



Legislative Wrap-Up



105th Legislature | First Session

2017

NHA Nebraska
Hospital
Association



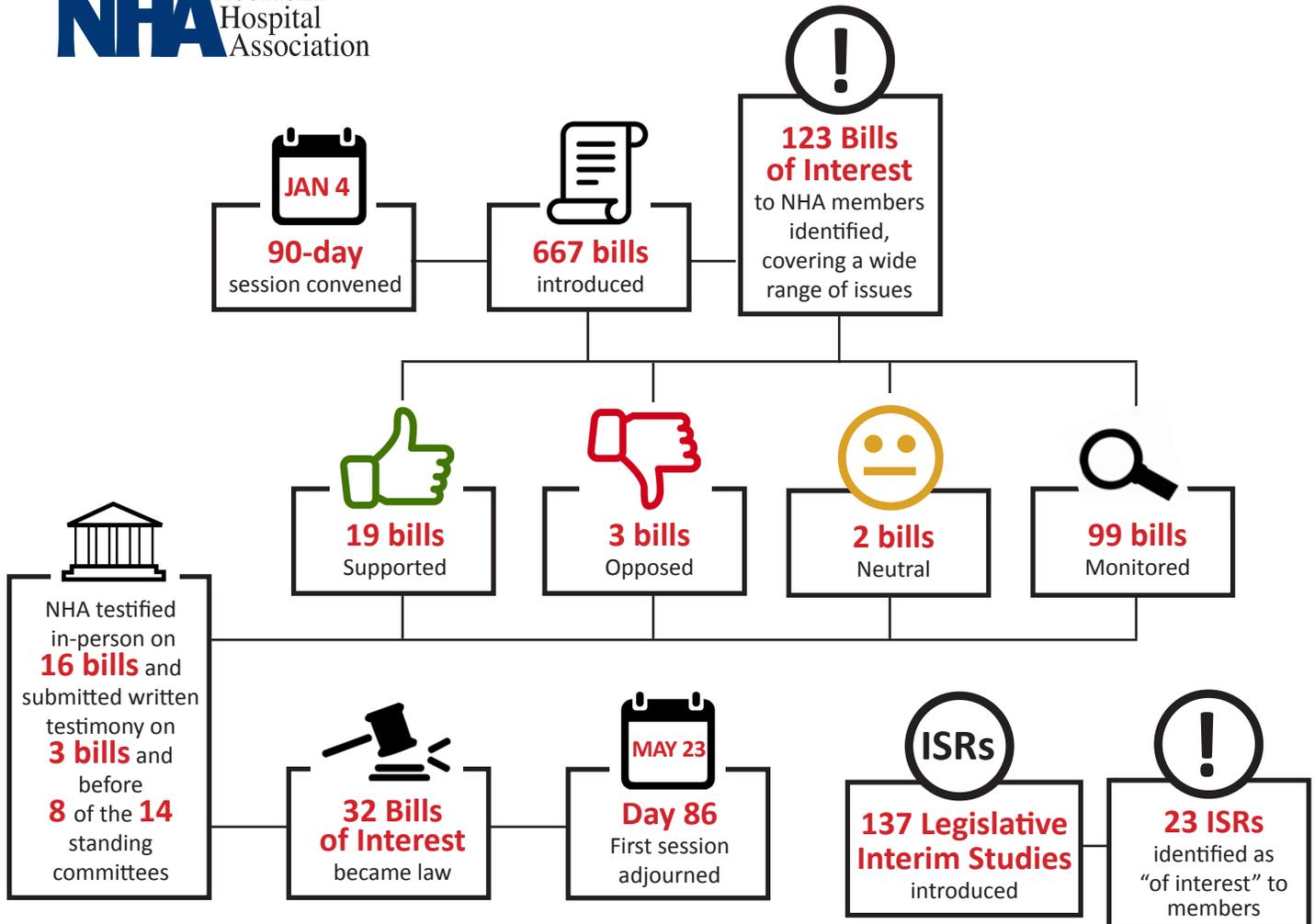
2017 LEGISLATIVE SESSION BY THE NUMBERS

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 seeks to develop a unified voice to establish effective health care policy in Nebraska.

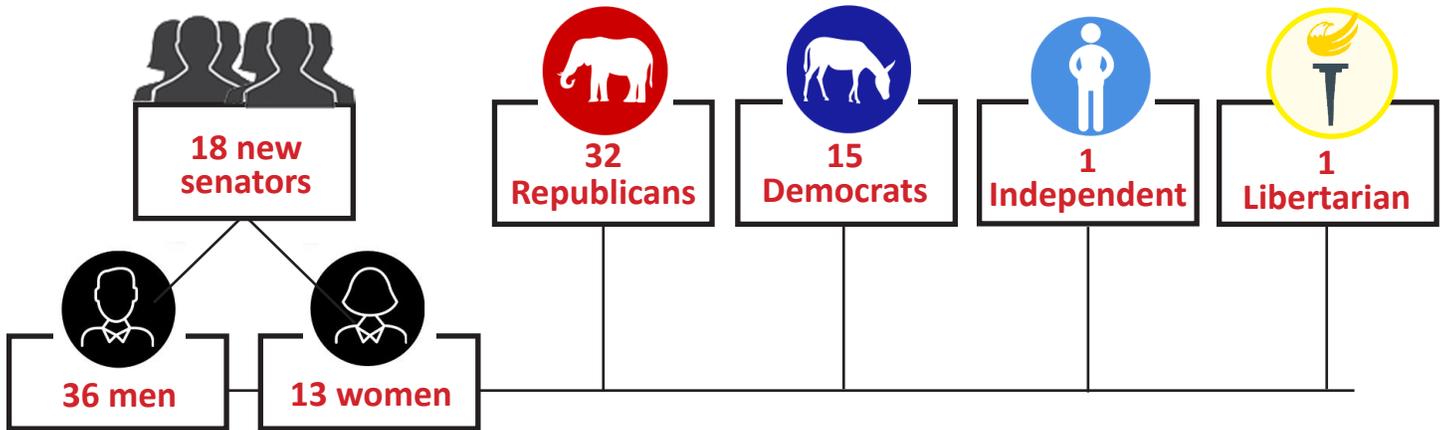
The NHA is committed to creating and maintaining a financial and regulatory environment in which hospitals and health care systems can provide the right care at the right time. This involves collaborating with members, policymakers and other health care partners in advocating for our top priorities.

The health care industry touches many aspects of public policy, and the NHA monitors a broad spectrum of issues on behalf of its members. Throughout the year, the NHA Advocacy Team was deeply involved with legislation affecting credentialing, provider payment models, workforce development, insurance, taxation and health care program funding.

Nebraska Unicameral Legislature - 105th Legislature, First Session



Composition of 105th Legislature



Legislative Bills of Interest

Indicates bill became law

HEALTH & HUMAN SERVICES COMMITTEE

LB 61 – Interstate Medical Licensure Compact

Introducer: Sen. Mark Kolterman (District 24)

NHA Position: Support

Status: Signed into law

LB 61 requires Nebraska’s participation in the Interstate Medical Licensure Compact (IMLC). The IMLC provides a streamlined licensure application process for physicians residing in a Compact member state. Physicians wishing to hold a license in multiple states may apply through the Compact to obtain a license in a participating state. Currently, 18 states including Colorado, Wyoming, South Dakota, Minnesota, Iowa and Kansas are members of the IMLC.

LB 61 was part of an amendment to LB 88, which was signed into law with an emergency clause requiring expedient implementation of the included provisions.

LB 88 – Temporary Professional Licenses for Military Spouses

Introducer: Sen. Carol Blood (District 3)

NHA Position: Support

Status: Signed into law as amended

LB 88 creates temporary professional credentials for spouses of military personnel as long as the individuals meet comparable and equivalent requirements for the licenses. The practice of dentistry is excluded from this bill. The temporary license is valid for one year while the spouse awaits the permanent credential.

LB 88 was amended to include the following bills prior to its adoption:

- LB 61: Interstate Medical Licensure Compact
- LB 283: LPN/LPN-C merger
- LB 342: Enhanced Nurse Licensure Compact
- LB 343: Regulatory modifications to cosmetology, nail technology, audiology, massage therapy and barbers
- LB 425: Nurse practitioner statutory updates

LB 88, as amended, was signed into law with an emergency clause requiring expedient implementation of the included provisions.

LB 195 – Mammography Notification Requirement

Introducer: Sen. Joni Craighead (District 6)

NHA Position: Neutral

Status: Signed into law

LB 195 requires health care facilities that perform mammography services to include in the patient’s report summary information on the patient’s specific breast tissue classification. Facilities shall use the American College of Radiology Breast Imaging Reporting and Data System. If the patient’s tissue classification is heterogeneously dense or extremely dense, the patient’s report shall include a notice indicating that dense breast tissue can preclude the detection of cancer and may suggest a slightly increased risk for breast cancer.

LB 195 does not create a duty of care or other legal obligation beyond the duty to provide notice.

LB 223 – Clinician Access to the Prescription Drug Monitoring Program

Introducer: Sen. John Kuehn (District 38)

NHA Position: Support

Status: Signed into law

LB 223 amends the statutory language of the Prescription Drug Monitoring Program (PDMP) to allow members of the patient care team to access the PDMP on behalf of the prescriber as designees. Additionally, dispensers may also assign a designee. LB 223 requires individual training prior to accessing the PDMP, conducted through the Health Information Exchange. The bill also ensures that transmitted information is HIPPA protected.

LB 223 was signed into law with an emergency clause requiring expedient implementation of the included provisions.

Legislative Bills of Interest

HEALTH & HUMAN SERVICES COMMITTEE

LB 283 – Merger of the LPN & LPN-C Licenses

Introducer: Sen. Merv Riepe (District 12)

NHA Position: **Support**

Status: Signed into law 

Since legislation was passed in 2007, Nebraska has required additional training and a separate license for Licensed Practical Nurses (LPN) who provide intravenous therapy (LPN-C). LB 283 merges the LPN and LPN-C licenses with specific requirements for LPNs holding a license issued prior to May 1, 2016. The law states LPNs must complete the requirements within five years of the law's passage, though the Department of Health & Human Services has not yet set a definitive date at which time the requirements must be met.

Under **LB 283**, all LPNs (holding a license issued prior to May 1, 2016) will be required to complete an eight-hour didactic course in intravenous (IV) therapy. If the LPN wishes to provide IV therapy within the course of his or her employment, an approved employer-specific IV therapy skills course must also be completed. Any individual currently holding the LPN credential who is not required to provide IV therapy within the course of his or her employment must only complete the eight-hour didactic course.

LB 283 was part of an amendment to LB 88, which was signed into law with an emergency clause requiring expedient implementation of the included provisions.

LB 342 – Enhanced Nurse Licensure Compact

Introducer: Sen. Steve Erdman at the request of the Governor (District 47)

NHA Position: **Support**

Status: Signed into law 

Under the Nurse Licensure Compact, a nurse may hold a single multistate license for practice within both his or her home state and other states participating in the Compact. Nebraska entered into the Nurse Licensure Compact in 2000. Many changes have occurred since then and the National Council of State Boards of Nursing issued a modernized model, referred to as the Enhanced Nurse Licensure Compact, in 2015. **LB 342** requires Nebraska to adopt the Enhanced Nurse Licensure Compact, joining 21 states who have joined the revised Compact to date.

LB 342 was part of an amendment to LB 88, which was signed into law with an emergency clause requiring expedient implementation of the included provisions.

BUSINESS & LABOR COMMITTEE

LB 609 – Workers' Compensation Outpatient Fee Schedule

Introducer: Sen. Lou Ann Linehan (District 39)

NHA Position: **Oppose**

Status: Held in Committee

LB 609 creates a medical fee schedule for Workers' Compensation outpatient services provided in hospitals and ambulatory surgical centers. The schedule is based on the Medicare-Plus reimbursement rate model.

LB 609 is currently held in Committee. Sen. Linehan has introduced a legislative interim study, LR 201, to examine the topic further.

REVENUE COMMITTEE

LB 438 – Increase Tobacco Tax & Create the Behavioral Health Provider Rate Stabilization Fund

Introducer: Sen. Sara Howard (District 9)

NHA Position: **Support**

Status: Held in Committee

LB 438 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 45% (for a total of 65%). The bill calls for an annual distribution of \$61 million of the revenue generated from the increases to health care research, services, education, training and programming as part of the Health Care Cash Fund.

LB 438 also creates the Behavioral Health Provider Rate Stabilization Fund to support reimbursement of behavioral health service providers. The Fund shall be used to leverage federal funds to the greatest extent possible. **LB 438** requires that \$8 million/year from tobacco tax revenues is deposited into the Fund.

APPROPRIATIONS COMMITTEE

LB 327 – Biennial Budget (2017-2019)

Introducer: Speaker Jim Scheer at the request of the Governor (District 19)

NHA Position: **Support of the Legislature's Advanced Budget, Opposed Governor's Targeted Vetoes**

Status: Signed into law with line-item vetoes 

LB 327 specifies the State's appropriations for the biennial budget spanning July 1, 2017, to June 30, 2019, representing \$8.9 billion in government spending. While the NHA supports **LB 327** as advanced by the full Legislature, it opposes Gov. Pete Ricketts' targeted vetoes.

Legislative Bills of Interest

As modified by the Governor's line-item vetoes, the following are budgetary allowances within the Nebraska Medicaid program as outlined in LB 327:

- 3% PPS hospital Medicaid reimbursement rate cut
- 3% CAH hospital Medicaid reimbursement rate cut
- 3% Medicaid reimbursement rate cut for nursing facilities and home health providers
- 3% Medicaid rate reduction for durable medical equipment
- 2.2% Medicaid rate reduction for developmental disability providers
- <2% Medicaid reimbursement rate cut for behavioral health providers contracted through the Behavioral Health Regions

Though the Department of Health & Human Services Division of Medicaid and Long-Term Care "has the flexibility to manage the reduction in funds for provider rates to minimize adverse access-to-service issues for Medicaid eligible individuals and families," the true extent of the cuts specified in **LB 327** are unknown. Governor Ricketts and the Division have stated that targeted cuts, specifically to physicians and hospitals, will occur.

LB 513 – Medicaid PPS Inpatient Base Rate Modification

Introducer: Sen. Robert Hilkemann (District 4)

NHA Position: Support

Status: Signed into law 

In 2014, the Department of Health & Human Services Division of Medicaid and Long-Term Care implemented a new APR-DRG reimbursement model for Medicaid Prospective Payment Systems (PPS) inpatient services. The new model inadvertently resulted in an average 6% reduction in reimbursement rate payments for services provided. Since the error occurred, the Department has consistently said that it would address the underpayment with reconfiguration of the APR-DRG base rates but has not done so. **LB 513** requires the Department to increase the base rates provided for Medicaid PPS inpatient services by 3% with an allocation of \$2.6 million.

LB 513 was signed into law as amended into the biennial budget package, LB 327.

BANKING, COMMERCE & INSURANCE COMMITTEE

LB 92 – Telehealth Parity in Coverage

Introducer: Sen. Mark Kolterman (District 24)

NHA Position: Support

Status: Signed into law 

LB 92 requires private payers to provide coverage for telemedicine services, regardless of the provider's location in relation to the patient, as long as the provider is licensed within the state of Nebraska. The payer shall not exclude coverage solely because a service is provided through telemedicine.

JUDICIARY COMMITTEE

LB 368 – Modification of Helmet Law Requirements

Introducer: Sen. John Lowe (District 37)

NHA Position: Oppose

Status: Failed to advance

LB 368 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. The bill also prohibits motorcycle passengers under the age of six.

LB 368 failed, by a single vote (32-12), to overcome a filibuster effort and advance towards likely passage. The bill, or a similar version, will be revived in 2018.

EXECUTIVE BOARD

LB 442 – Medicaid Managed Care Organizations Oversight Committee

Introducer: Sen. Kate Bolz (District 29)

NHA Position: Support

Status: Held in Committee

LB 442 creates a legislative oversight committee to monitor the newly implemented managed care system for the Nebraska Medicaid program, Heritage Health. It is estimated that Heritage Health provides services to 230,000 clients statewide, combining both physical and behavioral health. Membership of the committee would include chairs and vice-chairs of the Appropriations and Health & Human Services Committees, or their designees, and three additional members of the Legislature.

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 11 (Sen. Riepe) Interim study to assess the Nebraska medical assistance program and the options for health care reform for Nebraska.

LR 113 (Sen. Bolz) Interim study to examine the long-term fiscal sustainability of the Nebraska Health Care Cash Fund to pay for health care and related services.

LR 114 (Judiciary Committee) Interim study to examine Nebraska's statutes relating to geriatric or compassionate release laws for elderly inmates.

LR 122 (Sen. McCollister) Interim study to examine public assistance programs in Nebraska.

LR 131 (Sen. Riepe) Interim study to examine the distribution and use of Federal Title X Program state and federal appropriations.

LR 141 (Sen. Bolz) Interim study to examine best practices for promoting career education and training that can lead to job readiness for middle-skill positions.

LR 147 (Sen. Crawford) Interim study to conduct a comprehensive review of the Nebraska State Immunization Information System and to examine opportunities to increase the rate of immunizations reported to the system across the state.

LR 157 (Sen. Bolz) Interim study to examine the January 1, 2017 implementation of the managed care delivery system for the State of Nebraska.

LR 166 (Sen. Morfeld) Interim study to examine mental health education provided in Nebraska schools.

LR 168 (Sen. Lowe) Interim study to examine the feasibility of adopting a workers' compensation drug formulary.

LR 169 (Sen. Williams) Interim study to examine whether the birth defects registry laws of Nebraska should be updated.

LR 178 (Sen. Kolterman) Interim study to examine existing telehealth and telemedicine systems and capabilities in Nebraska and opportunities to expand usage.

LR 183 (Sen. Albrecht) Interim study to review reimbursement rates for ambulatory surgical centers and outpatient hospitals with respect to provision of workers' compensation services.

LR 186 (Sen. Howard) Interim study to examine the Nebraska Prescription Drug Monitoring Program and how providers access prescription drug data.

LR 188 (Sen. Howard) Interim study to review policies and procedures relating to sustainability, organization, and best practices for data collection by the Division of Public Health relating to public health, epidemiology, and syndromic surveillance.

LR 189 (Sen. Morfeld) Interim study to examine ways in which Nebraska could increase access to health insurance, including Medicaid.

LR 194 (Sen. Hilkemann) Interim study to examine the 407 process as it relates to scope of practice changes for health professions.

LR 201 (Sen. Linehan) Interim study to review reimbursement rates for ambulatory surgical centers and outpatient hospitals with respect to workers' compensation services in Nebraska.

LR 218 (Sen. Riepe) Interim study to examine the feasibility of consolidating the University of Nebraska Medical Center and the University of Nebraska at Omaha to create a single University of Nebraska institution in Omaha.

LR 233 (Health & Human Services Committee) Interim study to review the experiences of Medicaid-eligible populations receiving long-term care services and support and identify the necessary practices and protocols for a managed care program.

LR 234 (Executive Board) Interim study to examine reports submitted by the Division of Behavioral Health and behavioral health regions.

LR 238 (Sen. Stinner) Interim study to examine the feasibility of acquiring funding for behavioral and mental health internship programs at the doctoral level in rural Nebraska.

LR 241 (Sen. Vargas) Interim study to examine the distribution and use of funds from the Federal Title X Program.

Thank You for your support!

The NHA staff would like to thank everyone who participated in the development of public policy during the 2017 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.

**SAVE
the
DATE!**

**NHA 2018 Advocacy Day
March 7, 2018**

The Cornhusker Marriott Hotel
Lincoln, NE

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