix) Efforts to develop a youth board to assist in implementing the
4 reasonable and prudent parent standard in the child-care institution and
5 promoting and supporting normalcy.

6 (c) The normalcy report shall specifically address:

7 (i) Compliance with each of the plan requirements set forth in
8 subdivisions (b)(i) through (ix) of this subsection; and

9 (ii) Compliance with subsections (3) and (4) of this section.

10 (6) The department shall make normalcy plans and reports received
11 from contracting child-care institutions pursuant to subsection (5) of
12 this section and plans and reports from all youth rehabilitation and
13 treatment centers pursuant to subsection (7) of this section available
14 annually upon request to the Nebraska Strengthening Families Act
15 Committee, the Nebraska Children's Commission, probation, the Governor,
16 and electronically to the Health and Human Services Committee of the
17 Legislature ~~by September 1 of each year.~~

18 (7) All youth rehabilitation and treatment centers shall meet the
19 requirements of subsection (5) of this section.

20 **Sec. 15.** Section 68-130, Reissue Revised Statutes of Nebraska, is
21 amended to read:

22 68-130 (1) Until June 30, 2028, counties ~~Counties~~ shall maintain, at
23 no additional cost to the Department of Health and Human Services, office
24 and service facilities used for the administration of the public
25 assistance programs as such facilities existed on April 1, 1983.

26 (2) The county board of any county may request in writing that the
27 department review office and service facilities provided by the county
28 for the department to determine if the department is able to reduce or
29 eliminate office and service facilities within the county. The department
30 shall respond in writing to such request within thirty days after
31 receiving the request. The final decision with respect to maintaining,

1 reducing, or eliminating office and service facilities in such county
2 shall be made by the department, and the county may reduce or eliminate
3 office and service facilities if authorized by such final decision.

4 **Sec. 16.** Section 68-150, Reissue Revised Statutes of Nebraska, is
5 amended to read:

6 68-150 An application for county general assistance or for county
7 health services shall give a right of subrogation to the county
8 furnishing such aid. Subrogation ~~Subject to sections 68-921 to 68-925,~~
9 ~~subrogation~~ shall include every claim or right which the applicant may
10 have against a third party when such right or claim involves money for
11 medical care. The third party shall be liable to make payments directly
12 to the county as soon as he or she is notified in writing of the valid
13 claim for subrogation under this section.

14 **Sec. 17.** Section 68-158, Reissue Revised Statutes of Nebraska, is
15 amended to read:

16 68-158 The Department of Health and Human Services shall establish a
17 program to provide amino acid-based elemental formulas for the diagnosis
18 and treatment of Immunoglobulin E and non-Immunoglobulin E mediated
19 allergies to multiple food proteins, food-protein-induced enterocolitis
20 syndrome, eosinophilic disorders, and impaired absorption of nutrients
21 caused by disorders affecting the absorptive surface, functional length,
22 and motility of the gastrointestinal tract, when the ordering physician
23 has issued a written order stating that the amino acid-based elemental
24 formula is medically necessary for the treatment of a disease or
25 disorder. Up to fifty percent of the actual out-of-pocket cost, not to
26 exceed twelve thousand dollars, for amino acid-based elemental formulas
27 shall be available to an individual without fees each twelve-month
28 period. The department shall distribute funds on a first-come, first-
29 served basis. Nothing in this section is deemed to be an entitlement. The
30 ~~maximum total General Fund expenditures per year for amino acid-based~~
31 ~~elemental formulas shall not exceed two hundred fifty thousand dollars~~

1 ~~each fiscal year in FY2014-15 and FY2015-16. The Department of Health and~~
2 ~~Human Services shall provide an electronic report on the program to the~~
3 ~~Legislature annually on or before December 15 of each year.~~

4 **Sec. 18.** Section 68-716, Reissue Revised Statutes of Nebraska, is
5 amended to read:

6 68-716 An application for medical assistance shall give a right of
7 subrogation to the Department of Health and Human Services or its
8 assigns. Subrogation ~~Subject to sections 68-921 to 68-925, subrogation~~
9 shall include every claim or right which the applicant may have against a
10 third party when such right or claim involves money for medical care. The
11 third party shall be liable to make payments directly to the department
12 or its assigns as soon as he or she is notified in writing of the valid
13 claim for subrogation under this section.

14 **Sec. 19.** Section 68-909, Reissue Revised Statutes of Nebraska, is
15 amended to read:

16 68-909 (1) All contracts, agreements, rules, and regulations
17 relating to the medical assistance program as entered into or adopted and
18 promulgated by the department prior to July 1, 2006, and all provisions
19 of the medicaid state plan and waivers adopted by the department prior to
20 July 1, 2006, shall remain in effect until revised, amended, repealed, or
21 nullified pursuant to law.

22 ~~(2) Prior to the adoption and promulgation of proposed rules and~~
23 ~~regulations under section 68-912 or relating to the implementation of~~
24 ~~medicaid state plan amendments or waivers, the department shall provide a~~
25 ~~report to the Governor and the Legislature no later than December 1~~
26 ~~before the next regular session of the Legislature summarizing the~~
27 ~~purpose and content of such proposed rules and regulations and the~~
28 ~~projected impact of such proposed rules and regulations on recipients of~~
29 ~~medical assistance and medical assistance expenditures. The report~~
30 ~~submitted to the Legislature shall be submitted electronically. Any~~
31 ~~changes in medicaid copayments in fiscal year 2011-12 are exempt from the~~

1 ~~reporting requirement of this subsection and the requirements of section~~
2 ~~68-912.~~

3 (2) (3) The department shall monitor the implementation of rules and
4 regulations, medicaid state plan amendments, and waivers adopted under
5 the Medical Assistance Act and the effect of such rules and regulations,
6 amendments, or waivers on eligible recipients of medical assistance and
7 medical assistance expenditures.

8 **Sec. 20.** Section 68-912, Reissue Revised Statutes of Nebraska, is
9 amended to read:

10 68-912 (1) The department may establish (a) premiums, copayments,
11 and deductibles for goods and services provided under the medical
12 assistance program, (b) limits on the amount, duration, and scope of
13 goods and services that recipients may receive under the medical
14 assistance program subject to subsection (5) of this section, and (c)
15 requirements for recipients of medical assistance as a necessary
16 condition for the continued receipt of such assistance, including, but
17 not limited to, active participation in care coordination and appropriate
18 disease management programs and activities.

19 (2) In establishing and limiting coverage for services under the
20 medical assistance program, the department shall consider (a) the effect
21 of such coverage and limitations on recipients of medical assistance and
22 medical assistance expenditures, (b) the public policy in section 68-905,
23 (c) the experience and outcomes of other states, (d) the nature and scope
24 of benchmark or benchmark-equivalent health insurance coverage as
25 recognized under federal law, and (e) other relevant factors as
26 determined by the department.

27 (3) Coverage for mandatory and optional services and limitations on
28 covered services as established by the department prior to July 1, 2006,
29 shall remain in effect until revised, amended, repealed, or nullified
30 pursuant to law. Any proposed reduction or expansion of services or
31 limitation of covered services by the department under this section shall

1 be subject to the ~~reporting and~~ review requirements of section 68-909.

2 (4) Except as otherwise provided in this subsection, proposed rules
3 and regulations under this section relating to the establishment of
4 premiums, copayments, or deductibles for eligible recipients or limits on
5 the amount, duration, or scope of covered services for eligible
6 recipients shall not become effective until the conclusion of the
7 earliest regular session of the Legislature in which there has been a
8 reasonable opportunity for legislative consideration of such rules and
9 regulations. This subsection does not apply to rules and regulations that
10 are (a) required by federal or state law, (b) related to a waiver in
11 which recipient participation is voluntary, or (c) proposed due to a loss
12 of federal matching funds relating to a particular covered service or
13 eligibility category. Legislative consideration includes, but is not
14 limited to, the introduction of a legislative bill, a legislative
15 resolution, or an amendment to pending legislation relating to such rules
16 and regulations.

17 (5) Any limitation on the amount, duration, or scope of goods and
18 services that recipients may receive under the medical assistance program
19 shall give full and deliberate consideration to the role of home health
20 services from private duty nurses in meeting the needs of a disabled
21 family member or disabled person.

22 **Sec. 21.** Section 68-916, Reissue Revised Statutes of Nebraska, is
23 amended to read:

24 68-916 The application for medical assistance shall constitute an
25 automatic assignment of the rights specified in this section to the
26 department or its assigns effective from the date of eligibility for such
27 assistance. The assignment shall include the rights of the applicant or
28 recipient and also the rights of any other member of the assistance group
29 for whom the applicant or recipient can legally make an assignment.

30 Pursuant to this section ~~and subject to sections 68-921 to 68-925,~~
31 the applicant or recipient shall assign to the department or its assigns

1 any rights to medical care support available to him or her or to other
2 members of the assistance group under an order of a court or
3 administrative agency and any rights to pursue or receive payments from
4 any third party liable to pay for the cost of medical care and services
5 arising out of injury, disease, or disability of the applicant or
6 recipient or other members of the assistance group which otherwise would
7 be covered by medical assistance. Medicare benefits shall not be assigned
8 pursuant to this section. Rights assigned to the department or its
9 assigns under this section may be directly reimbursable to the department
10 or its assigns by liable third parties, as provided by rule or regulation
11 of the department, when prior notification of the assignment has been
12 made to the liable third party.

13 **Sec. 22.** Section 68-919, Revised Statutes Cumulative Supplement,
14 2024, is amended to read:

15 68-919 (1) The recipient of medical assistance under the medical
16 assistance program shall be indebted to the department for the total
17 amount paid for medical assistance on behalf of the recipient if:

18 (a) The recipient was fifty-five years of age or older at the time
19 the medical assistance was provided; or

20 (b) The recipient resided in a medical institution and, at the time
21 of institutionalization or application for medical assistance, whichever
22 is later, the department determines that the recipient could not have
23 reasonably been expected to be discharged and resume living at home. For
24 purposes of this section, medical institution means a nursing facility,
25 an intermediate care facility for persons with developmental
26 disabilities, or an inpatient hospital.

27 (2) The debt accruing under subsection (1) of this section arises
28 during the life of the recipient but shall be held in abeyance until the
29 death of the recipient. Any such debt to the department that exists when
30 the recipient dies shall be recovered only after the death of the
31 recipient's spouse, if any, and only after the recipient is not survived

1 by a child who either is under twenty-one years of age or is blind or
2 totally and permanently disabled as defined by the Supplemental Security
3 Income criteria. In recovering such debt, the department shall not
4 foreclose on a lien on the home of the recipient (a) if a sibling of the
5 recipient with an equity interest in the home has lawfully resided in the
6 home for at least one year before the recipient's admission and has lived
7 there continuously since the date of the recipient's admission or (b)
8 while the home is the residence of an adult child who has lived in the
9 recipient's home for at least two years immediately before the recipient
10 was institutionalized, has lived there continuously since that time, and
11 can establish to the satisfaction of the department that he or she
12 provided care that delayed the recipient's admission.

13 (3) The debt shall include the total amount of medical assistance
14 provided when the recipient was fifty-five years of age or older or
15 during a period of institutionalization as described in subsection (1) of
16 this section and shall not include interest.

17 (4)(a) It is the intent of the Legislature that the debt specified
18 in subsection (1) of this section be collected by the department before
19 any portion of the estate of a recipient of medical assistance is enjoyed
20 by or transferred to a person not specified in subsection (2) of this
21 section as a result of the death of such recipient. The debt may be
22 recovered from the estate of a recipient of medical assistance. The
23 department shall undertake all reasonable and cost-effective measures to
24 enforce recovery under the Medical Assistance Act. All persons specified
25 in subsections (2) and (4) of this section shall cooperate with the
26 department in the enforcement of recovery under the act.

27 (b) For purposes of this section:

28 (i) Estate of a recipient of medical assistance means any real
29 estate, personal property, or other asset in which the recipient had any
30 legal title or interest at or immediately preceding the time of the
31 recipient's death, to the extent of such interests. In furtherance and

1 not in limitation of the foregoing, the estate of a recipient of medical
2 assistance also includes:

3 (A) Assets to be transferred to a beneficiary described in section
4 77-2004 or 77-2005 in relation to the recipient through a revocable trust
5 or other similar arrangement which has become irrevocable by reason of
6 the recipient's death; and

7 (B) ~~Assets Notwithstanding anything to the contrary in subdivision~~
8 ~~(3) or (4) of section 68-923,~~ assets conveyed or otherwise transferred to
9 a survivor, an heir, an assignee, a beneficiary, or a devisee of the
10 recipient of medical assistance through joint tenancy, tenancy in common,
11 transfer on death deed, survivorship, conveyance of a remainder interest,
12 retention of a life estate or of an estate for a period of time, living
13 trust, or other arrangement by which value or possession is transferred
14 to or realized by the beneficiary of the conveyance or transfer at or as
15 a result of the recipient's death. Such other arrangements include
16 insurance policies or annuities in which the recipient of medical
17 assistance had at the time of death any incidents of ownership of the
18 policy or annuity or the power to designate beneficiaries and any pension
19 rights or completed retirement plans or accounts of the recipient. A
20 completed retirement plan or account is one which because of the death of
21 the recipient of medical assistance ceases to have elements of retirement
22 relating to such recipient and under which one or more beneficiaries
23 exist after such recipient's death; and

24 (ii) Notwithstanding anything to the contrary in subdivision (4)(b)
25 of this section, estate of a recipient of medical assistance does not
26 include:

27 (A) Insurance proceeds, any trust account subject to the Burial Pre-
28 Need Sale Act, or any limited lines funeral insurance policy to the
29 extent used to pay for funeral, burial, or cremation expenses of the
30 recipient of medical assistance;

31 (B) Conveyances of real estate made prior to August 24, 2017, that

1 are subject to the grantor's retention of a life estate or an estate for
2 a period of time;

3 (C) Life estate interests in real estate after sixty months from the
4 date of recording a deed with retention of a life estate by the recipient
5 of medical assistance; and

6 (D) Any pension rights or completed retirement plans to the extent
7 that such rights or plans are exempt from claims for reimbursement of
8 medical assistance under federal law.

9 (c) The department, upon application of the personal representative
10 of an estate, any person or entity otherwise authorized under the
11 Nebraska Probate Code to act on behalf of a decedent, any person or
12 entity having an interest in assets of the decedent which are subject to
13 this subsection, a successor trustee of a revocable trust or other
14 similar arrangement which has become irrevocable by reason of the
15 decedent's death, or any other person or entity holding assets of the
16 decedent described in this subsection, shall timely certify to the
17 applicant, that as of a designated date, whether medical assistance
18 reimbursement is due or an application for medical assistance was pending
19 that may result in medical assistance reimbursement due. An application
20 for a certificate under this subdivision shall be provided to the
21 department in a delivery manner and at an address designated by the
22 department, which manner may include email. The department shall post the
23 acceptable manner of delivery on its website. Any application that fails
24 to conform with such manner is void. Notwithstanding the lack of an order
25 by a court designating the applicant as a person or entity who may
26 receive information protected by applicable privacy laws, the applicant
27 shall have the authority of a personal representative for the limited
28 purpose of seeking and obtaining from the department this certification.
29 If, in response to a certification request, the department certifies that
30 reimbursement for medical assistance is due, the department may release
31 some or all of the property of a decedent from the provisions of this

1 subsection.

2 (d) An action for recovery of the debt created under subsection (1)
3 of this section may be brought by the department against the estate of a
4 recipient of medical assistance as defined in subdivision (4)(b) of this
5 section at any time before five years after the last of the following
6 events:

7 (i) The death of the recipient of medical assistance;

8 (ii) The death of the recipient's spouse, if applicable;

9 (iii) The attainment of the age of twenty-one years by the youngest
10 of the recipient's minor children, if applicable; or

11 (iv) A determination that any adult child of the recipient is no
12 longer blind or totally and permanently disabled as defined by the
13 Supplemental Security Income criteria, if applicable.

14 (5) In any probate proceedings in which the department has filed a
15 claim under this section, no additional evidence of foundation shall be
16 required for the admission of the department's payment record supporting
17 its claim if the payment record bears the seal of the department, is
18 certified as a true copy, and bears the signature of an authorized
19 representative of the department.

20 (6) The department may waive or compromise its claim, in whole or in
21 part, if the department determines that enforcement of the claim would
22 not be in the best interests of the state or would result in undue
23 hardship as provided in rules and regulations of the department.

24 (7)(a) Whenever the department has provided medical assistance
25 because of sickness or injury to any person resulting from a third
26 party's wrongful act or negligence and the person has recovered damages
27 from such third party, the department shall have the right to recover the
28 medical assistance it paid from any amounts that the person has received
29 as follows:

30 (i) In those cases in which the person is fully compensated by the
31 recovery, the department shall be fully reimbursed subject to its

1 contribution to attorney's fees and costs as provided in subdivision (b)
2 of this subsection; or

3 (ii) In those cases in which the person is not fully compensated by
4 the recovery, the department shall be reimbursed that portion of the
5 recovery that represents the same proportionate reduction of medical
6 expenses paid that the recovery amount bears to full compensation of the
7 person subject to its contributions to attorney's fees and costs as
8 provided in subdivision (b) of this subsection.

9 (b) When an action or claim is brought by the person and the person
10 incurs or will incur a personal liability to pay attorney's fees and
11 costs of litigation or costs incurred in pursuit of a claim, the
12 department's claim for reimbursement of the medical assistance provided
13 to the person shall be reduced by an amount that represents the
14 department's reasonable pro rata share of attorney's fees and costs of
15 litigation or the costs incurred in pursuit of a claim.

16 (8) The department may adopt and promulgate rules and regulations to
17 carry out this section.

18 (9) The changes made to this section by Laws 2019, LB593, shall
19 apply retroactively to August 30, 2015.

20 **Sec. 23.** Section 68-974, Revised Statutes Cumulative Supplement,
21 2024, is amended to read:

22 68-974 (1) One or more program integrity contractors may be used to
23 promote the integrity of the medical assistance program, to assist with
24 investigations and audits, or to investigate the occurrence of fraud,
25 waste, or abuse. The contract or contracts may include services for (a)
26 cost-avoidance through identification of third-party liability, (b) cost
27 recovery of third-party liability through postpayment reimbursement, (c)
28 casualty recovery of payments by identifying and recovering costs for
29 claims that were the result of an accident or neglect and payable by a
30 casualty insurer, and (d) reviews of claims submitted by providers of
31 services or other individuals furnishing items and services for which

1 payment has been made to determine whether providers have been underpaid
2 or overpaid, and to take actions to recover any overpayments identified
3 or make payment for any underpayment identified.

4 (2) Notwithstanding any other provision of law, all program
5 integrity contractors when conducting a program integrity audit,
6 investigation, or review shall:

7 (a) Review claims within four years from the date of the payment;

8 (b) Send a determination letter concluding an audit within one
9 hundred eighty days after receipt of all requested material from a
10 provider;

11 (c) In any records request to a provider, furnish information
12 sufficient for the provider to identify the patient, procedure, or
13 location;

14 (d) Develop and implement with the department a procedure in which
15 an improper payment identified by an audit may be resubmitted as a claims
16 adjustment, including (i) the resubmission of claims denied as a result
17 of an interpretation of scope of services not previously held by the
18 department, (ii) the resubmission of documentation when the document
19 provided is incomplete, illegible, or unclear, and (iii) the resubmission
20 of documentation when clerical errors resulted in a denial of claims for
21 services actually provided. If a service was provided and sufficiently
22 documented but denied because it was determined by the department or the
23 contractor that a different service should have been provided, the
24 department or the contractor shall disallow the difference between the
25 payment for the service that was provided and the payment for the service
26 that should have been provided;

27 (e) Utilize a licensed health care professional from the specialty
28 area of practice being audited to establish relevant audit methodology
29 consistent with (i) state-issued medicaid provider handbooks and (ii)
30 established clinical practice guidelines and acceptable standards of care
31 established by professional or specialty organizations responsible for

1 setting such standards of care;

2 (f) Provide a written notification and explanation of an adverse
3 determination that includes the reason for the adverse determination, the
4 medical criteria on which the adverse determination was based, an
5 explanation of the provider's appeal rights, and, if applicable, the
6 appropriate procedure to submit a claims adjustment in accordance with
7 subdivision (2)(d) of this section; and

8 (g) Schedule any onsite audits with advance notice of not less than
9 ten business days and make a good faith effort to establish a mutually
10 agreed-upon time and date for the onsite audit.

11 (3) A program integrity contractor retained by the department or the
12 federal Centers for Medicare and Medicaid Services shall work with the
13 department at the start of a recovery audit to review this section and
14 section 68-973 and any other relevant state policies, procedures,
15 regulations, and guidelines regarding program integrity audits. The
16 program integrity contractor shall comply with this section regarding
17 audit procedures. A copy of the statutes, policies, and procedures shall
18 be specifically maintained in the audit records to support the audit
19 findings.

20 (4) The department shall exclude from the scope of review of
21 recovery audit contractors any claim processed or paid through a
22 capitated medicaid managed care program. The department shall exclude
23 from the scope of review of program integrity contractors any claims that
24 are currently being audited or that have been audited by a program
25 integrity contractor, by the department, or by another entity. Claims
26 processed or paid through a capitated medicaid managed care program shall
27 be coordinated between the department, the contractor, and the managed
28 care organization. All such audits shall be coordinated as to scope,
29 method, and timing. The contractor and the department shall avoid
30 duplication or simultaneous audits. No payment shall be recovered in a
31 medical necessity review in which the provider has obtained prior

1 authorization for the service and the service was performed as
2 authorized.

3 (5) Extrapolated overpayments are not allowed under the Medical
4 Assistance Act without evidence of a sustained pattern of error, an
5 excessively high error rate, or the agreement of the provider.

6 (6) The department may contract with one or more persons to support
7 a health insurance premium assistance payment program.

8 (7) The department may enter into any other contracts deemed to
9 increase the efforts to promote the integrity of the medical assistance
10 program.

11 (8) Contracts entered into under the authority of this section may
12 be on a contingent fee basis. Contracts entered into on a contingent fee
13 basis shall provide that contingent fee payments are based upon amounts
14 recovered, not amounts identified. Whether the contract is a contingent
15 fee contract or otherwise, the contractor shall not recover overpayments
16 by the department until all appeals have been completed unless there is a
17 credible allegation of fraudulent activity by the provider, the
18 contractor has referred the claims to the department for investigation,
19 and an investigation has commenced. In that event, the contractor may
20 recover overpayment prior to the conclusion of the appeals process. In
21 any contract between the department and a program integrity contractor,
22 the payment or fee provided for identification of overpayments shall be
23 the same provided for identification of underpayments. Contracts shall be
24 in compliance with federal law and regulations when pertinent, including
25 a limit on contingent fees of no more than twelve and one-half percent of
26 amounts recovered, and initial contracts shall be entered into as soon as
27 practicable under such federal law and regulations.

28 (9) All amounts recovered and savings generated as a result of this
29 section shall be returned to the medical assistance program.

30 (10) Records requests made by a program integrity contractor in any
31 one-hundred-eighty-day period shall be limited to not more than two

1 hundred records for the specific service being reviewed. The contractor
2 shall allow a provider no less than forty-five days to respond to and
3 comply with a records request. If the contractor can demonstrate a
4 significant provider error rate relative to an audit of records, the
5 contractor may make a request to the department to initiate an additional
6 records request regarding the subject under review for the purpose of
7 further review and validation. The contractor shall not make the request
8 until the time period for the appeals process has expired.

9 (11) On an annual basis, the department shall require the recovery
10 audit contractor to compile and publish on the department's Internet
11 website metrics related to the performance of each recovery audit
12 contractor. Such metrics shall include: (a) The number and type of issues
13 reviewed; (b) the number of medical records requested; (c) the number of
14 overpayments and the aggregate dollar amounts associated with the
15 overpayments identified by the contractor; (d) the number of
16 underpayments and the aggregate dollar amounts associated with the
17 identified underpayments; (e) the duration of audits from initiation to
18 time of completion; (f) the number of adverse determinations and the
19 overturn rating of those determinations in the appeal process; (g) the
20 number of appeals filed by providers and the disposition status of such
21 appeals; (h) the contractor's compensation structure and dollar amount of
22 compensation; and (i) a copy of the department's contract with the
23 recovery audit contractor.

24 (12) The program integrity contractor, in conjunction with the
25 department, shall perform educational and training programs for providers
26 that encompass a summary of audit results, a description of common
27 issues, problems, and mistakes identified through audits and reviews, and
28 opportunities for improvement.

29 (13) Providers shall be allowed to submit records requested as a
30 result of an audit in electronic format, including compact disc, digital
31 versatile disc, or other electronic format deemed appropriate by the

1 department or via facsimile transmission, at the request of the provider.

2 (14)(a) A provider shall have the right to appeal a determination
3 made by the program integrity contractor.

4 (b) The contractor shall establish an informal consultation process
5 to be utilized prior to the issuance of a final determination. Within
6 thirty days after receipt of notification of a preliminary finding from
7 the contractor, the provider may request an informal consultation with
8 the contractor to discuss and attempt to resolve the findings or portion
9 of such findings in the preliminary findings letter. The request shall be
10 made to the contractor. The consultation shall occur within thirty days
11 after the provider's request for informal consultation, unless otherwise
12 agreed to by both parties.

13 (c) Within thirty days after notification of an adverse
14 determination, a provider may request an administrative appeal of the
15 adverse determination as set forth in the Administrative Procedure Act.

16 ~~(15) The department shall by December 1 of each year report to the~~
17 ~~Legislature the status of the contracts, including the parties, the~~
18 ~~programs and issues addressed, the estimated cost recovery, and the~~
19 ~~savings accrued as a result of the contracts. Such report shall be filed~~
20 ~~electronically.~~

21 (15) ~~(16)~~ For purposes of this section:

22 (a) Adverse determination means any decision rendered by a program
23 integrity contractor or recovery audit contractor that results in a
24 payment to a provider for a claim for service being reduced or rescinded;

25 (b) Extrapolated overpayment means an overpayment amount obtained by
26 calculating claims denials and reductions from a medical records review
27 based on a statistical sampling of a claims universe;

28 (c) Person means bodies politic and corporate, societies,
29 communities, the public generally, individuals, partnerships, limited
30 liability companies, joint-stock companies, and associations;

31 (d) Program integrity audit means an audit conducted by the federal

1 Centers for Medicare and Medicaid Services, the department, or the
2 federal Centers for Medicare and Medicaid Services with the coordination
3 and cooperation of the department;

4 (e) Program integrity contractor means private entities with which
5 the department or the federal Centers for Medicare and Medicaid Services
6 contracts to carry out integrity responsibilities under the medical
7 assistance program, including, but not limited to, recovery audits,
8 integrity audits, and unified program integrity audits, in order to
9 identify underpayments and overpayments and recoup overpayments; and

10 (f) Recovery audit contractor means private entities with which the
11 department contracts to audit claims for medical assistance, identify
12 underpayments and overpayments, and recoup overpayments.

13 **Sec. 24.** Section 68-995, Revised Statutes Cumulative Supplement,
14 2024, is amended to read:

15 68-995 All contracts and agreements relating to the medical
16 assistance program governing at-risk managed care service delivery for
17 health services entered into by the department and existing on or after
18 August 11, 2020, shall:

19 (1) Provide a definition and cap on administrative spending such
20 that (a) administrative expenditures do not include profit greater than
21 the contracted amount, (b) any administrative spending is necessary to
22 improve the health status of the population to be served, and (c)
23 administrative expenditures do not include contractor incentives.
24 Administrative spending shall not under any circumstances exceed twelve
25 percent ~~. Such spending shall be tracked by the contractor and reported~~
26 ~~quarterly to the department and electronically to the Clerk of the~~
27 ~~Legislature;~~

28 (2) Provide a definition of annual contractor profits and losses and
29 restrict such profits and losses under the contract so that profit shall
30 not exceed a percentage specified by the department but not more than
31 three percent per year as a percentage of the aggregate of all income and

1 revenue earned by the contractor and related parties, including parent
2 and subsidiary companies and risk-bearing partners, under the contract;

3 (3) Provide for return of (a) any remittance if the contractor does
4 not meet the minimum medical loss ratio, (b) any unearned incentive
5 funds, and (c) any other funds in excess of the contractor limitations
6 identified in state or federal statute or contract to the State Treasurer
7 for credit to the Medicaid Managed Care Excess Profit Fund;

8 (4) Provide for a minimum medical loss ratio of eighty-five percent
9 of the aggregate of all income and revenue earned by the contractor and
10 related parties under the contract;

11 (5) Provide that contractor incentives, in addition to potential
12 profit, be up to two percent of the aggregate of all income and revenue
13 earned by the contractor and related parties under the contract; and

14 (6) Be reviewed and awarded competitively and in full compliance
15 with the procurement requirements of the State of Nebraska.

16 **Sec. 25.** Section 68-9,109, Revised Statutes Cumulative Supplement,
17 2024, is amended to read:

18 68-9,109 The Department of Health and Human Services shall
19 electronically submit a report to the Legislature on or before December
20 15 of each year beginning December 15, 2024, through December 15, 2029,
21 on the Nebraska Prenatal Plus Program which includes (1) the number of
22 mothers served, (2) the services offered, and (3) the birth outcomes for
23 each mother served.

24 **Sec. 26.** Section 68-1006, Reissue Revised Statutes of Nebraska, is
25 amended to read:

26 68-1006 The amount of assistance to the aged, blind or disabled
27 shall be based on the need of the individual and the circumstances
28 existing in each case. When permitted by the federal old age and
29 survivors insurance act, any accumulations of increased benefits under
30 such act may be disregarded when determining need. ~~Payments shall be made~~
31 ~~by state warrant directly to each recipient.~~

1 **Sec. 27.** Section 68-1007, Reissue Revised Statutes of Nebraska, is
2 amended to read:

3 68-1007 In determining need for assistance to the aged, blind, or
4 disabled, the Department of Health and Human Services shall take into
5 consideration all other income and resources of the individual claiming
6 such assistance, as well as any expenses reasonably attributable to the
7 earning of any such income, except as otherwise provided in this section.
8 In making such determination with respect to any individual who is blind,
9 there shall be disregarded the first eighty-five dollars per month of
10 earned income plus one-half of earned income in excess of eighty-five
11 dollars per month and, for a period not in excess of twelve months, such
12 additional amounts of other income and resources, in the case of an
13 individual who has an approved plan for achieving self-support, as may be
14 necessary for the fulfillment of such plan. ~~In making such determination~~
15 ~~with respect to an individual who has attained age sixty-five, or who is~~
16 ~~permanently and totally disabled, and is claiming aid to the aged, blind,~~
17 ~~or disabled, the department shall disregard earned income at least to the~~
18 ~~extent such income was disregarded on January 1, 1972, as provided in 42~~
19 ~~U.S.C. 1396a(f).~~

20 **Sec. 28.** Section 68-1509, Reissue Revised Statutes of Nebraska, is
21 amended to read:

22 68-1509 The department, in considering the needs and eligibility
23 criteria of families and disabled persons, shall consider various
24 factors, including, but not limited to:

25 (1) Total family income , ~~except that the amount which the spouse~~
26 ~~may designate as provided in section 68-922 shall be excluded in~~
27 ~~determining total family income per month;~~

28 (2) The cost of providing supplemental services to the family or the
29 disabled person;

30 (3) The need for each program or service received by the family or
31 the disabled person;

1 (4) The eligibility of the family or the disabled person for other
2 support programs;

3 (5) The costs of providing for the family or the disabled person in
4 an independent living situation, notwithstanding the special
5 circumstances of providing for a disabled person;

6 (6) The number of persons in the family; and

7 (7) The availability of insurance to cover the cost of needed
8 programs and services.

9 ~~If assets have been designated for an individual in accordance with~~
10 ~~section 68-922, such assets shall not be considered in determining the~~
11 ~~eligibility for support of the individual's disabled spouse.~~

12 **Sec. 29.** Section 68-1530, Revised Statutes Cumulative Supplement,
13 2024, is amended to read:

14 68-1530 (1) The Department of Health and Human Services shall apply
15 for a three-year medicaid waiver under section 1915(c) of the federal
16 Social Security Act to administer a family support program which is a
17 home and community-based services program as provided in this section.

18 (2)(a) The Advisory Committee on Developmental Disabilities created
19 in section 83-1212.01 shall assist in the development and guide the
20 implementation of the family support program. The family support program
21 shall be administered by the Division of Developmental Disabilities of
22 the Department of Health and Human Services.

23 (b) It is the intent of the Legislature that any funds distributed
24 to Nebraska pursuant to section 9817 of the federal American Rescue Plan
25 Act of 2021, Public Law 117-2, be used to eliminate unmet needs relating
26 to home and community-based services for persons with developmental
27 disabilities as much as is possible.

28 (c) If funds are distributed to Nebraska pursuant to section 9817 of
29 the federal American Rescue Plan Act of 2021, it is the intent of the
30 Legislature that such funds distributed to Nebraska should at least
31 partially fund the family support program if doing so is in accordance

1 with federal law, rules, regulations, or guidance.

2 (3) The family support program shall:

3 (a) Offer an annual capped budget for long-term services and
4 supports of ten thousand dollars for each eligible applicant;

5 (b) Offer a pathway for medicaid eligibility for disabled children
6 by disregarding parental income and establishing eligibility based on a
7 child's income and assets;

8 (c) Allow a family to self-direct services, including contracting
9 for services and supports approved by the division; and

10 (d) Not exceed eight hundred fifty participants.

11 (4) The department, in consultation with the advisory committee,
12 shall adopt and promulgate rules and regulations for the implementation
13 of the family support program to be set at an intermediate care facility
14 institutional level of care to support children with intellectual and
15 developmental disabilities and their families. Such rules and regulations
16 shall include, but not be limited to:

17 (a) Criteria for and types of long-term services and supports to be
18 provided by the family support program;

19 (b) The method, as provided in section 68-1532, for allocating
20 resources to family units participating in the family support program;

21 (c) Eligibility determination, including, but not limited to, a
22 child's maximum income and assets;

23 (d) The enrollment process;

24 (e) Limits on benefits; and

25 (f) Processes to establish quality assurance, including, but not
26 limited to, measures of family satisfaction.

27 (5) The division shall administer the family support program within
28 the limits of the appropriations by the Legislature for such program.

29 (6) Until December 31, 2027, ~~The~~ division shall submit an annual
30 report electronically to the Legislature on the family support program.
31 The report shall include:

1 (a) The distribution of available funds, the total number of
2 children and families served, and the status of the waiting list for the
3 comprehensive waiver and other applicable waivers;

4 (b) A summary of any grievances filed by family units pertaining to
5 the family support program, including any appeals and a description of
6 how such grievances were resolved;

7 (c) The number and demographics of children with disabilities and
8 their families who applied under the family support program but who were
9 not found eligible and the reason such children and their families were
10 not found eligible;

11 (d) Quality assurance activities and the results of annual measures
12 of family satisfaction; and

13 (e) Recommendations to innovate the family support program, improve
14 current programming, and maximize limited funding, including, but not
15 limited to, the potential utilization of other medicaid pathways or
16 medicaid waivers that could help increase access to medicaid and long-
17 term services and supports for children with disabilities or special
18 health care needs.

19 **Sec. 30.** Section 68-1735.03, Reissue Revised Statutes of Nebraska,
20 is amended to read:

21 68-1735.03 It is the intent of the Legislature that the Department
22 of Health and Human Services carry out the requirements of sections
23 68-1735 and 68-1735.01 ~~to 68-1735.02~~ within the limits of its annual
24 appropriation.

25 **Sec. 31.** Section 68-1804, Reissue Revised Statutes of Nebraska, is
26 amended to read:

27 68-1804 (1) The ICF/DD Reimbursement Protection Fund is created. Any
28 money in the fund available for investment shall be invested by the state
29 investment officer pursuant to the Nebraska Capital Expansion Act and the
30 Nebraska State Funds Investment Act. Interest and income earned by the
31 fund shall be credited to the fund.

1 (2) Beginning July 1, 2014, the department shall use the ICF/DD
2 Reimbursement Protection Fund, including the matching federal financial
3 participation under Title XIX of the Social Security Act, as amended, for
4 purposes of enhancing rates paid under the medical assistance program to
5 intermediate care facilities for persons with developmental disabilities
6 and for an annual contribution to community-based programs for persons
7 with developmental disabilities as specified in subsection (4) of this
8 section, exclusive of the reimbursement paid under the medical assistance
9 program and any other state appropriations to intermediate care
10 facilities for persons with developmental disabilities.

11 (3) For FY2011-12 through FY2013-14, proceeds from the tax imposed
12 pursuant to section 68-1803 shall be remitted to the State Treasurer for
13 credit to the ICF/DD Reimbursement Protection Fund for allocation as
14 follows:

15 (a) First, fifty-five thousand dollars for administration of the
16 fund;

17 (b) Second, the amount needed to reimburse intermediate care
18 facilities for persons with developmental disabilities for the cost of
19 the tax;

20 (c) Third, three hundred twelve thousand dollars for community-based
21 services for persons with developmental disabilities;

22 (d) Fourth, six hundred thousand dollars or such lesser amount as
23 may be available in the fund for non-state-operated intermediate care
24 facilities for persons with developmental disabilities, in addition to
25 any continuation appropriations percentage increase provided by the
26 Legislature to nongovernmental intermediate care facilities for persons
27 with developmental disabilities under the medical assistance program,
28 subject to approval by the federal Centers for Medicare and Medicaid
29 Services of the department's annual application amending the medicaid
30 state plan reimbursement methodology for intermediate care facilities for
31 persons with developmental disabilities; and

1 (e) Fifth, the remainder of the proceeds to the General Fund.

2 (4) For FY2016-17 and each fiscal year thereafter, the ICF/DD
3 Reimbursement Protection Fund shall be used as follows:

4 (a) First, fifty-five thousand dollars to the department for
5 administration of the fund;

6 (b) Second, payment to the intermediate care facilities for persons
7 with developmental disabilities for the cost of the tax;

8 (c) Third, three hundred twelve thousand dollars, in addition to any
9 federal medicaid matching funds, for payment to providers of community-
10 based services for persons with developmental disabilities;

11 (d) Fourth, one million dollars to the General Fund; and

12 (e) Fifth, rebase rates under the medical assistance program in
13 accordance with the medicaid state plan as defined in section 68-907. In
14 calculating rates, the proceeds of the tax provided for in section
15 68-1803 and not utilized under subdivisions (a), (b), (c), and (d) of
16 this subsection shall be used to enhance rates in non-state-operated
17 intermediate care facilities for persons with developmental disabilities
18 by increasing the annual inflation factor to the extent allowed to ensure
19 federal financial participation for the department's payments to
20 intermediate care facilities for persons with developmental disabilities.

21 ~~(5) The Division of Medicaid and Long-Term Care of the Department of~~
22 ~~Health and Human Services shall report electronically, no later than~~
23 ~~December 1 of each year, to the Health and Human Services Committee of~~
24 ~~the Legislature and the Revenue Committee of the Legislature the amounts~~
25 ~~collected from each payer of the tax pursuant to section 68-1803 and the~~
26 ~~amount of each disbursement from the ICF/DD Reimbursement Protection~~
27 ~~Fund.~~

28 **Sec. 32.** Section 69-2409.01, Reissue Revised Statutes of Nebraska,
29 is amended to read:

30 69-2409.01 (1) For purposes of sections 69-2401 to 69-2425, the
31 Nebraska State Patrol shall be furnished with only such information as

1 may be necessary for the sole purpose of determining whether an
2 individual is disqualified from purchasing or possessing a handgun
3 pursuant to state law or is subject to the disability provisions of 18
4 U.S.C. 922(d)(4) and (g)(4). Such information shall be furnished by the
5 Department of Health and Human Services. The clerks of the various courts
6 shall furnish to the Department of Health and Human Services and Nebraska
7 State Patrol, as soon as practicable but within thirty days after an
8 order of commitment or discharge is issued or after removal of firearm-
9 related disabilities pursuant to section 71-963, all information
10 necessary to set up and maintain the database required by this section.
11 This information shall include (a) information regarding those persons
12 who are currently receiving mental health treatment pursuant to a
13 commitment order of a mental health board or who have been discharged,
14 (b) information regarding those persons who have been committed to
15 treatment pursuant to section 29-3702, and (c) information regarding
16 those persons who have had firearm-related disabilities removed pursuant
17 to section 71-963. The mental health board shall notify the Department of
18 Health and Human Services and the Nebraska State Patrol when such
19 disabilities have been removed. The Department of Health and Human
20 Services shall also maintain in the database a listing of persons
21 committed to treatment pursuant to section 29-3702. To ensure the
22 accuracy of the database, any information maintained or disclosed under
23 this subsection shall be updated, corrected, modified, or removed, as
24 appropriate, and as soon as practicable, from any database that the state
25 or federal government maintains and makes available to the National
26 Instant Criminal Background Check System. The procedures for furnishing
27 the information shall guarantee that no information is released beyond
28 what is necessary for purposes of this section.

29 (2) In order to comply with sections 69-2401 and 69-2403 to 69-2408
30 and this section, the Nebraska State Patrol shall provide to the chief of
31 police or sheriff of an applicant's place of residence or a licensee in

1 the process of a criminal history record check pursuant to section
2 69-2411 only the information regarding whether or not the applicant is
3 disqualified from purchasing or possessing a handgun.

4 (3) Any person, agency, or mental health board participating in good
5 faith in the reporting or disclosure of records and communications under
6 this section is immune from any liability, civil, criminal, or otherwise,
7 that might result by reason of the action.

8 (4) Any person who intentionally causes the Nebraska State Patrol to
9 request information pursuant to this section without reasonable belief
10 that the named individual has submitted a written application under
11 section 69-2404 or has completed a consent form under section 69-2410
12 shall be guilty of a Class II misdemeanor in addition to other civil or
13 criminal liability under state or federal law.

14 ~~(5) The Nebraska State Patrol and the Department of Health and Human
15 Services shall report electronically to the Clerk of the Legislature on a
16 biannual basis the following information about the database: (a) The
17 number of total records of persons unable to purchase or possess firearms
18 because of disqualification or disability shared with the National
19 Instant Criminal Background Check System; (b) the number of shared
20 records by category of such persons; (c) the change in number of total
21 shared records and change in number of records by category from the
22 previous six months; (d) the number of records existing but not able to
23 be shared with the National Instant Criminal Background Check System
24 because the record was incomplete and unable to be accepted by the
25 National Instant Criminal Background Check System; and (e) the number of
26 hours or days, if any, during which the database was unable to share
27 records with the National Instant Criminal Background Check System and
28 the reason for such inability. The report shall also be published on the
29 websites of the Nebraska State Patrol and the Department of Health and
30 Human Services.~~

31 **Sec. 33.** Section 71-509, Revised Statutes Cumulative Supplement,

1 2024, is amended to read:

2 71-509 (1) If a health care facility or alternate facility
3 determines that a patient treated or transported by an emergency services
4 provider has been diagnosed or detected with an infectious airborne
5 disease, the health care facility or alternate facility shall notify the
6 department as soon as practical but not later than forty-eight hours
7 after the determination has been made. The department shall investigate
8 all notifications from health care facilities and alternate facilities
9 and notify as soon as practical the physician medical director of each
10 emergency medical service with an affected emergency medical care
11 provider employed by or associated with the service, the fire chief of
12 each fire department with an affected firefighter employed by or
13 associated with the department, the head of each law enforcement agency
14 with an affected peace officer employed by or associated with the agency,
15 the funeral director of each funeral establishment with an affected
16 individual employed by or associated with the funeral establishment, and
17 any emergency services provider known to the department with a
18 significant exposure who is not employed by or associated with an
19 emergency medical service, a fire department, a law enforcement agency,
20 or a funeral establishment. Notification of affected individuals shall be
21 made as soon as practical.

22 (2) Whenever an emergency services provider believes he or she has
23 had a significant exposure while acting as an emergency services
24 provider, he or she may complete a significant exposure report form. A
25 copy of the completed form shall be given by the emergency services
26 provider to the health care facility or alternate facility, to the
27 emergency services provider's supervisor, and to the designated
28 physician.

29 (3) Upon receipt of the significant exposure form, if a patient has
30 been diagnosed during the normal course of treatment as having an
31 infectious disease or condition or information is received from which it

1 may be concluded that a patient has an infectious disease or condition,
2 the health care facility or alternate facility receiving the form shall
3 notify the designated physician pursuant to subsection (5) of this
4 section. If the patient has not been diagnosed as having an infectious
5 disease or condition and upon the request of the designated physician,
6 the health care facility or alternate facility shall request the
7 patient's attending physician or other responsible person to order the
8 necessary diagnostic testing of the patient to determine the presence of
9 an infectious disease or condition. Upon such request, the patient's
10 attending physician or other responsible person shall order the necessary
11 diagnostic testing subject to section 71-510. Each health care facility
12 shall develop a policy or protocol to administer such testing and assure
13 confidentiality of such testing.

14 (4) Results of tests conducted under this section and section 71-510
15 shall be reported by the health care facility or alternate facility that
16 conducted the test to the designated physician and to the patient's
17 attending physician, if any.

18 (5) Notification of the patient's diagnosis of infectious disease or
19 condition, including the results of any tests, shall be made orally to
20 the designated physician within forty-eight hours of confirmed diagnosis.
21 A written report shall be forwarded to the designated physician within
22 seventy-two hours of confirmed diagnosis.

23 (6) Upon receipt of notification under subsection (5) of this
24 section, the designated physician shall notify the emergency services
25 provider of the exposure to infectious disease or condition and the
26 results of any tests conducted under this section and section 71-510.

27 (7) The notification to the emergency services provider shall
28 include the name of the infectious disease or condition diagnosed but
29 shall not contain the patient's name or any other identifying
30 information. Any person receiving such notification shall treat the
31 information received as confidential and shall not disclose the

1 information except as provided in sections 71-507 to 71-513.

2 (8) The provider agency shall be responsible for the costs of
3 diagnostic testing required under this section and section 71-510, except
4 that if a person renders emergency care gratuitously as described in
5 section 25-21,186, such person shall be responsible for the costs.

6 (9) The patient's attending physician shall inform the patient of
7 test results for all tests conducted under this section and section
8 71-510 ~~such sections~~.

9 **Sec. 34.** Section 71-564, Revised Statutes Cumulative Supplement,
10 2024, is amended to read:

11 71-564 (1) The Alzheimer's Disease and Other Dementia Advisory
12 Council is created and shall include:

13 (a) Twelve voting members appointed by the Governor. The voting
14 members shall consist of: (i) An individual living with Alzheimer's
15 disease or another dementia or a family member of such an individual;
16 (ii) an individual who is the family caregiver of an individual living
17 with Alzheimer's disease or another dementia; (iii) an individual who
18 represents nursing homes; (iv) an individual who represents assisted-
19 living facilities; (v) an individual who represents providers of adult
20 day care services; (vi) an individual who represents home care providers;
21 (vii) a medical professional who has experience diagnosing and treating
22 Alzheimer's disease; (viii) an individual who conducts research regarding
23 Alzheimer's disease or other dementia; (ix) an individual who represents
24 a leading, nationwide organization that advocates on behalf of
25 individuals living with Alzheimer's disease or other dementia; (x) an
26 individual who represents an area agency on aging; (xi) an individual
27 representing an organization that advocates for older adults; and (xii)
28 an individual with experience or expertise in the area of the specific
29 needs of individuals with intellectual and developmental disabilities and
30 Alzheimer's disease or other dementia; and

31 (b) Five nonvoting members. The nonvoting members shall consist of:

1 (i) The Director of Public Health or the director's designee; (ii) the
2 ~~Director of Medicaid and Long Term Care or the director's designee; (iii)~~
3 a representative of the State Unit on Aging ~~of the Division of Medicaid~~
4 ~~and Long Term Care~~ designated by the department; ~~(iii) the Director of~~
5 ~~Medicaid and Long Term Care; (iv)~~ a representative of the Nebraska
6 Workforce Development Board designated by the board; and (iv) ~~(v)~~ the
7 state long-term care ombudsman or the ombudsman's designee.

8 (2) The terms of the initial members shall begin on the date of the
9 first meeting as called by the Director of Public Health and (a) one-
10 third shall serve for two-year terms, (b) one-third shall serve for
11 three-year terms, and (c) one-third shall serve for four-year terms,
12 including the chairperson and vice-chairperson. Thereafter all members
13 shall serve four-year terms. Members may not serve more than two
14 consecutive four-year terms. Vacancies shall be appointed by the Governor
15 in the same manner as described in subdivision (1)(a) of this section.

16 (3) Members of the council shall select the chairperson and vice-
17 chairperson who shall not be employees of the state and may serve in such
18 role for up to four consecutive years. The Director of Public Health or
19 the director's designee shall call and preside over the first meeting
20 until a chairperson is selected. Thereafter, the council shall meet at
21 least quarterly at the call of the chairperson. A majority of the voting
22 members shall constitute a quorum for the conduct of meetings.

23 (4) The council shall hold meetings at least once every calendar
24 quarter.

25 (5) Members shall serve on the council without compensation but
26 shall be compensated for expenses incurred for such service.

27 (6) The department shall provide staff and support to the council as
28 necessary to assist the council in the performance of its duties.

29 **Sec. 35.** Section 71-604.02, Revised Statutes Cumulative Supplement,
30 2024, is amended to read:

31 71-604.02 (1) For purposes of this section:

1 (a) Biological mother means a person who is related to a child as
2 the source of the egg that resulted in the conception of the child; and

3 (b) Birth mother means the person who gave birth to the child.

4 (2) During the period immediately before or after the in-hospital
5 birth of a child whose biological mother is not the same as the birth
6 mother, the person in charge of such hospital or such person's designated
7 representative shall provide to the child's biological mother and birth
8 mother the documents and written instructions for such biological mother
9 and birth mother to complete a notarized acknowledgment of maternity.
10 Such acknowledgment, if signed by both parties and notarized, shall be
11 filed with the department at the same time at which the certificate of
12 live birth is filed.

13 (3) Nothing in this section shall be deemed to require the person in
14 charge of such hospital or such person's designee to seek out or
15 otherwise locate an alleged mother who is not readily identifiable or
16 available.

17 (4) The acknowledgment shall be executed on a form prepared by the
18 department. Such form shall be in essentially the same form provided by
19 the department. The acknowledgment shall include, but not be limited to,
20 (a) a statement by the birth mother consenting to the acknowledgment of
21 maternity and a statement that the biological mother is the legal mother
22 of the child, (b) a statement by the biological mother that she is the
23 biological mother of the child, (c) written information regarding
24 parental rights and responsibilities, and (d) the social security numbers
25 of the mothers.

26 (5) The form provided for in subsection (4) of this section shall
27 also contain instructions for completion and filing with the department
28 if it is not completed and filed with a birth certificate as provided in
29 subsection (2) of this section.

30 (6) The department shall accept completed acknowledgment forms. The
31 department may prepare photographic, electronic, or other reproductions

1 of acknowledgments. Such reproductions, when certified and approved by
2 the department, shall be accepted as the original records, and the
3 documents from which permanent reproductions have been made may be
4 disposed of as provided by rules and regulations of the department.

5 (7) The department shall enter on the birth certificate of any child
6 described in subsection (2) of this section the name of the biological
7 mother of the child upon receipt of an acknowledgment of maternity as
8 provided in this section signed by the biological mother of the child and
9 the birth mother of the child. The name of the birth mother shall not be
10 entered on the birth certificate. If the birth mother is married, the
11 name of the birth mother's spouse shall not be entered on the birth
12 certificate unless paternity for such spouse is otherwise established by
13 law.

14 (8)(a) The signing of a notarized acknowledgment of maternity,
15 whether under this section or otherwise, by the biological mother shall
16 create a rebuttable presumption of maternity as against the biological
17 mother. The signed, notarized acknowledgment is subject to the right of
18 any signatory to rescind the acknowledgment at any time prior to the
19 earlier of:

20 (i) Sixty days after the acknowledgment; or

21 (ii) The date of an administrative or judicial proceeding relating
22 to the child, including a proceeding to establish a support order in
23 which the signatory is a party.

24 (b) After the rescission period provided for in subdivision (8)(a)
25 of this section, a signed, notarized acknowledgment is considered a legal
26 finding which may be challenged only on the basis of fraud, duress, or
27 material mistake of fact with the burden of proof upon the challenger,
28 and the legal responsibilities, including the child support obligation,
29 of any signatory arising from the acknowledgment shall not be suspended
30 during the challenge, except for good cause shown. Such a signed and
31 notarized acknowledgment or a certified copy or certified reproduction

1 thereof shall be admissible in evidence in any proceeding to establish
2 support.

3 (9)(a) If the biological mother was married at the time of either
4 conception or birth or at any time between conception and birth of a
5 child described in subsection (2) of this section, the name of the
6 biological mother's spouse shall be entered on the certificate as the
7 other parent of the child unless:

8 (i) Paternity has been determined otherwise by a court of competent
9 jurisdiction;

10 (ii) The biological mother and the biological mother's spouse
11 execute affidavits attesting that the biological mother's spouse is not
12 the biological parent of the child, in which case information about the
13 other parent shall be omitted from the certificate; or

14 (iii) The biological mother executes an affidavit attesting that her
15 spouse is not the biological father and naming the biological father; the
16 biological father executes an affidavit attesting that he is the
17 biological father; and the biological mother's spouse executes an
18 affidavit attesting that such spouse is not the biological parent of the
19 child. In such case the biological father shall be shown as the other
20 parent on the certificate.

21 (b) For affidavits executed under subdivision (9)(a)(ii) ~~(8)(a)(ii)~~
22 or (iii) of this section, each signature shall be individually notarized.

23 (10) If the biological mother was not married at the time of either
24 conception or birth or at any time between conception and birth, the name
25 of the biological father shall not be entered on the certificate as the
26 other parent without the written consent of the biological mother and the
27 person named as the biological father.

28 (11) In any case in which paternity of a child is determined by a
29 court of competent jurisdiction, the name of the adjudicated father shall
30 be entered on the certificate as the other parent in accordance with the
31 finding of the court.

1 (12) If the other parent is not named on the certificate, no other
2 information about the other parent shall be entered thereon.

3 (13) The identification of the father as provided in this section
4 shall not be deemed to affect the legitimacy of the child or the duty to
5 support as set forth in sections 42-377 and 43-1401 to 43-1418.

6 (14) The department may adopt and promulgate rules and regulations
7 as necessary and proper to assist it in the implementation and
8 administration of this section and to establish a nominal payment and
9 procedure for payment for each acknowledgment filed with the department.

10 **Sec. 36.** Section 71-2226, Reissue Revised Statutes of Nebraska, is
11 amended to read:

12 71-2226 The Department of Health and Human Services is authorized to
13 have a state CSF program to protect the health and welfare of the
14 citizens of Nebraska by providing nutritious foods donated for such
15 program by the United States Department of Agriculture, nutrition
16 education, and such other benefits as are available to ~~women, infants,~~
17 ~~children,~~ and elderly persons in Nebraska who are low income and
18 vulnerable to malnutrition as long as federal funds are available from
19 the CSF program and are granted to the department.

20 To the extent consistent with state law, the Department of Health
21 and Human Services may establish, operate, and maintain the program in a
22 way that will qualify it to receive federal funds and that is uniform
23 with United States Department of Agriculture's standards, enter into
24 agreements with the federal government to establish a CSF program, adopt
25 and promulgate rules and regulations to implement a CSF program which are
26 consistent with federal regulations and such other rules and regulations
27 as may be necessary to implement the CSF program, and enter into such
28 other agreements as may be necessary to implement the program within this
29 state.

30 **Sec. 37.** Section 71-2489, Revised Statutes Cumulative Supplement,
31 2024, is amended to read:

1 71-2489 The regional behavioral health authorities and local public
2 health departments shall report on or before November 1 ~~30~~ of each even-
3 numbered year to the division regarding the use of funds distributed for
4 purposes of the Opioid Prevention and Treatment Act and the outcomes
5 achieved from the use of such funds. The division shall report annually
6 on or before December 31 ~~15~~ to the Legislature, the Governor, and the
7 Attorney General regarding the use of funds appropriated and distributed
8 under the Opioid Prevention and Treatment Act and the outcomes achieved
9 from the use of such funds. The reports submitted to the Legislature
10 shall be submitted electronically.

11 **Sec. 38.** Section 71-2518, Reissue Revised Statutes of Nebraska, is
12 amended to read:

13 71-2518 (1) The Division of Public Health of the Department of
14 Health and Human Services shall establish a lead poisoning prevention
15 program that has the following components:

16 (a) A coordinated plan to prevent childhood lead poisoning and to
17 minimize exposure of the general public to lead-based paint hazards. Such
18 plan shall:

19 (i) Provide a standard, stated in terms of micrograms of lead per
20 deciliter of whole blood, to be used in identifying elevated blood-lead
21 levels;

22 (ii) Require that a child be tested for an elevated blood-lead level
23 in accordance with the medicaid state plan as defined in section 68-907
24 if the child is a participant in the medical assistance program
25 established pursuant to the Medical Assistance Act; and

26 (iii) Recommend that a child be tested for elevated blood-lead
27 levels if the child resides in a zip code with a high prevalence of
28 children with elevated blood-lead levels as demonstrated by previous
29 testing data or if the child meets one of the criteria included in a lead
30 poisoning prevention screening questionnaire developed by the department;
31 and

1 (b) An educational and community outreach plan regarding lead
2 poisoning prevention that shall, at a minimum, include the development of
3 appropriate educational materials targeted to health care providers,
4 child care providers, public school personnel, owners and tenants of
5 residential dwellings, and parents of young children. Such educational
6 materials shall be made available to the general public via the
7 department's website.

8 (2) The results of all blood-lead level tests conducted in Nebraska
9 shall be reported to the department. When the department receives notice
10 of a child with an elevated blood-lead level as stated in the plan
11 required pursuant to subdivision (1)(a) of this section, it shall
12 initiate contact with the local public health department or the
13 physician, or both, of such child and offer technical assistance, if
14 necessary.

15 ~~(3) The department shall report electronically to the Legislature by~~
16 ~~January 1, 2013, and each January 1 thereafter, the number of children~~
17 ~~from birth through age six who were screened for elevated blood-lead~~
18 ~~levels during the preceding fiscal year and who were confirmed to have~~
19 ~~elevated blood-lead levels as stated in the plan required pursuant to~~
20 ~~subdivision (1)(a) of this section. The report shall compare such results~~
21 ~~with those of previous fiscal years and shall identify any revisions to~~
22 ~~the plan required by subdivision (1)(a) of this section.~~

23 (3) (4) This section does not require the department to pay the cost
24 of elevated-blood-lead-level testing in accordance with this section
25 except in cases described in subdivision (1)(a)(ii) of this section.

26 **Sec. 39.** Section 71-7450, Reissue Revised Statutes of Nebraska, is
27 amended to read:

28 71-7450 (1) Licensure activities under the Wholesale Drug
29 Distributor Licensing Act shall be funded by license fees. An applicant
30 for an initial or renewal license under the act shall pay a license fee
31 as provided in this section.

1 (2) License fees shall include (a) a base fee of fifty dollars and
2 (b) an additional fee of not more than five hundred dollars based on
3 variable costs to the department of inspections and of receiving and
4 investigating complaints, other similar direct and indirect costs, and
5 other relevant factors as determined by the department.

6 (3) If the licensure application is denied, the license fee shall be
7 returned to the applicant, except that the department may retain up to
8 twenty-five dollars as an administrative fee and may retain the entire
9 license fee if an inspection has been completed prior to such denial.

10 (4) The department shall also collect a fee for reinstatement of a
11 license that has lapsed or has been suspended or revoked. The department
12 shall collect a fee of ten dollars for a duplicate original license.

13 (5) The department shall remit all license fees collected under this
14 section to the State Treasurer for credit to the Health and Human
15 Services Cash Fund. License fees collected under this section shall only
16 be used for activities related to the licensure of wholesale drug
17 distributors or for the payment of expenses related to the prescription
18 drug monitoring system created under section 71-2454 , ~~except for the~~
19 ~~transfer of funds provided for under subsection (6) of this section.~~

20 ~~(6) The State Treasurer shall transfer three million seven hundred~~
21 ~~thousand dollars from the Health and Human Services Cash Fund to the~~
22 ~~General Fund on or before June 30, 2018, on such dates and in such~~
23 ~~amounts as directed by the budget administrator of the budget division of~~
24 ~~the Department of Administrative Services. It is the intent of the~~
25 ~~Legislature that the transfer to the General Fund in this subsection be~~
26 ~~from funds credited to the Wholesale Drug Distributor Licensing subfund~~
27 ~~of the Health and Human Services Cash Fund.~~

28 **Sec. 40.** Section 71-7804, Revised Statutes Cumulative Supplement,
29 2024, is amended to read:

30 71-7804 (1) The Primary Care Investment Council is created. The
31 council shall consist of fifteen voting members and two ex officio,

1 nonvoting members.

2 (2) The Primary Care Investment Council shall consist of the
3 following voting members:

4 (a) Three representatives of primary care physicians, one
5 representing each congressional district;

6 (b) A representative of behavioral health providers;

7 (c) A representative of hospitals;

8 (d) A representative of academia with experience in health care
9 data;

10 (e) Two other representatives of health providers who are not
11 primary care physicians or hospitals;

12 (f) Three representatives of health insurers, one of which shall be
13 a representative of a managed care organization;

14 (g) One representative of large employers that purchase health
15 insurance for employees, which representative is not an insurer;

16 (h) One representative of small employers that purchase group health
17 insurance for employees, which representative is not an insurer;

18 (i) One health care consumer advocate who is knowledgeable about the
19 private health insurance market; and

20 (j) A representative of organizations that facilitate health
21 information exchange in Nebraska.

22 (3) The following officials or their designees shall serve as ex
23 officio, nonvoting members:

24 (a) The Director of Insurance; and

25 (b) The Director of Medicaid and Long-Term Care of the Division of
26 Medicaid and Long-Term Care of the Department of Health and Human
27 Services or designee.

28 (4) The Governor shall appoint the voting members of the council.
29 The Governor shall appoint the initial members by October 1, 2022. Any
30 member who ceases to meet the requirements for his or her appointment
31 regarding representation or practice shall cease to be a member of the

1 council. Any vacancy shall be filled in the same manner as the original
2 appointment.

3 (5) The council shall select one of its members to serve as
4 chairperson for a one-year term. The council shall conduct its
5 organizational meeting in October 2022.

6 (6) The council shall terminate on July 1, 2029.

7 **Sec. 41.** Section 76-3501, Revised Statutes Cumulative Supplement,
8 2024, is amended to read:

9 76-3501 Sections 76-3501 to 76-3506 ~~76-3507~~ shall be known and may
10 be cited as the Radon Resistant New Construction Act.

11 **Sec. 42.** Section 76-3505, Revised Statutes Cumulative Supplement,
12 2024, is amended to read:

13 76-3505 New construction after September 1, 2019, shall not be
14 required to use radon resistant new construction if (1) the construction
15 project utilizes the design of an architect or professional engineer
16 licensed under the Engineers and Architects Regulation Act, ~~(2) the~~
17 ~~construction project is located in a county in which the average radon~~
18 ~~concentration is less than two and seven-tenths picocuries per liter of~~
19 ~~air as determined by the department pursuant to section 76-3507, or (2)~~
20 ~~(3)~~ other than for any residential dwelling unit, a local building
21 official makes a determination, after a review of relevant guidelines for
22 the intended use of the structure and property conditions, that radon
23 resistant new construction is not necessary.

24 **Sec. 43.** Section 81-132, Reissue Revised Statutes of Nebraska, is
25 amended to read:

26 81-132 (1) All departments, offices, institutions, and expending
27 agencies of the state government requesting appropriations for the next
28 biennium shall file in the office of the Director of Administrative
29 Services the budget forms furnished them by the director under the
30 provisions of sections 81-1113 and 81-1113.01. Such budget forms shall be
31 filed on or before September 15 of each even-numbered year. The forms

1 shall show their total estimated requirements for the next biennium for
2 each unit of their organization and activity classified as to object of
3 expenditure. With such forms, each department, office, institution, and
4 expending agency shall file a report showing all money received by such
5 department, office, institution, or expending agency together with the
6 estimated receipts for the next biennium. Such estimates shall be
7 accompanied by a statement in writing giving facts and explanations of
8 reasons for each item of increased appropriation requested. The report
9 submitted by the Department of Health and Human Services shall include,
10 but not be limited to, the key goals, benchmarks, and progress reports
11 required pursuant to sections 81-3133.01 ~~81-3133~~ to 81-3133.03.

12 (2) Any department, office, institution, or expending agency
13 proposing changes to its appropriation for the biennium in progress shall
14 file in the office of the Director of Administrative Services the budget
15 forms for requesting such changes furnished by the director under the
16 provisions of sections 81-1113 and 81-1113.01. Such forms shall be filed
17 on or before October 24 of each odd-numbered year.

18 **Sec. 44.** Section 81-638, Reissue Revised Statutes of Nebraska, is
19 amended to read:

20 81-638 (1) Subject to subsection (4) of this section, the
21 Legislature shall appropriate for each year from the Health and Human
22 Services Cash Fund to the department an amount derived from one cent of
23 the cigarette tax imposed by section 77-2602, less any amount
24 appropriated from the fund specifically to the University of Nebraska
25 Eppley Institute for Research in Cancer and Allied Diseases. The
26 department shall, after deducting expenses incurred in the administration
27 of such funds, distribute such funds exclusively for grants and contracts
28 for research of cancer and smoking diseases, for funding the cancer
29 registry prescribed in sections 81-642 to 81-649.02 ~~81-650~~, and for
30 associated expenses due to the establishment and maintenance of such
31 cancer registry. Not more than two hundred thousand dollars shall be

1 appropriated for funding the cancer registry and associated expenses. The
2 University of Nebraska may receive such grants and contracts, and other
3 postsecondary institutions having colleges of medicine located in the
4 State of Nebraska may receive such contracts.

5 (2) Subject to subsection (4) of this section, the Legislature shall
6 appropriate for each year from the Health and Human Services Cash Fund to
7 the department for cancer research an amount derived from two cents of
8 the cigarette tax imposed by section 77-2602 to be used exclusively for
9 grants and contracts for research on cancer and smoking diseases. No
10 amount shall be appropriated or used pursuant to this subsection for the
11 operation and associated expenses of the cancer registry. Not more than
12 one-half of the funds appropriated pursuant to this subsection shall be
13 distributed to the University of Nebraska Medical Center for research in
14 cancer and allied diseases and the University of Nebraska Eppley
15 Institute for Research in Cancer and Allied Diseases. The remaining funds
16 available pursuant to this subsection shall be distributed for contracts
17 with other postsecondary educational institutions having colleges of
18 medicine located in Nebraska which have cancer research programs for the
19 purpose of conducting research in cancer and allied diseases.

20 (3) Any contract between the department and another postsecondary
21 educational institution for cancer research under subsection (2) of this
22 section shall provide that:

23 (a) Any money appropriated for such contract shall only be used for
24 cancer research and shall not be used to support any other program in the
25 institution; and

26 ~~(b) Full and detailed reporting of the expenditure of all funds~~
27 ~~under the contract is required. The report shall include, but not be~~
28 ~~limited to, separate accounting for personal services, equipment~~
29 ~~purchases or leases, and supplies. Such reports shall be made available~~
30 ~~electronically to the Legislature; and~~

31 ~~(b) (c)~~ No money appropriated for such contract shall be spent for

1 travel, building construction, or any other purpose not directly related
2 to the research that is the subject of the contract.

3 (4) The State Treasurer shall transfer seven million dollars from
4 the Health and Human Services Cash Fund to the General Fund on or before
5 June 30, 2018, on such dates and in such amounts as directed by the
6 budget administrator of the budget division of the Department of
7 Administrative Services. It is the intent of the Legislature that the
8 transfer to the General Fund in this subsection be from funds credited to
9 the Cancer Research subfund of the Health and Human Services Cash Fund
10 which were in excess of appropriations established in subsections (1) and
11 (2) of this section.

12 **Sec. 45.** Section 81-642, Reissue Revised Statutes of Nebraska, is
13 amended to read:

14 81-642 It is the intent of the Legislature to require the
15 establishment and maintenance of a cancer registry for the State of
16 Nebraska. This responsibility is delegated to the Department of Health
17 and Human Services along with the authority to exercise the necessary
18 powers to implement sections 81-642 to 81-649.02 ~~81-650~~. To insure an
19 accurate and continuing source of data concerning cancer, all hospitals
20 within the state shall make available to the department upon its request,
21 at least once a year, information contained in the medical records of
22 patients who have cancer within such time following its diagnosis as the
23 department shall require. Any medical doctor, osteopathic physician, or
24 dentist within the state shall make such information available to the
25 department upon request by the department. This cancer registry should
26 provide a central data bank of accurate, precise, and current information
27 which medical authorities state will assist in the research for the
28 prevention, cure, and control of cancer. The information contained in the
29 cancer registry may be used as a source of data for scientific and
30 medical research. Any information released from the cancer registry shall
31 be disclosed as Class I, Class II, Class III, or Class IV data as

1 provided in sections 81-663 to 81-675.

2 **Sec. 46.** Section 81-643, Reissue Revised Statutes of Nebraska, is
3 amended to read:

4 81-643 As used in sections 81-642 to 81-649.02 ~~81-650~~, unless the
5 context otherwise requires, the definitions in section 81-664 shall be
6 used and:

7 (1) Cancer shall mean: (a) A large group of diseases characterized
8 by an uncontrolled growth and spread of abnormal cells; (b) any condition
9 of tumors having the properties of anaplasia, invasion, and metastasis;
10 (c) a cellular tumor the natural course of which is fatal; and (d)
11 malignant neoplasm. Cancer shall be deemed to include, but not be limited
12 to, carcinoma, sarcoma, melanoma, lymphoma, Hodgkin's disease, and
13 myeloma, but shall not include precancerous conditions, benign polyps, or
14 benign tumors; and

15 (2) Cancer registry shall mean the system of reporting established
16 by sections 81-642 to 81-649.02 ~~81-650~~ in which the cases of cancer in
17 this state are reported and recorded in order to achieve the goals of
18 prevention, cure, and control of cancer through research and education.

19 **Sec. 47.** Section 81-645, Reissue Revised Statutes of Nebraska, is
20 amended to read:

21 81-645 In order to implement the intent and purposes of sections
22 81-642 to 81-649.02 ~~81-650~~, the department shall:

23 (1) Compile and publish a statistical report annually or at
24 reasonable intervals containing information obtained from patient data
25 pursuant to such sections in order to provide accessible information
26 useful to physicians, medical personnel, and the public. Such report
27 shall comply with sections 81-663 to 81-675;

28 (2) Comply with all necessary requirements in order to obtain funds
29 or grants;

30 (3) Coordinate with existing statewide cancer registry programs to
31 the extent feasible; and

1 (4) Consult with medical professionals, hospital tumor registries,
2 and medical records representatives in formulating the plans and policies
3 of the cancer registry program.

4 **Sec. 48.** Section 81-648, Reissue Revised Statutes of Nebraska, is
5 amended to read:

6 81-648 No hospital, medical doctor, osteopathic physician, or
7 dentist nor any administrator, officer, or employee of such hospital or
8 office in which any such professional practices take place who is in
9 compliance with sections 81-642 to 81-649.02 ~~81-650~~ and 81-663 to 81-675
10 shall be civilly or criminally liable for divulging the information
11 required pursuant to such sections. The department or any of its
12 officials or employees shall not be liable civilly or criminally for the
13 release of information contained in the cancer registry or for the
14 conduct or activities of any individual or entity permitted access to
15 data of the cancer registry if done pursuant to sections 81-663 to
16 81-675.

17 **Sec. 49.** Section 81-649, Reissue Revised Statutes of Nebraska, is
18 amended to read:

19 81-649 Sections 81-642 to 81-649.02 ~~81-650~~ shall not be deemed to
20 compel any individual to submit to any medical examination or supervision
21 by the department, any of its authorized representatives, or an approved
22 researcher. No person who seeks information or obtains registry data
23 pursuant to such sections or sections 81-663 to 81-675 shall contact a
24 patient on the registry or such patient's family unless the registry has
25 first obtained the permission of such patient or patient's family. The
26 registry shall coordinate its activities with the person desiring such
27 contact and may authorize the person desiring such contact to perform
28 these contacts under the direction of the registry.

29 **Sec. 50.** Section 81-649.02, Reissue Revised Statutes of Nebraska, is
30 amended to read:

31 81-649.02 Any hospital which fails to make reports as provided in

1 sections 81-642 to 81-649.02 ~~81-650~~ shall be guilty of a Class V
2 misdemeanor for each offense.

3 **Sec. 51.** Section 81-664, Reissue Revised Statutes of Nebraska, is
4 amended to read:

5 81-664 For purposes of sections 81-663 to 81-675:

6 (1) Aggregate data means data contained in the medical record and
7 health information registries maintained by the department which is
8 compiled in a statistical format and which does not include patient-
9 identifying data;

10 (2) Approved researcher means an individual or entity which is
11 approved by the department pursuant to section 81-666 to obtain access to
12 data contained in the medical record and health information registries
13 maintained by the department to assist in the scientific or medical
14 research for the prevention, cure, or control of a disease or injury
15 process;

16 (3) Case-specific data means data contained in the medical record
17 and health information registries concerning a specific individual other
18 than patient-identifying data;

19 (4) Department means the Department of Health and Human Services;

20 (5) Medical record and health information registry means the system
21 of reporting certain medical conditions occurring in this state, as
22 prescribed by law, which are reported and recorded in order to achieve
23 the goals of prevention, cure, and control through research and
24 education, and includes the birth defects registry established in section
25 71-646, the cancer registry established in sections 81-642 to 81-649.02
26 ~~81-650~~, the brain injury registry established in the Brain Injury
27 Registry Act, the Parkinson's Disease Registry established in the
28 Parkinson's Disease Registry Act, and the statewide stroke data registry
29 established in the Stroke System of Care Act;

30 (6) Patient-identifying data means the patient's name, address,
31 record number, symbol, or other identifying particular assigned to or

1 related to an individual patient; and

2 (7) Research means study specific to the diseases or injuries for
3 which access to data is requested and which is dedicated to the
4 prevention, cure, or control of the diseases or injuries.

5 **Sec. 52.** Section 81-1113, Reissue Revised Statutes of Nebraska, is
6 amended to read:

7 81-1113 The budget division shall prepare the executive budget in
8 accordance with the wishes and policies of the Governor. The budget
9 division shall have the following duties, powers, and responsibilities:

10 (1) Shall prescribe the forms and procedures to be employed by all
11 departments and agencies of the state in compiling and submitting their
12 individual budget requests and shall set up a budget calendar which shall
13 provide for (a) the date, not later than July 15 of each even-numbered
14 year, for distribution of instructions, (b) the date by which time
15 requests for appropriations by each agency shall be submitted, and (c)
16 the period during which such public hearings as the Governor may elect
17 shall be held for each department and agency. The budget request shall be
18 submitted each even-numbered year no later than the date provided in
19 subsection (1) of section 81-132, shall include the intended receipts and
20 expenditures by programs, subprograms, and activities and such additional
21 information as the administrator may deem appropriate for each fiscal
22 year, including the certification described in subdivision (4) of this
23 section, shall be made upon a biennial basis, and shall include actual
24 receipts and actual expenditures for each fiscal year of the most
25 recently completed biennium and the first year of the current biennium
26 and estimates for the second year of the current biennium and each year
27 of the next ensuing biennium;

28 (2) Shall prescribe the forms and procedures to be employed by all
29 departments and agencies of the state in compiling and submitting their
30 proposed changes to existing appropriations for the biennium in progress.
31 The budget division shall distribute instructions and forms to all

1 departments and agencies no later than September 15 of each odd-numbered
2 year. Departments and agencies shall submit their proposed changes no
3 later than the date provided in subsection (2) of section 81-132;

4 (3) Shall work with each governmental department and agency in
5 developing performance standards for each program, subprogram, and
6 activity to measure and evaluate present as well as projected levels of
7 expenditures. The budget division shall also work with the Department of
8 Health and Human Services to develop key goals, benchmarks, and methods
9 of quantification of progress required pursuant to sections 81-3133.01
10 ~~81-3133~~ to 81-3133.03;

11 (4)(a) Shall develop a certification form and procedure to be
12 included in each budget request under subdivision (1) of this section
13 through which each department and agency shall certify, for each program
14 or practice it administers, whether such program or practice is an
15 evidence-based program or practice, or, if not, whether such program or
16 practice is reasonably capable of becoming an evidence-based program or
17 practice;

18 (b) For purposes of this subdivision (4):

19 (i) Evidence-based means that a program or practice (A) offers a
20 high level of research on effectiveness, determined as a result of
21 multiple rigorous evaluations, such as randomized controlled trials and
22 evaluations that incorporate strong comparison group designs or a single
23 large multisite randomized study and (B) to the extent practicable, has
24 specified procedures that allow for successful replication;

25 (ii) Program or practice means a function or activity that is
26 sufficiently identifiable as a discrete unit of service; and

27 (iii) Reasonably capable of becoming an evidence-based program or
28 practice means the program or practice is susceptible to quantifiable
29 benchmarks that measure service delivery, client or customer
30 satisfaction, or efficiency;

31 (5) Shall, following passage of legislative appropriations, be

1 responsible for the administration of the approved budget through
2 budgetary allotments;

3 (6) Shall be responsible for a monthly budgetary report for each
4 department and agency showing comparisons between actual expenditures and
5 allotments, which report shall be subject to review by the director and
6 budget administrator; and

7 (7) Shall be responsible for the authorization of employee
8 positions. Such authorizations shall be based on the following:

9 (a) A requirement that a sufficient budget program appropriation and
10 salary limitation exist to fully fund all authorized positions;

11 (b) A requirement that permanent full-time positions which have been
12 vacant for ninety days or more be reviewed and reauthorized prior to
13 being filled. If requested by the budget division, the personnel division
14 of the Department of Administrative Services shall review such vacant
15 position to determine the proper classification for the position;

16 (c) A requirement that authorized positions accurately reflect
17 legislative intent contained in legislative appropriation and intent
18 bills; and

19 (d) Other relevant criteria as determined by the budget
20 administrator.

21 **Sec. 53.** Section 81-3116, Reissue Revised Statutes of Nebraska, is
22 amended to read:

23 81-3116 The responsibilities of the divisions created in section
24 81-3113 include, but are not limited to, the following:

25 (1) The Division of Behavioral Health shall administer (a) the state
26 hospitals for the mentally ill designated in section 83-305 and (b)
27 publicly funded community-based behavioral health services;

28 (2) The Division of Children and Family Services shall administer
29 (a) protection and safety programs and services, including child welfare
30 programs and services and the Office of Juvenile Services, (b) economic
31 and family support programs and services, and (c) service areas as may be

1 designated by the chief executive officer or by the Director of Children
2 and Family Services under authority of the chief executive officer ,
3 ~~except that on and after September 1, 2012, the western, central, and~~
4 ~~northern service areas shall be aligned to be coterminous with the~~
5 ~~district court judicial districts described in section 24-301.02;~~

6 (3) The Division of Developmental Disabilities shall administer (a)
7 the Beatrice State Developmental Center and (b) publicly funded
8 community-based developmental disabilities services;

9 (4) The Division of Medicaid and Long-Term Care shall administer (a)
10 the medical assistance program also known as medicaid, (b) aging
11 services, and (c) other related programs and services; and

12 (5) The Division of Public Health shall administer (a) preventive
13 and community health programs and services, (b) the regulation and
14 licensure of health-related professions and occupations, and (c) the
15 regulation and licensure of health care facilities and health care
16 services.

17 **Sec. 54.** Section 83-102, Reissue Revised Statutes of Nebraska, is
18 amended to read:

19 83-102 (1) Youth rehabilitation and treatment centers shall be
20 operated to provide programming and services to rehabilitate and treat
21 juveniles committed under the Nebraska Juvenile Code. Each youth
22 rehabilitation and treatment center shall be considered a separate
23 placement. Each youth rehabilitation and treatment center shall provide:

24 (a) Safe and sanitary space for sleeping, hygiene, education,
25 programming, treatment, recreation, and visitation for each juvenile;

26 (b) Health care and medical services;

27 (c) Appropriate physical separation and segregation of juveniles
28 based on gender;

29 (d) Sufficient staffing to comply with state and federal law and
30 protect the safety and security of each juvenile;

31 (e) Training that is specific to the population being served at the

1 youth rehabilitation and treatment center;

2 (f) A facility administrator for each youth rehabilitation and
3 treatment center who has the sole responsibility for administration of a
4 single youth rehabilitation and treatment center;

5 (g) An evaluation process for the development of an individualized
6 treatment plan within fourteen days after admission to the youth
7 rehabilitation and treatment center;

8 (h) An age-appropriate and developmentally appropriate education
9 program for each juvenile that can award relevant and necessary credits
10 toward high school graduation that will be accepted by any public school
11 district in the State of Nebraska. Juveniles committed to the youth
12 rehabilitation and treatment centers are entitled to receive an
13 appropriate education equivalent to educational opportunities offered
14 within the regular settings of public school districts across the State
15 of Nebraska;

16 (i) A case management and coordination process, designed to assure
17 appropriate reintegration of the juvenile with his or her family, school,
18 and community;

19 (j) Compliance with the requirements stated in Title XIX and Title
20 IV-E of the federal Social Security Act, as such act existed on January
21 1, 2020, the Special Education Act, or other funding guidelines as
22 appropriate;

23 (k) Research-based or evidence-based programming for all juveniles
24 that includes a strong academic program and classes in health education,
25 living skills, vocational training, behavior management and modification,
26 money management, family and parent responsibilities, substance use
27 awareness, physical education, job skills training, and job placement
28 assistance; and

29 (l) Research-based or evidence-based treatment service for
30 behavioral impairment, severe emotional disturbance, sex offender
31 behavior, other mental health or psychiatric disorder, drug and alcohol

1 addiction, physical or sexual abuse, and any other treatment indicated by
2 a juvenile's individualized treatment plan.

3 (2) Each youth rehabilitation and treatment center shall be
4 accredited by a nationally recognized entity that provides accreditation
5 for juvenile facilities and shall maintain accreditation as provided in
6 section 79-703 to provide an age-appropriate and developmentally
7 appropriate education program.

8 ~~(3) Each youth rehabilitation and treatment center shall~~
9 ~~electronically submit a report of its activities for the preceding fiscal~~
10 ~~year to the Clerk of the Legislature on or before July 15 of each year~~
11 ~~beginning on July 15, 2021. The annual report shall include, but not be~~
12 ~~limited to, the following information:~~

13 ~~(a) Data on the population served, including, but not limited to,~~
14 ~~admissions, average daily census, average length of stay, race, and~~
15 ~~ethnicity;~~

16 ~~(b) An overview of programming and services; and~~

17 ~~(c) An overview of any facility issues or facility improvements.~~

18 **Sec. 55.** Section 83-105, Reissue Revised Statutes of Nebraska, is
19 amended to read:

20 83-105 (1) It is the intent of the Legislature to establish a
21 reporting system in order to provide increased accountability and
22 oversight regarding the treatment of juveniles in youth rehabilitation
23 and treatment centers.

24 (2) Beginning on January 1, 2021, the Department of Health and Human
25 Services shall submit a report electronically to the office of Inspector
26 General of Nebraska Child Welfare each February 15, May 15, August 15,
27 and November 15 ~~January 1, April 1, July 1, and October 1~~. Such report
28 shall include the following information for the prior calendar quarter:

29 (a) The number of grievances filed at each youth rehabilitation and
30 treatment center separated by facility;

31 (b) A categorization of the issues to which each grievance relates

- 1 and the number of grievances received in each category;
- 2 (c) The process for addressing such grievances; and
- 3 (d) Any actions or changes made as a result of such grievances.

4 **Sec. 56.** Section 83-4,134.01, Reissue Revised Statutes of Nebraska,
5 is amended to read:

6 83-4,134.01 (1) It is the intent of the Legislature to establish a
7 system of investigation and performance review in order to provide
8 increased accountability and oversight regarding the use of room
9 confinement for juveniles in a juvenile facility.

10 (2) The following shall apply regarding placement in room
11 confinement of a juvenile in a juvenile facility:

12 (a) Room confinement of a juvenile for longer than one hour during a
13 twenty-four-hour period shall be documented and approved in writing by a
14 supervisor in the juvenile facility. Documentation of the room
15 confinement shall include the date of the occurrence; the race,
16 ethnicity, age, and gender of the juvenile; the reason for placement of
17 the juvenile in room confinement; an explanation of why less restrictive
18 means were unsuccessful; the ultimate duration of the placement in room
19 confinement; facility staffing levels at the time of confinement; and any
20 incidents of self-harm or suicide committed by the juvenile while he or
21 she was isolated;

22 (b) If any physical or mental health clinical evaluation was
23 performed during the time the juvenile was in room confinement for longer
24 than one hour, the results of such evaluation shall be considered in any
25 decision to place a juvenile in room confinement or to continue room
26 confinement;

27 (c) The juvenile facility shall submit a report quarterly to the
28 Legislature on the juveniles placed in room confinement; the length of
29 time each juvenile was in room confinement; the race, ethnicity, age, and
30 gender of each juvenile placed in room confinement; facility staffing
31 levels at the time of confinement; and the reason each juvenile was

1 placed in room confinement. The report shall specifically address each
2 instance of room confinement of a juvenile for more than four hours,
3 including all reasons why attempts to return the juvenile to the general
4 population of the juvenile facility were unsuccessful. The report shall
5 also detail all corrective measures taken in response to noncompliance
6 with this section. The report shall redact all personal identifying
7 information but shall provide individual, not aggregate, data. The report
8 shall be delivered electronically to the Legislature. The initial
9 quarterly report shall be submitted within two weeks after the quarter
10 ending on September 30, 2016. Subsequent reports shall be submitted for
11 the ensuing quarters within four ~~two~~ weeks after the end of each quarter;
12 and

13 (d) The Inspector General of Nebraska Child Welfare shall review all
14 data collected pursuant to this section in order to assess the use of
15 room confinement for juveniles in each juvenile facility and prepare an
16 annual report of his or her findings, including, but not limited to,
17 identifying changes in policy and practice which may lead to decreased
18 use of such confinement as well as model evidence-based criteria to be
19 used to determine when a juvenile should be placed in room confinement.
20 The report shall be delivered electronically to the Legislature on an
21 annual basis.

22 (3) The use of consecutive periods of room confinement to avoid the
23 intent or purpose of this section is prohibited.

24 (4) Any juvenile facility which is not a residential child-caring
25 agency which fails to comply with the requirements of this section is
26 subject to disciplinary action as provided in section 83-4,134. Any
27 juvenile facility which is a residential child-caring agency which fails
28 to comply with the requirements of this section is subject to
29 disciplinary action as provided in section 71-1940.

30 **Sec. 57.** Section 83-1216.01, Reissue Revised Statutes of Nebraska,
31 is amended to read:

1 83-1216.01 (1)(a) The department shall, with the assistance and
2 support of the Advisory Committee on Developmental Disabilities, develop
3 and implement a quality management and improvement plan to promote and
4 monitor quality relating to services and quality of life for persons with
5 developmental disabilities.

6 (b) The purpose of the quality management and improvement plan is to
7 provide information necessary for an accurate assessment of the quality
8 and effectiveness of services for persons with developmental disabilities
9 and their families and the delivery of such services, with special
10 attention to the impact that the services have on the quality of life of
11 recipients and their families.

12 (c) The quality management and improvement plan shall reflect
13 national best practice for services for persons with developmental
14 disabilities and their families as determined by the department with the
15 assistance of the advisory committee.

16 (d) The quality management and improvement plan shall assess,
17 through both quantitative and qualitative means, (i) the quality of
18 services provided to persons with developmental disabilities and their
19 families, (ii) the ability of the services provided to meet the needs of
20 the recipients of the services, (iii) the effect of the services to
21 support or improve the quality of life of the recipients of the services,
22 and (iv) the satisfaction of the recipients with the process of
23 determination of eligibility and the process of delivery of the services.
24 In order to develop the quality management and improvement plan, the
25 department shall use procedures to collect data from recipients of
26 services for persons with disabilities and their families by relying on
27 external, independent evaluators who are not employed by the department.
28 The quality management and improvement plan shall give significance to
29 input gathered from recipients of services for persons with developmental
30 disabilities and families of such recipients and include information
31 gathered from the department.

1 (e) The quality management and improvement plan shall include
2 recommendations for improvements to the types of services and the
3 delivery of services for persons with developmental disabilities and
4 their families.

5 (2) The department shall provide a quality management plan
6 electronically to the Legislature no later than September 30, 2017. In
7 the plan the department shall detail its approach to ensuring a
8 sustainable, continuous, quality improvement management system for the
9 delivery of services for persons with developmental disabilities and
10 their families that incorporates responsibilities of the department and
11 recipients.

12 ~~(3) The department shall issue an implementation report regarding~~
13 ~~the quality management and improvement plan and publish it on the website~~
14 ~~of the department and provide it electronically to the Legislature on or~~
15 ~~before December 30, 2017, and March 30, 2018. Beginning in 2018, the~~
16 ~~department shall annually provide a report regarding outcomes,~~
17 ~~improvement priorities, and activities of the department during the~~
18 ~~previous fiscal year. The report shall be published on the website of the~~
19 ~~department and shall be provided electronically to the Legislature on or~~
20 ~~before September 30.~~

21 **Sec. 58.** Original sections 28-3,107, 28-705, 28-706, 43-512.11,
22 43-2624, 43-3301, 43-3342.04, 68-130, 68-150, 68-158, 68-716, 68-909,
23 68-912, 68-916, 68-1006, 68-1007, 68-1509, 68-1735.03, 68-1804,
24 69-2409.01, 71-2226, 71-2518, 71-7450, 81-132, 81-638, 81-642, 81-643,
25 81-645, 81-648, 81-649, 81-649.02, 81-664, 81-1113, 81-3116, 83-102,
26 83-105, 83-4,134.01, and 83-1216.01, Reissue Revised Statutes of
27 Nebraska, and sections 30-38,113, 38-1130, 38-1208.01, 38-1216, 43-4406,
28 43-4504, 43-4706, 68-919, 68-974, 68-995, 68-9,109, 68-1530, 71-509,
29 71-564, 71-604.02, 71-2489, 71-7804, 76-3501, and 76-3505, Revised
30 Statutes Cumulative Supplement, 2024, are repealed.

31 **Sec. 59.** The following sections are outright repealed: Sections

1 43-3326, 48-2307, 68-921, 68-922, 68-923, 68-924, 68-925, 68-962, 68-963,
2 68-964, 68-965, 68-966, 68-1008, 68-1118, 68-1518, 68-1735.02, 68-2004,
3 71-17,115, 71-2201, 71-2202, 71-2203, 71-2204, 71-2205, 71-2207, 71-2208,
4 71-3005, 71-4501, 71-4502, 71-4503, 71-4741, 71-8313, 81-650, 81-6,111,
5 81-6,112, 81-6,113, 81-6,114, 81-6,115, 81-6,116, 81-6,117, 81-6,118,
6 81-6,119, and 81-3133, Reissue Revised Statutes of Nebraska, and sections
7 68-1010, 71-4504, and 76-3507, Revised Statutes Cumulative Supplement,
8 2024.