

**2010 NHCA/NALA BILLS OF INTEREST**  
**Most Recent Updates in Red Text**  
**Final**

LB #	Introducer	Description	Hearing & Status	Position & Action
<a href="#">710</a>	Dierks	Defined "chiropractic adjustment" as a high velocity thrust which carries a joint beyond the normal physiological range of motion, and is accompanied by a joint cavitation. Restricted such adjustments to chiropractors. Created significant opposition from PTs who argued that the bill could limit their scope of practice and services provided.	HHS 1/21. Advanced on 2 <sup>nd</sup> to last day. <b>Indefinitely postponed ("killed") on 4/14.</b>	Letter of opposition.
<a href="#">726</a> (Amended into <a href="#">LB 849</a> on 3/15. )	Karpisek	<p>Currently, facilities that offer to provide specialized care for persons with Alzheimer's disease or a related disorder by means of a special care unit must register with the state providing, among other information, "staff training and continuing education practices". LB 726 adds a requirement that "Such training and continuing education shall include, but not be limited to, not less than four hours annually of dementia-specific training pursuant to a prescribed curriculum as approved by the department". The bill does not define to which staff the requirement applies and whether the 4 hours may overlap with existing required training topics. Most concerning is the unbounded authority for the State to approve a curriculum.</p> <p>At NHCA's request, Karpisek introduced the following amendment, later approved by the Alz Assn and DHHS confirmed a \$0 fiscal impact: <u>"(4) Staff training and continuing education practices which shall include, but not be limited to, four hours annually for direct care staff. Such training shall include topics pertaining to the form of care or treatment set forth in the disclosure described in this section. The requirement in this subdivision shall not be construed to increase the aggregate hourly training requirements of the Alzheimer's special care unit. <b>This requirement will be effective July 1, 2010.</b>"</u></p>	HHS 1/20. <b>Committee voted to advance to General File including the NHCA/NALA proposed amendment.</b> LB726 was not prioritized but the Committee voted to include its substantive provisions in the Committee's "clean-up"/"Christmas tree" bill, LB849. <b>LB 849 was signed on 4/13.</b>	Testified neutral to bill as amended.
<a href="#">766</a> (Amended into <a href="#">LB 849</a> )	Gloor	When the Nebraska Center for Nursing was created in 2000, a 7/1/10 sunset date was enacted. The bill repeals the sunset. The Center was created to address issues of supply of nurses, including issues of recruitment, retention, and utilization. <b>The provisions of this bill were effective upon receiving the Governor's signature.</b>	HHS 1/20. Placed on General File. Now included in LB 849. <b>LB 849 was signed on 4/13.</b>	Testified in Support.

LB #	Introducer	Description	Hearing & Status	Position & Action
<a href="#">812</a>	Karpisek	<p>Related to complaints against persons licensed under the ULL, the bill changes the requirement for notifying a credential holder of a complaint. If the department intends to interview the credential holder as part of an investigation and if the date for the interview with the investigator is more than thirty days after the date the complaint was filed, the department shall notify the credential holder in writing of the specifics of the complaint and the regulation/statute that has been allegedly violated at least 2 weeks prior to the interview. The name of the complainant shall not be identified.</p> <p>If the credential holder decides to present a defense before the relevant board, he or she shall give DHHS 14 days' notice prior to the department's presentation of investigatory material to the board. DHHS and the board shall allow a credential holder who gives such notice to witness the presentation of evidence to the board in a closed session. The board shall allow the credential holder reasonable time, not to exceed 30 minutes to refute the complaint and make a statement. The credential holder shall not be present during the deliberations of the board.</p>	HHS 2/4. Held in Committee. Unlikely to advance in 2010.	Support/ monitor
<a href="#">849</a>	Gay	HHS "committee bill". GF committee amendments include provisions of LBs 726 (4 hrs dementia training) & 766 (Center for Nursing). See descriptions of those bills on this summary for more information.	HHS 2/4. <b>Signed on 4/13.</b>	Support committee amendments.
<a href="#">902</a>	Howard	Adds the following new disclosure requirement for ALFs to be available publically and to prospective residents. DHHS shall establish a form to be submitted annually by ALFs that provides information about their practices. The department shall compile and publish this info in a uniform format. The ALF shall provide such published information to all applicants for admission. At a minimum it will include (a) The services provided; (b) The number of staff employed; (c) The charges for services; (d) Whether or not the ALF accepts Medicaid; (e) The circumstances under which a resident would be required to leave; (f) The process for developing and updating a resident service agreement; and (g) Any other information specified by the department.	HHS 1/28. Bill was held in committee. <b>Indefinitely postponed ("killed") on 4/14.</b>	Testified Opposed
<a href="#">903</a>	Howard	Additional DHHS Alzheimer's Special Care Unit oversight. Facilities with Alzheimer's special care units must disclose to DHHS and prospective Alzheimer's residents/representatives the distinguishing characteristics of the unit. The bill adds that DHHS "shall establish criteria to evaluate the adequacy of the form of care and treatment" and "determine whether the disclosed practices meet established criteria".	HHS 1/28. Bill was held in committee. <b>Indefinitely postponed ("killed") on 4/14.</b>	Testified Opposed

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<a href="#">904</a>	Howard	<p>Enhanced assisted living. The intent is to allow “aging in place” which is defined as care and services provided in an ALF with an “enhanced certificate” (EALF). Regular ALFs (RALFs) may not provide home health or hospice to residents needing such care; only an EALF may do so. An EALF certificate allows treatment of persons who: (a) Are chronically chairfast and unable to transfer or chronically require the physical assistance of another person to transfer; (b) chronically require the physical assistance of another person in order to walk; (c) chronically require the physical assistance of another person to climb or descend stairs; (d) are dependent on medical equipment and require more than intermittent or occasional assistance from medical personnel; or (e) have chronic unmanaged urinary or bowel incontinence.</p> <p>DHHS is required to create regulations to carry out the following new requirements for all ALFs (regular and enhanced). (1) at least one direct care staff member to be on the premises and awake at all times; (2) an annual survey of assisted-living facilities; (3) establish training requirements in CPR and first aid; (4) Establish application and issuance requirements for enhanced assisted-living certificates and standards for ALFs and personnel providing enhanced AL care; and (5) Require development of a disaster-response plan for ALFs and training in its implementation.</p>	HHS 1/28. Bill was held in committee. <b>Indefinitely postponed (“killed”) on 4/14.</b>	<p>Testified Opposed</p> <p>Grassroots campaign if needed.</p>
<a href="#">921</a>	Campbell	From the “Behavioral Health Coalition” of which NHCA/NALA is a member. A clean claim for payment for Medicaid services shall be paid, denied, or settled within forty-five calendar days after receipt. Additional time is provided if the claim is not “clean”. Clean claim means a claim that is submitted by a provider on a claim form with all required fields completed with information to adjudicate the claim in accordance with any published filing requirements of the department.	HHS 2/3. DHHS opposed. GF fiscal impact of \$1.3M (FYs ‘11 & ‘12). <b>Indefinitely postponed (“killed”) on 4/14.</b>	Neutral letter.
<a href="#">922</a>	Coash	Med Aide registration renewal would be every four years instead of every two.	HHS 1/28. DHHS opposed. <b>Indefinitely postponed (“killed”) on 4/14.</b>	Testified in support at Senator’s request.

LB #	Introducer	Description	Hearing & Status	Position & Action
<a href="#">935</a>	Flood on behalf of Governor	Mid-biennium budget bill, also called "deficit bill". The Appropriations Committee advanced the bill to General File on 3/11 with reductions to account for the recent downwardly adjusted certified state revenue forecast (-\$30.5M). They did not reduce appropriations for Medicaid provider rates below the 2009 "special session" amounts. On 3/16 the Body discussed on General File with little substantive debate. No debate at all on provider rates. Providers can feel reasonably safe against Medicaid reductions/vetoes in the 2010 <i>regular legislative session</i> . That's predicated on revenues not coming in woefully under projections for the month of March. Further, if monthly revenue collections continue to fall short of projections over the next several months, Nebraska will be facing another special session to cut the budget.	Appropriations 1/26. <b>Sent to the Governor 3/26. Governor signed with no line-item vetoes on April 1, 2010.</b>	Support holding the Medicaid appropriation to the Special Session amount. This includes a 0.5% increase for FY2010-2011.