

LEGISLATURE OF NEBRASKA  
ONE HUNDRED FOURTH LEGISLATURE  
FIRST SESSION

**LEGISLATIVE BILL 240**

FINAL READING

Introduced by Hansen, 26.

Read first time January 14, 2015

Committee: Health and Human Services

- 1 A BILL FOR AN ACT relating to behavioral health; to amend section
- 2 71-8512, Revised Statutes Cumulative Supplement, 2014; to change the
- 3 termination date of the Behavioral Health Screening and Referral
- 4 Pilot Program; and to repeal the original section.
- 5 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 71-8512, Revised Statutes Cumulative Supplement,  
2 2014, is amended to read:

3 71-8512 (1) The University of Nebraska Medical Center shall create  
4 the Behavioral Health Screening and Referral Pilot Program. The pilot  
5 program shall utilize a strategy of screening and behavioral health  
6 intervention in coordination with the regional behavioral health  
7 authorities established pursuant to section 71-808 in which the clinics  
8 identified under subsection (2) of this section are located. It is the  
9 intent of the Legislature that the pilot program demonstrate a method of  
10 addressing the unmet emotional or behavioral health needs of children  
11 that can be replicated statewide. Under the pilot program, behavioral  
12 health screening will be offered: (a) In primary care providers' offices  
13 during examinations under the early and periodic screening, diagnosis,  
14 and treatment services program pursuant to 42 U.S.C. 1396d(r), as such  
15 section existed on January 1, 2013; or (b) upon request from parents or  
16 legal guardians who have concerns about a child's behavioral health.

17 (2) Three clinics shall be selected to serve as sites for the pilot  
18 program, including at least one rural and one urban clinic. Selected  
19 clinics shall have child psychologists integrated in the pediatric  
20 practice of the clinics. Parents or legal guardians of children  
21 participating in the pilot program shall be offered routine mental and  
22 behavioral health screening for their child during required physical  
23 examinations or at the request of a parent or legal guardian. Behavioral  
24 health screening shall be administered by clinic staff and interpreted by  
25 the psychiatrist, psychiatric nurse practitioner, psychologist, or  
26 licensed mental health practitioner and the child's primary care  
27 physician.

28 (3) Children identified through such screenings as being at risk may  
29 be referred for further evaluation and diagnosis as indicated. If  
30 intervention is required, the primary care medical team, including the  
31 psychologist and the primary care physician, shall develop a treatment

1 plan collaboratively with the parent or legal guardian and any other  
2 individuals identified by the parent or legal guardian. If appropriate,  
3 the child shall receive behavioral therapy, medication, or combination  
4 therapy within the primary care practice setting.

5 (4) Consultation via telephone or telehealth with faculty and staff  
6 of the departments of Child and Adolescent Psychiatry, Psychiatric  
7 Nursing, and Developmental Pediatrics, and the Munroe-Meyer Institute  
8 Psychology Department, of the University of Nebraska Medical Center shall  
9 be available to the primary care practice and the children as needed to  
10 manage the care of children with mental or behavioral health issues that  
11 require more specialized care than can be provided by the primary care  
12 practice.

13 (5) Data on the pilot program shall be collected and evaluated by  
14 the Interdisciplinary Center for Program Evaluation at the Munroe-Meyer  
15 Institute of the University of Nebraska Medical Center. Evaluation of the  
16 pilot program shall include, but not be limited to:

17 (a) The number of referrals for behavioral health screening under  
18 the pilot program;

19 (b) Whether each referral is initiated by a parent, a school, or a  
20 physician;

21 (c) The number of children and adolescents recommended for further  
22 psychological assessment after screening for a possible behavioral health  
23 disorder;

24 (d) The number and type of further psychological assessments of  
25 children and adolescents recommended and conducted;

26 (e) The number and type of behavioral health disorders in children  
27 and adolescents diagnosed as a result of a further psychological  
28 assessment following a behavioral health screening under the pilot  
29 program;

30 (f) The number and types of referrals of children and adolescents  
31 for behavioral health treatment from primary care medical practitioners;

1 (g) The number of children and adolescents successfully treated for  
2 a behavioral health disorder based upon patient reports, parent ratings,  
3 and academic records;

4 (h) The number and type of referrals of children and adolescents to  
5 psychiatric backup services at the University of Nebraska Medical Center;

6 (i) The number of children and adolescents diagnosed with a  
7 behavioral health disorder who are successfully managed or treated  
8 through psychiatric backup services from the University of Nebraska  
9 Medical Center;

10 (j) The number and types of medications, consultations, or  
11 prescriptions ordered by psychiatric nurse practitioners for children and  
12 adolescents;

13 (k) The number of referrals of children and adolescents for severe  
14 behavioral health disorders and consultations to child psychiatrists,  
15 developmental pediatricians, or psychologists specializing in treatment  
16 of adolescents;

17 (l) The number of children and adolescents referred to psychiatric  
18 hospitals or emergency departments of acute care hospitals for treatment  
19 for dangerous or suicidal behavior;

20 (m) The number of children and adolescents prescribed psychotropic  
21 medications and the types of such psychotropic medications; and

22 (n) Data collection on program costs and financial impact as related  
23 to capacity for replication in other primary care practices. Primary  
24 program costs include physician and psychologist time for conducting  
25 screenings, family interviews, further testing, and specialist consulting  
26 costs relating to consulting services by psychiatric nurses,  
27 developmental pediatricians, and psychologists. Treatment or medications  
28 paid by private insurance, the medical assistance program, or the State  
29 Children's Health Insurance Program shall not be included in program  
30 costs pursuant to this subdivision.

31 (6) This section terminates two years after September 6, 2015 ~~2013~~.

1           Sec. 2.   Original section 71-8512, Revised Statutes Cumulative  
2 Supplement, 2014, is repealed.