



Legislative Wrap-Up



106th Legislature | First Session

2019

NHA Nebraska
Hospital
Association

A special thanks to all of the members of the 2019 Policy Development Committee

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John Woodrich
Bryan Health, Lincoln

Dear Health Care Champions,

The Nebraska Hospital Association Advocacy Team wrapped up a productive 2019 legislative session on the last day of May, and we are pleased to report on our legislative priorities and bills of interest. The NHA collaborated with many policy makers, stakeholders and other health care members in advocating for our top priorities to enhance the health care industry.

We would like to thank our Board of Directors, Policy Development Committee, PAC Steering Committee, and anyone else that took time out of their busy schedules to develop the legislative agenda for the NHA. We especially would like to thank the individuals who visited the Capitol to testify at committee hearings in support of several legislative bills. We know that senators find testimony from our members to be extremely useful as they prefer to hear from “boots on the ground” experiences (or firsthand knowledge) when considering policy changes. It is much more impactful on a senator when they hear direct answers to their questions from professionals practicing in health care on a daily basis.

As we transition into the summer, the NHA Advocacy Team will be reaching out to our members to find out what public policy issues are impacting the health care industry. Let us know if you have ideas for legislation or would like us to help put you in contact with your senator. We serve as a liaison to our members between state and federal agencies and legislatures. If you need any assistance or have any questions regarding what services the NHA can provide, please do not hesitate to contact us at any time.

Sincerely,



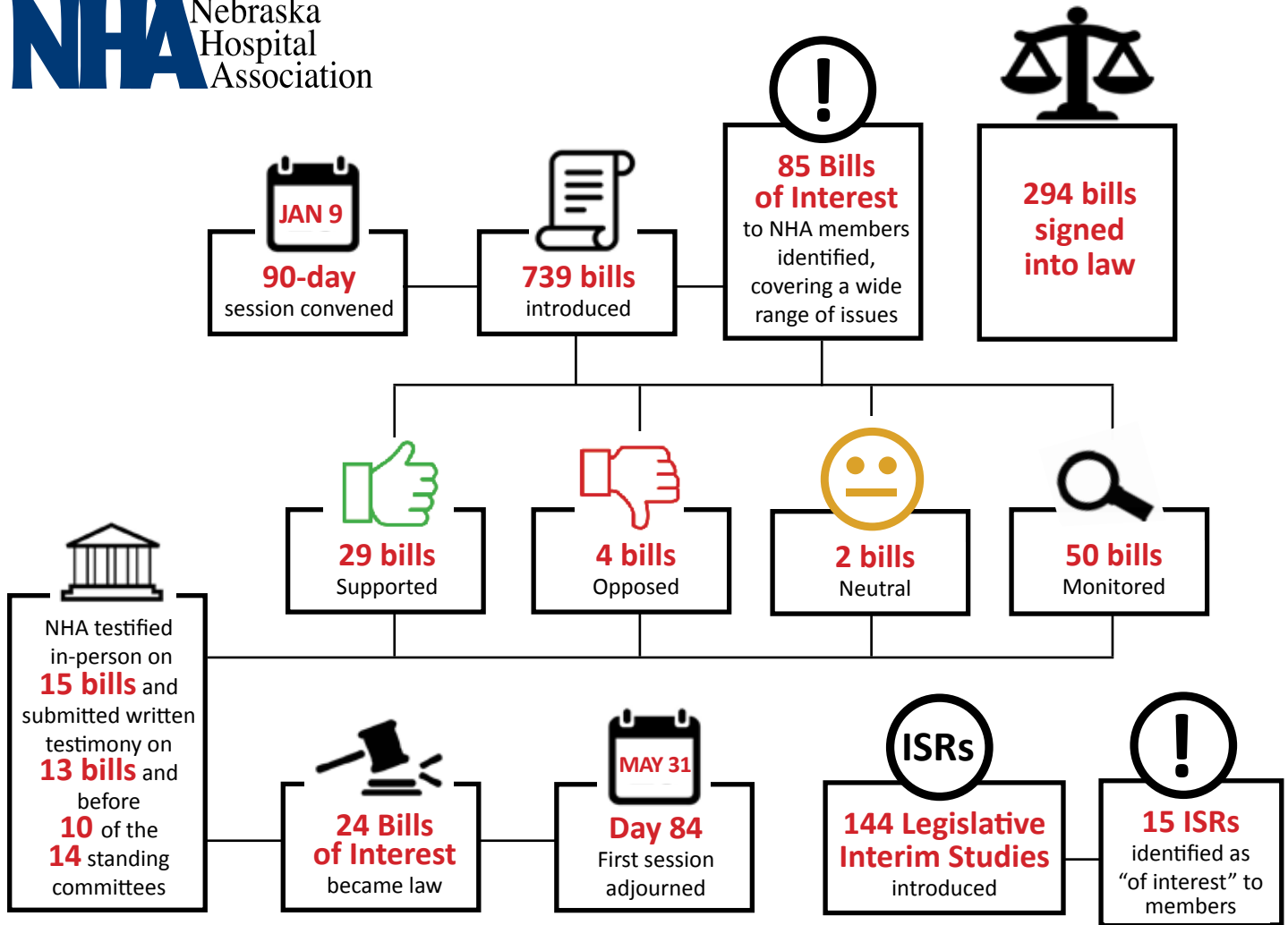
Andy Hale
Vice President, Advocacy



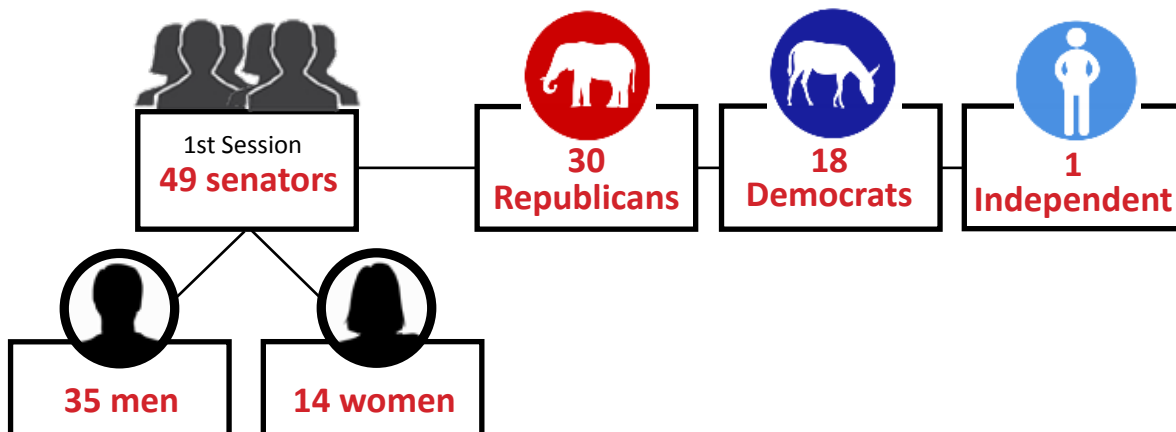
David Slattery
Director of Advocacy

2019 LEGISLATIVE SESSION BY THE NUMBERS

Nebraska Unicameral Legislature - 106th Legislature, First Session



Composition of 106th Legislature



KEY ISSUES

■ BUDGET UPDATE

The legislature passed the two-year \$9.3 billion budget this session. The budget will deliver \$550 million in direct property tax relief and include \$2 billion in state aid to K-12 education. It transfers \$49 million from the Cash Reserve Fund expansion of maximum security prison space and money for “problem-solving courts” across the state for veterans and drug offenders.

The budget also includes \$49.6 million over two years to fund Medicaid expansion and provides a 2% per year increase for provider rates for Medicaid, child welfare, and Children’s Health Insurance, with a onetime 4% rate increase for behavioral health and developmental disability providers.

■ TELEHEALTH

The NHA recognizes the need for uniform access to health care across the state of Nebraska. **Telehealth provides the opportunity for alternative effective delivery of care and cost-saving opportunities for plans, providers and beneficiaries.** Considering the shortage of doctors and practitioners throughout the state, telehealth is even more important in assuring timely and effective delivery of health services particularly in rural areas. Telehealth is a viable option to ensuring comprehensive patient care in all communities throughout our state.

On behalf of the NHA, Senator Mark Kolterman (Seward) introduced and passed LB29, a bill that expanded telehealth services to 25 additional scopes of practice in our state. To learn more about LB29, see page 8.

■ NOTICE OF PDMP VENDOR CHANGE

The Nebraska PDMP will migrate from DrFirst to RxGov, a new vendor platform from NIC, by September 2019. Each data submitter (e.g., pharmacy, vendor submitting on behalf of pharmacy, dispensing practitioner, veterinarian, etc.) who currently reports dispensed prescription data to the Nebraska PDMP, will need to update their account information through the RxGov website.

Exemptions: Previously approved exemption attestations are still valid, if attested exemption status has not changed. If at any time a dispenser’s attested exemption status changes, the dispenser must notify the Nebraska PDMP and immediately begin reporting all dispenses.

MEDICAID EXPANSION

The DHHS submitted the State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) on April 1, 2019, as required by initiative 429. Part of the SPA is the inclusion of an Alternative Benefit Plan (ABP), which is required by federal law and outlines the services and delivery methods available to the expansion group. Here is a look at a summary of key points regarding Medicaid Expansion in Nebraska from DHHS:

- DHHS took comments from the public regarding the SPA through March 29, 2019.
- 94,000 people are expected to enroll in Medicaid Expansion.
- Requires Medicaid eligibility to be expanded to include adults ages 19-64 with an income up to 138% of the federal poverty level (approximately \$16,000/yr for an individual).
- 90% of the costs will be funded by the federal government. The remainder of the funds will come from the State of Nebraska.
- The legislature included general funds to pay for expansion anticipating the cost to be \$49.6 million over two years.
- Participants may begin enrolling on: August 1, 2020
- Implementation Date: October 1, 2020
- Medicaid Expansion is structured to 2 Tiers: Basic and Prime
- All members of the Heritage Health Adult Program will begin with Basic coverage, which is based on a commercial health plan.
- Prime coverage rewards personal responsibility and wellness activities with additional benefits, such as dental, vision, and over-the counter medications.
- To earn Prime coverage, members must participate in active care and case management, select a primary care provider, and attend an annual checkup.
- The purpose of the two tiers is to create paths to wellness and live success and promote independence and personal responsibility.
- All members of the Heritage Health Adult Program will begin with Basic coverage, which is based on a commercial health plan.
- Prime coverage rewards personal responsibility and wellness activities with additional benefits, such as dental, vision, and over-the counter medications.
- To earn Prime coverage, members must participate in active care and case management, select a primary care provider, and attend an annual checkup.
- Eligibility begins the 1st day of the month of application in order to simplify provider billing and reduce strain on our outdated claims system.
- All Adult program applicants will be evaluated for the Health Insurance Premium Payment program if they have private coverage available. This program will pay for private insurance premiums if it's cost-effective for the State.

- Members will receive Basic coverage for 1 year if they voluntarily drop commercial coverage for Medicaid.
- Members will receive Basic coverage for 1 year if they miss 3 or more health appointments without notifying the provider during a single enrollment period.
- Moving into the second year and beyond, members will need to meet certain community engagement requirements to retain Prime coverage. Members will either need to:
 - Be caring for a relative; or
 - Be volunteering for a public charity, be attending a post-secondary school or apprenticeship, be employed, or be engaged in job-seeking activities for at least 80 hours per month.
- Additional benefits may include: vision, dental, over the counter drugs.
- Members who do not meet these requirements at their eligibility redetermination will receive Basic coverage for the next enrollment period.
- More information can be found online at: <http://dhhs.ne.gov/Pages/Medicaid-Expansion.aspx>

Frequently Asked Questions

What is the timeline for implementation?

Initiative 427 did not state any timeline in terms of implementation. The only timeline requirement in Initiative 427 was that the Nebraska Department of Health and Human Services must file a State Plan Amendment (SPA) to the Center for Medicare and Medicaid Services by April 1, 2019. Medicaid has released a timeline for implementation. Currently it is the intent of Medicaid to implement the program not later than October 1, 2020. They would begin enrollment for the program in August 2020.

In some other states, the Governor and the Legislature have impeded the implementation of the voter approved expansion. Where does Nebraska's Governor stand on this matter?

The Governor has stated that he will follow the "will of the people" when it comes to implementation of Medicaid expansion. The Governor included full funding in his proposed budget, \$18.4 million for FY 2019 and \$44.7 million for FY 2020. Subsequent to the Governor's budget request, DHHS has revised the budget request to \$6.75 million in State Fiscal Year 2020 and \$56.45 million in State Fiscal Year 2021. The SFY 2020 amount is for administrative costs only. The SFY 2021 amounts include \$49.9 million for services and \$6.55 million for administrative costs. These amounts are for the expansion population only. The Governor signed the budget that included \$49.6 million over two years to pay for Medicaid Expansion.

How will Medicaid expansion impact the provision of financial assistance, which includes charity care, that hospitals currently provide?

Medicaid expansion will impact the amount of financial assistance that hospitals provide to those individuals that do not have insurance. The amount of the impact will vary by hospital. Medicaid expansion will not eliminate all financial assistance that hospitals provide. There will be individuals who will not sign up for Medicaid benefits and there will continue to be assistance provided to those individuals that have high-deductible health plans and cannot afford their deductibles.

It has been said that Medicaid expansion will be a ‘windfall’ for hospitals due to the reduction in free or charity care. Is this true?

No, this is not true. The financial impact of Medicaid expansion on hospitals has yet to be determined. However, Medicaid reimbursement rates generally cover only 70% of the actual cost of care. Also, in a study commissioned by the Nebraska Hospital Association, the UNMC Office of Health Policy estimates that 40% of the individuals that will be eligible for expanded Medicaid services presently have private insurance coverage. Medicaid reimbursement rates are generally 50% less than the reimbursement hospitals receive from private insurers. This shift from private insurers to Medicaid will have a negative financial impact on hospitals. If Medicaid expansion will have a negative financial impact on hospitals and Medicaid reimbursement does not cover the cost of care, why do hospitals support Medicaid expansion? Nebraska hospitals support expansion because it creates access to care for individuals that previously did not have access. Generally, when these individuals required care, they present in hospital emergency rooms. Now individuals will have access to primary care services which is a more appropriate setting. Additionally, the Medicaid expansion population has the potential to have higher risk factors due to the lack of adequate care. These risk factors can be addressed in a more appropriate care setting and can be prevented from becoming more acute.

Who would be covered under the new Heritage Health Adult Program?

Generally, any individual age 19 to 64 would be covered under the new program. Exceptions would be pregnant women, the medically frail, disabled individuals and nursing home patients. Any adult beneficiary of the existing Heritage Health Program will be transitioned to the new program.

What are the benefits under the new Heritage Health Adult Program?

The new program provides coverage in two tiers. The tiers are Basic and Prime. The primary difference between these tiers is, Prime offers access to vision, dental, and over-the-counter medications. The difference between the coverages

available in the new program versus those available under traditional Medicaid is primarily home and community-based services.

How does the two-tiered plan work?

All newly eligible Medicaid beneficiaries will be enrolled in Basic coverage initially. Any adult currently enrolled in the existing Medicaid program will be transitioned to Prime coverage. Eligibility for Medicaid will be reviewed every six months. If during the initial six-month period, a new enrollee participates in care and case management, establishes with a primary care provider and has at least one wellness checkup or physical, that enrollee will be eligible to transition to the Prime coverage.

What are the Community Engagement Requirements of the Adult program?

Beginning with year two of the program, every adult enrollee will be required to meet one of five community engagement requirements to maintain coverage in the Prime tier. Those requirements include: 1) be actively employed, 2) be actively seeking a job or pursuing job training through the State, 3) enrolled in post-secondary school or apprenticeship, 4) actively engaged in volunteer work for a charity for at least 80 hours per month, or 5) be a caretaker relative. The State will review compliance with these requirements every six-months as part of the eligibility review. If the individual fails to meet the community engagement requirement, they will be transitioned from Prime coverage to Basic coverage.

An issue raised by providers is that some patients excessively miss medical appointments. How does Medicaid intend to address this issue?

Medicaid proposes that if an enrollee in Prime coverage misses three or more appointments with no notice to the provider during an enrollment period, the enrollee will be excluded from Prime coverage for the remainder of the current enrollment period and would be ineligible for Prime coverage for the following two enrollment periods.

2019 STATUTE CHANGES THAT IMPACT NEBRASKA HOSPITALS

LB25 (Kolterman) Provide for additional fees under the Uniform Credentialing Act and create the Patient Safety Cash Fund

NHA Position: Support

Fee will be collected starting January 1, 2020

Establishes patient safety fee of \$50 for physicians and \$20 for Physician Assistants collected biennially with the initial issuance and renewal of practice credentials. These fees will be contributed to the newly created Patient Safety Cash Fund to support activities of the Nebraska Coalition for Patient Safety. The Coalition is currently funded by contributions from voluntary member health care facilities and provides for the reporting of aggregate information about patient safety occurrences. The fee provisions sunset January 1, 2026.

LB29 (Kolterman) Provide and eliminate telehealth provisions

NHA Position: Support

Effective September 1, 2019

Any credential holder under the Uniform Credentialing Act (see below) may establish a provider-patient relationship through telehealth. Any credential holder providing a telehealth service to a patient may prescribe the patient a drug if the credential holder is authorized to prescribe under state and federal law. (These new provisions do not apply to a credential holder under the Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art, Veterinary Medicine and Surgery Practice Act, the Dialysis Patient Care Technician, the Environmental Health Specialists, the Funeral Directing and Embalming, the Massage Therapy, the Medical Radiography, the Nursing Home Administrator, the Surgical First Assistant, the Perfusion Practice Act, or the Water Well Standards and Contractors' Practice or Registration Acts).

LB60 (Cavanaugh) Change terminology relating to shaken baby syndrome

NHA Position: Support

Effective September 1, 2019

Materials and videos shown to new parents by hospitals are to show strategies for preventing abusive head trauma (formerly referred to in statute as “shaken baby syndrome”) including crying plans. Materials that currently show the dangers of allowing infants to sleep in a bed with others must instead be expanded to show the dangers of allowing infants to sleep on the same surface as others.

LB62 (Howard) Provide for education regarding and treatment of trichomoniasis

Effective September 1, 2019

Expands partner therapy treatment to trichomoniasis - allowing healthcare professionals to prescribe medication to a person’s partners if the person is diagnosed with trichomoniasis, even if they have not examined that person’s partners.

LB74 (Williams) Provide for validation by certified pharmacy technicians

NHA Position: Support

Effective September 1, 2019

Provides that a certified pharmacy technician may validate—check the accuracy and completeness of tasks—of another pharmacy technician if: both pharmacy technicians are certified; they are working within the confines of a hospital; they are using bar code technology, radio frequency identification technology, or something similar, to validate the accuracy of medication; they are validating prepackaged medication; they are acting in accordance with hospital policies.

LB112 (Howard) Provide for waiver of certain occupational and licensing fees as prescribed

NHA Position: Support

Fees are waived starting January 1, 2020

Waives first-year licensing fees for occupations under the Uniform Credentialing Act (including veterinary and veterinary technician licensing fees) for individuals who are identified as low income, part of a military family, or a person between the ages of 18 and 25.

LB119 (Arch) Provide for immunity from liability, confidentiality of information, and a burden of proof under the Health Care Quality Improvement Act

Effective September 1, 2019

Adds peer review protection for professional health care service entities organized pursuant to the Nebraska Professional Corporation Act, the Nebraska Uniform Limited Liability Company Act, or the Uniform Partnership Act. The professional health care service entity must have written policies and procedures governing their peer review committee if they are going to conduct a peer review process under the Health Care Quality Improvement Act.

2019 STATUTE CHANGES THAT IMPACT NEBRASKA HOSPITALS

LB149 (Quick) Change provisions relating to sale and use of tobacco products, electronic nicotine delivery systems, and alternative nicotine products

NHA Position: Support

Effective January 1, 2020

It will be unlawful to sell tobacco or electronic nicotine products to persons under the age of 19.

LB217 (Pansing Brooks) Prohibit discrimination against an employee for communicating about employee wages, benefits, or other compensation

Effective September 1, 2019

An employer may not discharge or retaliate against any employee because such employee inquired about, discussed, or disclosed comparative compensation information for the purpose of determining whether the employer is compensating any employee in a manner that provides equal pay for equal work. (Does not apply to instances in which an employee, who has authorized access to the wage information as a part of such employee's job, discloses the wages of other employees to an individual who does not have authorized access to such information, unless such disclosure is in response to a charge or complaint in furtherance of an investigation or action.)

The new law does not create an employer or employee obligation to disclose employee wages, benefits or other compensation information; does not permit an employee to disclose proprietary information; does not permit an employee to disclose wage, benefits or other compensation information to competitors of the employer; does not permit employees to discuss wages, benefits or other compensation information during work hours as defined in existing workplace policies or in violation of specific contractual provisions; and does not permit employees to disseminate employee wage, benefits or other compensation information to the general public.

LB294 (Stinner) Mainline Budget Bill

NHA Position: Support

Effective July 1, 2019

Appropriates additional money to the Department of Health and Human Services to in order to provide for a 2% per year increase for provider rates for Medicaid, child welfare, and Children's Health Insurance and a onetime 4% rate increase for behavioral health and developmental disability providers.

LB316 (Kolterman) Provide protections for pharmacies to disclose information regarding drug prices and prohibit insurers from charging covered individuals in excess of certain amounts

Effective April 24, 2019

An insurer shall not require a covered individual to make a payment for a prescription drug at the point of sale in an amount that exceeds the lesser of: (a) the individual's copayment, deductible, or coinsurance for such prescription drug; or (b) the amount any individual would pay for such prescription drug if the individual paid in cash.

A contracted pharmacy shall not be prohibited from or subject to penalties or removal from a network or plan for sharing information regarding the cost, price, or copayment of a prescription drug with a covered individual. A pharmacy benefit manager shall not prohibit or inhibit a contracted pharmacy from discussing any such information or selling a more affordable alternative to a covered individual.

LB327 (Bolz) State intent to appropriate funds for an increase in rates paid to behavioral health service providers.

Passed as a part of the Biennial Budget (LB294)

NHA Position: Support

Effective July 1, 2019

The budget included \$1.5 million in FY19-20 and \$3.6 million in FY20-21 for behavioral health provider rates as called for in LB327. The bill as introduced stated Legislative intent to increase behavioral health rates by 5% utilizing data from a multi-year cost model study conducted by the Division of Behavioral Health. The enacted budget increased the rates to a total of 4% in Medicaid, the Children's Health Insurance Program and Juvenile and Adult Probation.

LB409 (Kolowski) Adopt design standards for health care facilities

NHA Position: Support

Effective September 1, 2019

Construction of new healthcare facilities and any major addition, remodeling, restoration, repair, or renovation of any health care facility must now be done according to the 2018 Guidelines for Design and Construction of Hospitals, Outpatient Facilities, and Residential Health, Care, and Support Facilities published by the Facility Guidelines Institute. Only new construction of assisted-living facilities, long-term care hospitals, nursing facilities, and skilled nursing facilities on or after the effective date of this act must be done according to these standards.

2019 STATUTE CHANGES THAT IMPACT NEBRASKA

LB418 (Cavanaugh) Change provisions under the Nebraska Workers' Compensation Act and change provisions relating to tort claims against the state, the State Self-Insured Liability Fund, and state vehicles
Effective September 1, 2019

Once notice of a pending workers compensation matter is given, no debt collection shall be undertaken by a provider of services, collection agency, collector, or creditor attempting to collect a debt incurred against an employee or his or her spouse for treatment of a work related injury while the matter is pending in the compensation court until final adjudication of the case regarding such debt.

LB460 (Health & Human Services Committee) Change provisions relating to transitional child care assistance and cash assistance and require background checks under the Child Care Licensing Act and Children's Residential Facilities and Placing Licensure Act as prescribed.

Effective June 1, 2019

All employees of residential child-care agencies (including hospitals) who are 18 years of age or older must submit to a national criminal background check not less than once every five years. The employees also shall submit to these additional checks: national sex offender registry and the state criminal, sex offender and child abuse and neglect registries. The individual being screened is required to pay the cost of the fingerprinting (\$45.25 per individual).

Only staff who work in the childcare center, or individuals who have unsupervised access to the children, are required to complete background checks. All other hospital employees are be required under the new law. Currently, CFS is collaborating with Public Health and the Nebraska State Patrol to develop an implementation process this new provision. If you need further information, please contact the NHA and we will pass along contact information at DHHS.

LB468 (Walz) Prohibit inclusion of long-term services and supports under the medicaid managed care program and provide duties for the Department of Health and Human Services and the Department of Insurance

Effective September 1, 2019

Long term care services and supports, including skilled nursing facilities, nursing facilities, assisted-living facilities, and home and community based services, may not be added into the Medicaid managed care program before July 1, 2021.

LB556 (Howard) Change provisions relating to prescriptions for controlled substances and the prescription drug monitoring program

NHA Position: Support

Effective May 2, 2019

Information required for prescribers (other than veterinarians) must now include a patient identifier number; number of refills authorized; available prescription directions and any other information as required by the Dispenser's Implementation Guide for the prescription drug monitoring program developed by in collaboration with DHHS.

The statewide health information exchange/PDMP may release data collected for statistical, public research, public policy, or educational purposes after removing information which identifies the patient or prescriber.

LB556 allows for the distributions of the prescription drug information and any other data collected pursuant to the PDMP to: other state prescription drug monitoring programs; state and regional health information exchanges; the medical director and pharmacy director of the Division of Medicaid and Long-Term Care, the medical directors and pharmacy directors of medicaid-managed care entities, the state's medicaid drug utilization review board, and any other state-administered health insurance program or it's designee if any such entities have a current data-sharing agreement with the statewide health information exchange, and if such release is in accordance with the HIPPA; organizations which facilitate the interoperability and mutual exchange of information among state prescription drug monitoring programs or state or regional health information exchanges; or electronic health record systems or pharmacy-dispensing software systems for the purpose of integrating prescription drug information into a patient's medical record.

LB556 Inserts a new subsection defining practitioner to include physicians, physician assistants, dentists, pharmacists, podiatrists, optometrists, and various advanced practice nurses (excludes hospitals and veterinarians).

Changes a practitioner's duty to consult with a patient about the risks related to a controlled substance; rather than have that conversation before the initial prescription and the third prescription, the bill instead requires the conversation if it has not been had in the last 60 days.

Allows other members of the patient care team who are under the direct supervision of or in consultation with the prescribing practitioner to have the conversation about risks with the patient.

Clarifies that the duty to have this conversation does not apply to a prescription given for a hospice patient or for the course of treatment for cancer or palliative care.

LB557 (Lindstrom) Change provisions relating to prescriptions for controlled substances

NHA Position: Support

Effective May 2, 2019 (amended into LB556)

Requires the prescribing practitioner involved in the course of treatment as the primary prescribing practitioner or as a member of the patient's care team who is under the direct supervision or in consultation with the primary prescribing practitioner to discuss with the patient the risks of controlled substances and opiates, unless such conversation has already taken place within the last 60 days. Does not apply to hospice, cancer, or palliative care treatment.

For purposes of the requirement above and the limitation on prescriptions for patients under 18 years of age, prescribing practitioner includes: physician, a physician assistant, a dentist, a veterinarian, a pharmacist, a podiatrist, an optometrist, a certified nurse midwife, a certified registered nurse anesthetist, a nurse practitioner, a scientific investigator, a pharmacy, a hospital, or any other person licensed, registered, or otherwise permitted to distribute, dispense, prescribe, conduct research with respect to, or administer a controlled substance in the course of practice or research in this state, including an emergency medical service.

LB216 (Kolterman) Prohibit releasing a person in custody to avoid medical costs

NHA Position: Support

Held in the Judiciary Committee

Prohibits law enforcement from releasing a person in custody while they are receiving medical care in order to avoid medical costs. Senator John Arch introduced a related bill (LB455) intended to clarify which entity is responsible for the costs of care for persons in jail. Conversations about solutions to the issues addressed by both of these bills are ongoing.

LB364 (Quick) Change provisions relating to a limit on fees under the Nebraska Workers' Compensation Act

NHA Position: Oppose

Held in the Business and Labor Committee

Gave the Workers' Compensation Court the authority to establish a fee schedule for any opinion or report addressing the medical condition, causation, or disability of an employee in a Workers' Compensation claim.

LB365 (Crawford) Adopt the Health Care Directives Registry Act

NHA Position: Support

Held in the Judiciary Committee

Would create an online registry, administered by the Department of Health and Human Services, in which adults can register an advance health care directive. The registry would be fully supported by fees charged to registrants.

LB378 (Hansen, B.) Change helmet provisions for autocycles, motorcycles, and mopeds

NHA Position: Oppose

Remains on General File

The perennial motorcycle helmet repeal bill. The bill has been advanced out of the Transportation Committee and will likely be scheduled for debate early in the 2020 session.

LB518 (Linehan) Adopt the Support for Trafficking Survivors Act

NHA Position: Support

Remains on General File

Creates the Support for Trafficking Survivors Advisory Board and establishes the Office of Support for Trafficking Survivors within DHHS. Funds competitive grants for services for trafficking victims across the state and creates a program to reimburse state and local law enforcement for costs associated with victim-centered, trauma-informed sex trafficking investigations, operations, or prosecutions. Because of fiscal constraints on any legislation advanced this year, LB518 was not prioritized or advanced from General File as a part of the LB519 sex trafficking package but remains for consideration next session.

LB529 (Groene) Change provisions relating to a property tax exemption for hospitals

NHA Position: Oppose

Held in the Revenue Committee

Requires that a hospital permit licensed medical practitioners in the community to use the hospital's facilities regardless of whether the practitioner is employed by the hospital. If a hospital meets such requirement, the property of such hospital shall be tax-exempt in proportion to the percentage of the hospital's services that are provided gratuitously.

LB631 (Morfeld) Create the Medicaid Expansion Implementation Task Force

NHA Position: Support

Held in the Exec Board of the Legislature

Creates the Medicaid Implementation Task Force whose purpose is to provide oversight and facilitation of the expansion of Medicaid

LB710 (Cavanaugh) Change provisions relating to tobacco including sales, crimes, a tax increase, and distribution of funds

NHA Position: Support

Held in the Revenue Committee

This year's legislation to increase the cigarette (and vaping) tax in Nebraska. LB710 did not advance from the Revenue Committee, but an increase in cigarette taxes (up by \$.36 to total \$1 of taxes) was advanced as a part of the revenue raising property tax relief bill—currently stalled on General File.

The following list of interim study resolutions, which provide an opportunity for Senators to examine an issue outside of session, are those flagged as being of possible interest to the NHA. What happens with these studies is highly dependent upon the interest level of the introducer, committee, and stakeholders involved. Some resolutions may get absolutely no attention or action, while others may prompt formal committee hearings, round tables discussions, and/or written reports.

LR116 (Cavanaugh) Interim study to examine the long-term fiscal sustainability of the Nebraska Health Care Cash Fund

LR139 (Lowe) Interim study to examine the feasibility of increasing the presence of the University of Nebraska Medical Center in central and western Nebraska by strengthening collaborations with the University of Nebraska at Kearney

LR160 (Howard) Interim study to assess the mental and behavioral health needs of Nebraskans and the current shortages of services and resources

LR163 (Howard) Interim study to examine issues under the jurisdiction of the Health and Human Services Committee

LR170 (Morfeld) Interim study to examine the Dept. of Health and Human Services' plan to submit a demonstration project waiver for the medical assistance program under section 1115 of the Social Security Act

LR171 (Morfeld) Interim study to examine the impact of lowering the age of majority from 19 years of age to 18 years of age for making health care decisions

LR172 (Williams) Interim study to analyze state and local policy and initiatives to retain and incentivize health care providers and health-related businesses in the state to remain and expand in the state

LR182 (Kolterman) Interim study to examine methods for the early screening of melanoma and modernization of reimbursement for telehealth for such screening

LR191 (Arch) Interim study to evaluate the potential use of Physicians Orders for Life-Sustaining Treatment and the potential use of out-of-hospital Do Not Resuscitate protocols

LR198 (Wishart) Interim study to examine the implementation of a statewide registry for Alzheimer's disease and related dementias

LR216 (Walz) Interim study to examine funding priorities for the medicaid home and community-based services waivers under the Developmental Disabilities Services Act

LR226 (Howard) Interim study to examine and assess prescribing practices of health care providers related to opioids and the effectiveness of Nebraska's prescription drug monitoring program

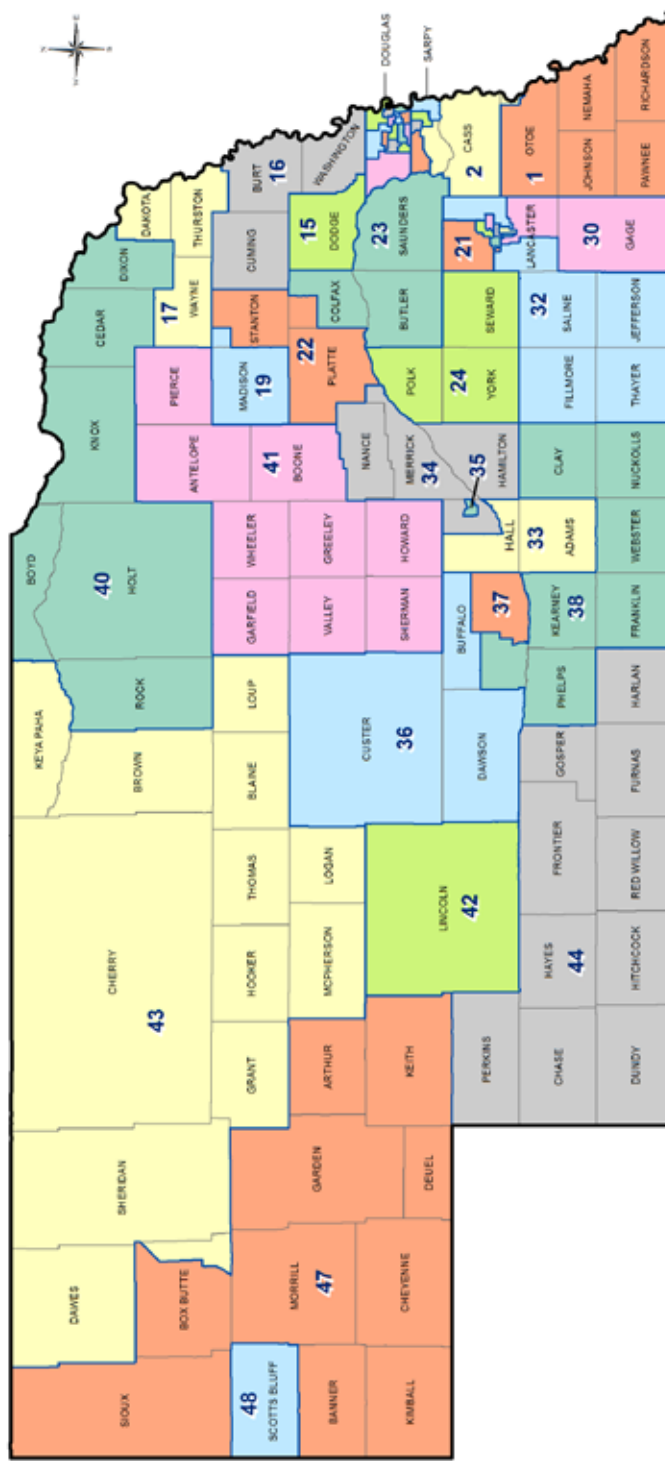
LR234 (Bolz) Interim study to track rate increases appropriated for behavioral health providers to ensure that legislative intent is followed and the rate increases are funded

LR243 (Hunt) Interim study to examine the practice of medical refusal for contraception, sterilization, or abortion services by health care facilities and providers

LR244 (Hansen, B.) Interim study to examine discrepancies in reimbursement under the medical assistance program between the three Heritage Health managed care plans and the impacts of applying a multiple- procedure payment-reduction policy to therapy services

Nebraska Legislative Districts - LB 703 (2011)

(Districts took effect May 27, 2011)



Geographic Information Systems
 Map Created by: Trisha Schlake, GIS Specialist
 Source: U.S. Census Bureau
 Date Created: 6-27-2011

Thank You for your support!

The NHA staff would like to thank everyone who participated in the development of public policy during the 2019 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 the 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. **Together, we are the influential voice of Nebraska's hospitals.**

YOUR SUPPORT MATTERS.

Invest in the NHA PAC online.

It's easier than ever to contribute!

Simply go online to: pac.nebraskahospitals.org

Contact the NHA Advocacy Team for username and password.

*Thank you for supporting those who care about
Nebraska's hospitals and the patients they serve.*



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 David Slattery, director of advocacy, at 402-742-8153 or dslattery@nebraskahospitals.org.



KEEP INFORMED

To keep you informed about legislative activities, visit our helpful website, nebraskahospitals.org/advocacy, for links and advocacy resources.



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Newslink, a weekly electronic newsletter, highlights key health care-related issues in the nation, in the state and locally. Subscribe by or visiting nebraskahospitals.org and click on Get Our Newsletters.

SAVE the DATE

NHA 2020 Advocacy Day

March 10, 2020

The Cornhusker Marriott Hotel

Lincoln, NE

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