

LEGISLATURE OF NEBRASKA  
ONE HUNDRED FOURTH LEGISLATURE  
FIRST SESSION

**LEGISLATIVE BILL 240**

Introduced by Hansen, 26.

Read first time January 14, 2015

Committee:

- 1 A BILL FOR AN ACT relating to behavioral health; to amend sections
- 2 71-8511 and 71-8512, Revised Statutes Cumulative Supplement, 2014;
- 3 to change provisions relating to the Behavioral Health Screening and
- 4 Referral Pilot Program; to harmonize provisions; and to repeal the
- 5 original sections.
- 6 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 71-8511, Revised Statutes Cumulative Supplement,  
2 2014, is amended to read:

3 71-8511 The Behavioral Health Education Center created pursuant to  
4 section 71-830 shall provide education and training for educators on  
5 children's behavioral health in the areas of the state served by the  
6 Behavioral Health Screening and Referral ~~Pilot~~ Program created pursuant  
7 to section 71-8512.

8 Sec. 2. Section 71-8512, Revised Statutes Cumulative Supplement,  
9 2014, is amended to read:

10 71-8512 (1) The University of Nebraska Medical Center shall create  
11 the Behavioral Health Screening and Referral ~~Pilot~~ Program. The ~~pilot~~  
12 program shall utilize a strategy of screening and behavioral health  
13 intervention in coordination with the regional behavioral health  
14 authorities established pursuant to section 71-808 in which the clinics  
15 identified under subsection (2) of this section are located. It is the  
16 intent of the Legislature that the ~~pilot~~ program demonstrate a method of  
17 addressing the unmet emotional or behavioral health needs of children  
18 that can be replicated statewide. Under the ~~pilot~~ program, behavioral  
19 health screening will be offered: (a) In primary care providers' offices  
20 during examinations under the early and periodic screening, diagnosis,  
21 and treatment services program pursuant to 42 U.S.C. 1396d(r), as such  
22 section existed on January 1, 2015 ~~2013~~; or (b) upon request from parents  
23 or legal guardians who have concerns about a child's behavioral health.

24 (2) At least three ~~Three~~ clinics shall be selected to serve as sites  
25 for the ~~pilot~~ program, including at least one rural and one urban clinic.  
26 Selected clinics shall have child psychologists integrated in the  
27 pediatric practice of the clinics. Parents or legal guardians of children  
28 participating in the ~~pilot~~ program shall be offered routine mental and  
29 behavioral health screening for their child during required physical  
30 examinations or at the request of a parent or legal guardian. Behavioral  
31 health screening shall be administered by clinic staff and interpreted by

1 the psychiatrist, psychiatric nurse practitioner, psychologist, or  
2 licensed mental health practitioner and the child's primary care  
3 physician.

4 (3) Children identified through such screenings as being at risk may  
5 be referred for further evaluation and diagnosis as indicated. If  
6 intervention is required, the primary care medical team, including the  
7 psychologist and the primary care physician, shall develop a treatment  
8 plan collaboratively with the parent or legal guardian and any other  
9 individuals identified by the parent or legal guardian. If appropriate,  
10 the child shall receive behavioral therapy, medication, or combination  
11 therapy within the primary care practice setting.

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

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

24 (a) The number of referrals for behavioral health screening under  
25 the ~~pilot~~ program;

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

28 (c) The number of children and adolescents recommended for further  
29 psychological assessment after screening for a possible behavioral health  
30 disorder;

31 (d) The number and type of further psychological assessments of

1 children and adolescents recommended and conducted;

2 (e) The number and type of behavioral health disorders in children  
3 and adolescents diagnosed as a result of a further psychological  
4 assessment following a behavioral health screening under the ~~pilot~~  
5 program;

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

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

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

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

17 (j) The number and types of medications, consultations, or  
18 prescriptions ordered by psychiatric nurse practitioners for children and  
19 adolescents;

20 (k) The number of referrals of children and adolescents for severe  
21 behavioral health disorders and consultations to child psychiatrists,  
22 developmental pediatricians, or psychologists specializing in treatment  
23 of adolescents;

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

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

29 (n) Data collection on program costs and financial impact as related  
30 to capacity for replication in other primary care practices. Primary  
31 program costs include physician and psychologist time for conducting

1 screenings, family interviews, further testing, and specialist consulting  
2 costs relating to consulting services by psychiatric nurses,  
3 developmental pediatricians, and psychologists. Treatment or medications  
4 paid by private insurance, the medical assistance program, or the State  
5 Children's Health Insurance Program shall not be included in program  
6 costs pursuant to this subdivision.

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

8 Sec. 3. Original sections 71-8511 and 71-8512, Revised Statutes  
9 Cumulative Supplement, 2014, are repealed.