

NHA Nebraska
Hospital
Association

Legislative Wrap-Up

2016 by the numbers



2016 Legislative Session by the numbers

The Nebraska Hospital Association’s (NHA) public policy and advocacy priorities are driven by a vision that every Nebraskan has access to affordable, safe, high-quality health care. Through effective leadership and member participation, the NHA continues to develop a unified voice to establish effective health care policy in Nebraska.

The NHA is committed to creating and maintaining a financial and regulatory environment in which hospitals and health care systems can provide the right care, at the right time. This involves collaborating with members, policymakers and other health care partners in advocating for our top priorities.

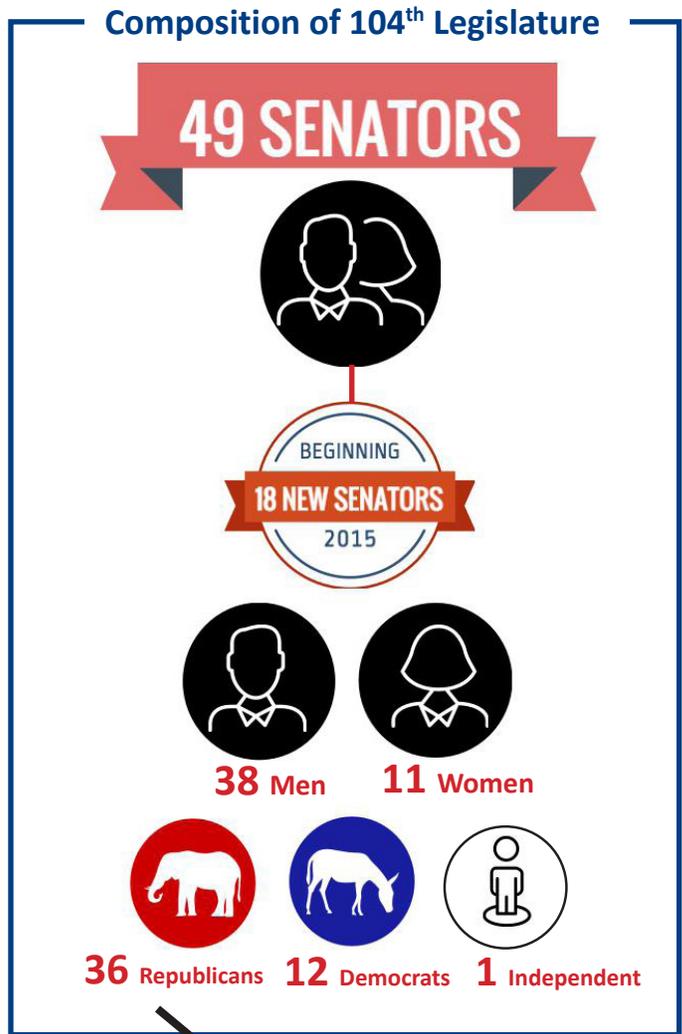
The health care industry touches many aspects of public policy, and the NHA monitors a broad spectrum of issues on behalf of its members. In 2016, the NHA Advocacy Team was deeply involved with legislation affecting workforce development, insurance, taxation, employment, academic research and health care.

Nebraska Unicameral Legislature 104th Legislature, Second Session

- **60**-day session convened January 6, 2016
- **445** bills introduced
- **86** Bills of Interest to the NHA’s members were identified, covering a wide range of issues
 - The NHA initially:
 - Supported **15**
 - Opposed **4**
 - Monitored **65**
 - Neutral positions **0**
- The NHA submitted written testimony on **10** bills and testified in-person on **8** bills before **8** of the **14** standing committees
- Second session adjourned on April 20, 2016
- **282** bills became law, either individually or as amendments
- **40** bills of interest became law

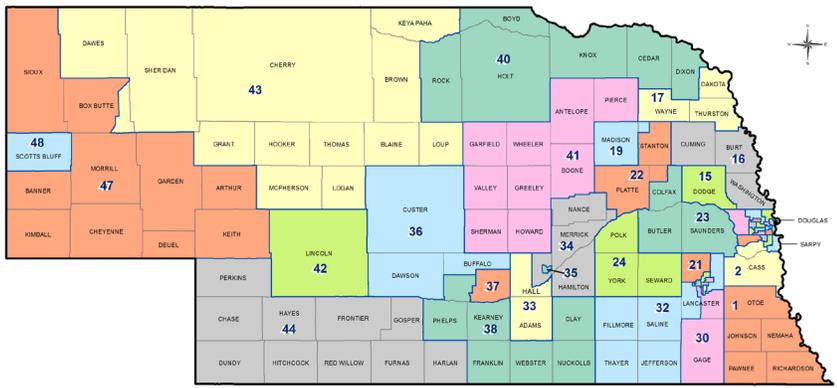
Legislative Interim Studies

- **111** legislative Interim Study Resolutions (ISRs) introduced
- **16** identified as “of interest” to NHA members



Sen. Laura Ebke (District 32) changed per political party affiliation from Republican to Libertarian in May of 2016.

Nebraska Legislative Districts



2016 Legislative Session by the numbers

Legislative bills of interest

The following actions were taken on bills of interest to the NHA during the 2016 session:

HEALTH & HUMAN SERVICES COMMITTEE

LB 549: Health Care Transformation Act

Introducer: Sen. Kathy Campbell (District 25)

NHA position: Support

Status: Indefinitely postponed; DHHS is currently developing a 10-year strategic plan in lieu of the bill

LB 549 creates the Health Care Transformation Act to encourage collaboration among all health care system stakeholders to develop a 15-year vision that includes eight building blocks: assure health care is available for all; support effective models of health care delivery, financing and payment; assure public transparency of health care quality and patient safety; establish and support a state-wide database; utilize population health-based interventions; promote personal responsibility for wellness; address health care workforce shortages and coordinate statewide health planning. The goal of LB 549 is to strengthen Nebraska's health care system by (1) improving the experience of care for health care consumers and patients, including, but not limited to, quality and satisfaction, (2) improving the health of Nebraskans and (3) reducing the per-capita cost of health care in Nebraska.

LB 721: Adopt the Surgical First Assistant Practice Act

Introducer: Sen. Roy Baker (District 30)

NHA position: Support

Status: Signed into law

LB 721 creates a scope of practice for surgical first assistants and a pathway to licensure for this health care occupation. The bill requires that a licensed surgical first assistant performs delegated tasks only under the personal supervision of a surgeon. The Board of Medicine and Surgery shall waive certain licensure requirements for surgical first assistants who have functioned in the role within the last five years. It is estimated that 15-25 surgical first assistants currently reside within Nebraska and that this number will increase once the State recognizes this occupation.

LB 1032: Transitional Health Insurance Program Act

Introducer: Sen. John McCollister (District 20)

NHA position: Support

Status: Failed to advance; did not overcome a motion to bracket on General File with a vote of 28-20

LB 1032, the Transitional Health Insurance Program, seeks to offer health insurance coverage to those Nebraskans who currently do not qualify for the traditional Medicaid program and are not eligible for subsidies under the Health Care Marketplace. Also called T-HIP, LB 1032 utilizes the federal and state dollars derived from Medicaid expansion to enroll

eligible participants into a private-market insurance plan through a model called "premium assistance." For those qualifying individuals whose employers offer coverage, the designated dollars would be utilized to purchase policies through employer sponsored plans. A specific subgroup of the newly-eligible population, including the medically frail, would be covered under the State's traditional Medicaid program.

BANKING, COMMERCE & INSURANCE COMMITTEE

LB 817: Adopt the Direct Primary Care Agreement Act

Introducer: Sen. Merv Riepe (District 12)

NHA position: Support

Status: Signed into law

LB 817 sets a regulatory framework for Direct Primary Care (DPC), or direct physician-patient contracting for primary care services, within Nebraska. LB 817 specifically defines DPC as medical services performed outside of the scope of state insurance regulation. The NHA recognizes that this model supports the transition from fee-for-service health care to value-based models that will define health care as we move toward population health.

LB 817 can potentially facilitate cost-effective access to care, not only primary care services but preventative services that can avert acute care patient needs. Fluid, convenient access to primary care services can decrease patient reliance on emergency department (ED) visits, the most costly point-of-service. Care models that promote primary care services will assist Nebraska hospitals with controlling costs and allow patients to avoid high out-of-pocket expenses associated with the ED. The enriched physician-patient relationship can also encourage patients to maintain preventative care visits rather than avoiding care until symptoms manifest into more costly acute care needs.

REVENUE COMMITTEE

LB 1013: Increase the Tobacco Tax & Disperse Funds

Introducer: Sen. Mike Gloor (District 35)

NHA position: Support

Status: Held in Committee

LB 1013 increases the cigarette excise tax by \$1.50/pack (for a total of \$2.14/pack) and the wholesale excise tax on other tobacco products by 11% (for a total of 31%). The bill calls for an annual distribution of \$30 million of the revenue generated from the increases to health care research, services, education, training and programming. A total of \$45 million will be directed annually to property tax relief. As tobacco use is the leading cause of preventable death in the United States and smoking-related illnesses cost Nebraska millions of dollars per year in low worker productivity, premature death and direct medical expenditures, the NHA supports LB 1013.

2016 Legislative Session by the numbers

APPROPRIATIONS COMMITTEE

LB 911: Developing Behavioral Health Systems of Care

Introducer: Sen. Kate Bolz (District 29)

NHA position: Support

Status: Incorporated into the Budget (LB 956)

LB 911 appropriates \$200,000 each year for FY17-18 to develop a behavioral health system of care for Nebraska. The Department of Health and Human Services shall work with community stakeholders to create a plan for coordinating and integrating care across programs and services to improve and sustain behavioral health care for adults. The plan will include a statewide assessment of needs, including infrastructure, services, support and financing strategies for short- and long-term outcomes. LB 911 requires the Department to report its interim progress Dec. 2016 and a final report Dec. 2017.

LB 956: Mid-Biennium budget deficit appropriations

Introducer: Speaker Galen Hadley, at the request of the Governor

NHA position: Supported budget proposal as amended by the Appropriations Committee

- Mid-biennial budget recommendations for state operations, aid and construction programs for the fiscal year ending June 30, 2016 and the following fiscal year ending June 30, 2017
- Includes appropriations for all state operations and aid programs
 - LB 911: \$200,000 appropriation to examine and develop a behavioral health system of care in Nebraska
 - Rural Health Provider Incentive Program: \$200,000
 - LB 923: \$1,000,000 to be shared between the seven federally qualified health centers (FQHCs)
 - Nebraska Department of Corrections funding to begin developing:
 - Renovation and consolidation of the Lincoln Correctional Center and the Diagnostic and Evaluation Center facilities
 - A new Reception and Treatment Center with 300 beds for inmates requiring behavioral health, geriatric and long-term care
 - University of Nebraska Medical Center: \$5,000,000 for creation of the Global Center for Advanced Interprofessional Learning (LB 532)
 - Additional \$100,000 appropriated to the Nebraska Health Care Cash Fund to provide housing for individuals with substance abuse disorders

JUDICIARY COMMITTEE

LB 769: Remove statutory designation of Gun Free Zones & change policy for confiscated firearms

Introducer: Sen. Tommy Garrett (District 3)

NHA position: Opposed

Status: Held in Committee

Currently, specific individuals and businesses are designated as Gun Free Zones within Nebraska statute, prohibiting those with concealed handgun permits from carrying guns on the premises. LB 769 removes the statutory designation of Gun Free Zones and creates a process under which individual and business entities can apply for the designation voluntarily. Under LB 769, there would not be the current standardized designation and permit holders would need to inquire with each hospital individually to determine if handguns were allowed within the hospital.

LB 900: Change motorcycle and moped helmet requirements & create the Motorcycle Safety and Brain Injury Trust Fund

Introducer: Sen. Dave Bloomfield (District 17)

NHA position: Opposed

Status: Failed to advance; did not overcome a filibuster on General File with a vote of 30-17

LB 900 modifies Nebraska's current motorcycle helmet requirements and creates several new provisions. Under this bill, anyone 21 years of age or older can forego wearing a helmet while operating a motorcycle or moped as long as he or she wears protective eyewear. LB 900 also creates the Motorcycle Safety and Brain Injury Trust Fund, which will obtain revenues from an increase in motorcycle registration fees and increased fines for operating a motorcycle without a license. The bill also prohibits motorcycle passengers under the age of eight.



2016 Legislative Session by the numbers

Interim Studies

Each year at the close of the legislative session, senators introduce interim study resolutions (ISR) authorizing a legislative committee to study a specific issue while the Legislature is in recess. The ISR often indicates a senator's special interest in an issue that he or she intends to address through a legislative proposal the following year.

Every fall, the standing legislative committees choose two ISRs to research in partnership with the senator who introduced the resolution, often holding public hearings to obtain feedback from interested stakeholders and affected parties. The NHA often participates in exploring ISRs, providing research assistance, proposal development and testimony in support or opposition.

LR 397 (Sen. Mike Gloor) – Interim study to monitor the health care transformation in Nebraska

LR 499 (Sen. Kathy Campbell) – Interim study to examine any issues within the jurisdiction of the Health and Human Services Committee

LR 510 (Sen. Sara Howard) – Interim study to examine how to best integrate palliative care into the overall medical care structure of our health care system

LR 517 (Sen. Sara Howard) – Interim study to examine the long-term fiscal sustainability of the Nebraska Health Care Cash Fund

LR 545 (Sen. Kathy Campbell) – Interim study to examine Medicaid and the Children's Health Insurance Program, with an emphasis on children that are eligible, but unenrolled in these programs

LR 546 (Sen. Tommy Garrett) – Interim study to examine whether Nebraska's occupational licensing boards are exposed to liability under antitrust laws

LR 548 (Sen. Merv Riepe) – Interim study to examine issues surrounding youth tobacco use

LR 553 (Sen. Merv Riepe) – Interim study to examine issues surrounding the Medicaid Reform Council

LR 554 (Sen. Mark Kolterman) – Interim study to examine information regarding air ambulance costs

LR 574 (Sen. John McCollister) – Interim study to examine aspects of Nebraska's Medicaid program that include share of cost or resource spend down components

LR 575 (Sen. John McCollister) – Interim study to continue the ongoing study of access to health care in Nebraska

LR 580 (Sen. John Stinner) – Interim study to examine the Department of Health and Human Services' policies for dealing with disallowances and audit exceptions by the federal government which have resulted in large fines and having to return money to the federal government

LR 582 (Sen. Merv Riepe) – Interim study to examine how, through better coordination of health services, the state can better assist low-income individuals currently without insurance

LR 590 (Sen. Merv Riepe) – Interim study to examine options to offer incentives to health care professionals who provide free care and services to qualified recipients

LR 591 (Sen. Galen Hadley) – Interim study to examine and make recommendations on improving health care coverage plans available to Nebraska small businesses with 50 or less employees

LR 602 (Sen. Merv Riepe) – Interim study to examine existing barriers to the delivery of health care services through telehealth technologies in Nebraska



NHA Policy Development Committee

Each year, after the legislative session ends, the policy development process is initiated when the NHA surveys its members on state and federal issues. The Policy Development Committee (PDC), a group of hospital executives, meets to evaluate the outcome of the annual membership survey. The PDC reviews the members' comments and prioritizes the issues. The PDC then forwards its recommendations to the entire NHA membership for review during the fall NHA district meetings. Final action on each issue is determined by the NHA board of directors.

PDC Members:

James P. Ulrich, Jr. CHAIR
President & Chief Executive Officer
Community Hospital, McCook

Michael Burcham, Sr., Chief Executive Officer
Thayer County Health Services, Hebron

Pat Connell, VP, Behavioral Health, Compliance &
Government Relations
Boys Town National Research Hospital, Omaha

Todd Consbruck, Executive Director, Physician Services
St. Francis Memorial Hospital, West Point

Ronald J. Cork, President & Chief Executive Officer
Avera St. Anthony's Hospital, O'Neill

Bruce Cutright, Vice President, Human Resources
Mary Lanning Healthcare, Hastings

Marty Fattig, Chief Executive Officer
Nemaha County Hospital, Auburn

Carol Friesen, VP, Health System Services
Bryan Health, Lincoln

Daniel W. Griess, Chief Executive Officer
Box Butte General Hospital, Alliance

Michael T. Hansen, President & Chief Executive Officer
Columbus Community Hospital, Columbus

Chad Jurgens, Chief Executive Officer
Jefferson Community Health Center, Fairbury

Harold L. Krueger, Jr., Chief Executive Officer
Chadron Community Hospital & Health Services, Chadron

Ryan Larsen, Administrator
Community Medical Center, Falls City

Victor N. Lee, President & Chief Executive Officer
Boone County Health Center, Albion

Fiona Libsack, Vice President of Marketing
Great Plains Health, North Platte

Liz Lyons, Director of Advocacy & Government Affairs
Children's Hospital & Medical Center, Omaha

Leslie Marsh, Chief Executive Officer
Lexington Regional Health Center, Lexington

Jeanne McClure, Government Affairs Administrator
CHI Health, Omaha

Dan McElligott, President
CHI Health St. Francis, Grand Island

Kim Moore, President
CHI Health St. Elizabeth, Lincoln

Mike Munro, General Counsel
Madonna Rehabilitation Hospital, Lincoln

Donald Naiberk, Chief Executive Officer
Butler County Health Care Center, David City

Jenny Obermier, Senior Vice President, Director of Nursing
York General Health Care Services, York

Jason Petik, Chief Executive Officer
Sidney Regional Medical Center, Sidney

Roger Reamer, Chief Executive Officer
Memorial Health Care Systems, Seward

Manuela Wolf, Chief Executive Officer
Harlan County Health System, Alma

John Woodrich, President & Chief Operating Officer
Bryan Medical Center, Lincoln



Thank You for your support!

The NHA staff would like to thank everyone who participated in the development of public policy during the 2016 legislative session. Your efforts of attending NHA meetings, participating in conference calls and contacting policymakers on behalf of Nebraska's hospitals, are invaluable. The NHA's advocacy priorities are driven by our vision of providing high-quality, affordable health care to the patients we serve.

Through the board of directors and Policy Development Committee, NHA PAC Steering Committee, Priority Issue Teams, membership and staff, the NHA strives to promote public policy issues to make positive changes in Nebraska's health care environment.

Throughout the upcoming years, hospitals will need champions in the Legislature to deal with the issues that impact the operations and success of hospitals. Hospital representatives must be ready to engage in discussions vital to the communities they serve and to the mission of hospitals across Nebraska.

GET INVOLVED

For more information about how you can become involved in this critical effort or for more information about legislative bills or resolutions, contact Elisabeth Hurst, JD, director of advocacy, at 402-742-8153 or ehurst@nebraskahospitals.org.

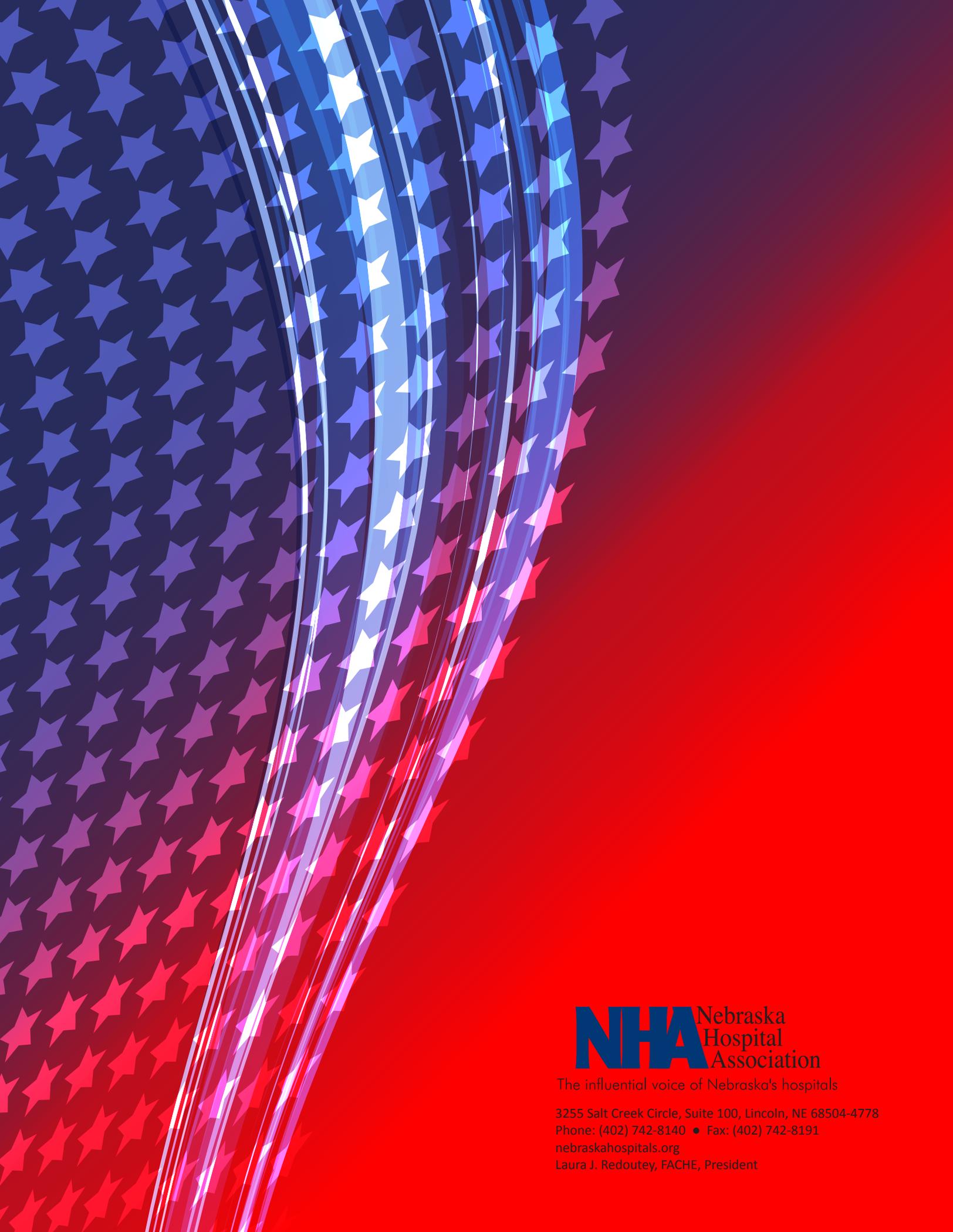
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Together, we are the influential voice for Nebraska health care.



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