



Nebraska Hospital Association
107th Legislature, 1st Regular Session

Document	Senator	Position	Committee	Status	Description
LB14	Blood	Support	Health and Human Services 01/27/2021	Approved by Governor on March 31, 2021 03/31/2021 Blood Priority Bill	<p>Adopt the Audiology and Speech-Language Pathology Interstate Compact</p> <p><i>A license issued to an audiologist or speech-language pathologist by a home state to a resident in that state shall be recognized by each member state as authorizing an audiologist or speech-language pathologist to practice audiology or speech-language pathology, under a privilege to practice, in each member state. An audiologist or speech-language pathologist practicing in a member state must comply with the state practice laws of the state in which the client is located at the time service is provided.</i></p> <p><i>AM1 (Health and Human Services Committee): AM 1 would require the newly created Audiology and Speech Language Pathology Compact Commission, as opposed to the licensing board, approve the educational institution where an audiologist obtains supervised clinical practicum experience. Changes provisions for adverse actions against a license to clarify the controlling state and process, "In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to:" ... "D. if otherwise permitted by state law, the member state may recover from the affected audiologist or speech-language pathologist the costs of investigation and disposition of cases resulting from any adverse action taken against that audiologist or speech-language pathologist. E. The member state may take adverse action based on the factual findings of the remote state, provided that the member state follows the member states own procedures for taking the adverse action."</i></p> <p><i>It would also clarify the qualified immunity clause by removing shall be "immune from suit and liability" and add that they shall "have no greater liability than a state employee would have under the same or similar circumstances."</i></p> <p><i>AM 1 would also clean-up and clarify other minor language (p. 7; p. 11, line 30).-ADOPTED 3/9/21</i></p>
LB15	Blood	Monitor	Health and Human Services 01/28/2021	In Committee 01/11/2021	<p>Adopt the Occupational Therapy Practice Interstate Compact</p> <p><i>Allows for an occupational therapist or occupational therapy assistant to apply for compact privileges to practice in a remote state. A licensee providing OT in a remote state under the compact privilege shall function within the laws and regulations of the remote state. OTAs practicing in a remote state shall be supervised by an OT licensed or holding a compact privilege in that state.</i></p>
LB20	Blood	Monitor	Banking, Commerce and Insurance 03/01/2021	General File 03/11/2021	<p>Provide for insurance coverage of and medicaid access to prescribed contraceptives</p> <p><i>Proposed AM585 (Banking, Commerce and Insurance Committee): Reduces the requirement for a 12-month supply to a 6-month supply. Clarifies the bill only applies to policies that include coverage for self-administered hormonal contraceptives. Includes an exemption for insurance companies that can show the cost of coverage is likely to exceed 1% of annual premiums collected under such policy.</i></p> <p><i>LB20 amended into LB100.</i></p>



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LB21	Williams	Monitor	Banking, Commerce and Insurance 01/25/2021	Approved by Governor on March 17, 2021 03/17/2021	Change insurance provisions regarding administrative penalties, health maintenance organizations, and continuing education <i>Clarifies that if an HMO was originally given a certificate of authority to provide Medicare Part C and D benefits and later expands its operations, a new application for issuance of a certificate of authority is required. Clarifies language regarding the permanent school fund, expiration of a resident insurance producer's license, and amends language of "forfeiture" to "pay a fine".</i>
LB30	Wayne	Support	Banking, Commerce and Insurance 03/01/2021	In Committee 01/11/2021	Limit the amount an insured pays for prescription insulin drugs <i>Limits the total amount that a covered individual is required to pay for a covered prescription insulin drug to a maximum of \$100 per 30-day supply of insulin, regardless of the amount or type of insulin needed to fill the covered individual's prescription.</i>
LB52	Lathrop	Monitor	Judiciary 02/18/2021	In Committee 01/11/2021	Provide for immunity for injury or death resulting from COVID-19 exposure <i>COVID Liability placeholder bill. No person shall be liable in any civil action for any injury or death resulting from an alleged exposure to COVID-19 if such exposure occurred after the effective date of this act.</i>
LB53	Lathrop	Support	Judiciary 02/18/2021	In Committee 01/11/2021	Provide immunity for health care providers acting in conformance with the crisis standard of care during a COVID-19 state of emergency <i>Amends the Nebraska Hospital-Medical Liability Act to state (1) A health care provider shall be immune from civil liability resulting from care provided pursuant to the crisis standard of care when: (a) The care is provided during a COVID-19 state of emergency; (b) The care provided is in accordance with the crisis standard of care; and (c) The failure of the care to meet the ordinary standard of care was a direct result of insufficient medical resources caused by the COVID-19 state of emergency.</i>
LB67	Day	Monitor	Health and Human Services 02/18/2021	In Committee 01/11/2021	Change provisions relating to school-based health centers under the Medical Assistance Act <i>Changes the definition of a school-based health center, eliminating requirements in order to expand what may qualify.</i>
LB86	Bostelman	Monitor	Health and Human Services 02/10/2021	General File 03/02/2021	Require registration for the prescription drug monitoring system <i>Beginning Oct. 1, 2021, each credential holder under the Uniform Credentialing Act and each applicant for a credential shall register with DHHS for the prescription drug monitoring system if the credential holder is, or applicant will be, a dispenser or prescriber. The following credential holders and applicants for a credential are not required to register: a credential holder who is not a dispenser or prescriber; a veterinarian; a credential holder who is on active duty in the armed forces and who does not practice in Nebraska; a credential holder who is retired and who does not treat patients; a credential holder who is a researcher and who does not treat patients; a credential holder who is a faculty member at a college or university and who does not treat patients; and any other credential holder who does not treat patients.</i>



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					<i>Proposed AM212 (Health and Human Services Committee): Includes an emergency clause. Provides the credential holder will provide DHHS with credential number under the Uniform Credentialing Act, federal Drug Enforcement Administration number, and National Provider Identifier, and any other information required by DHHS. Provides the system of registration will include identification of credential by type and identification of clinical specialty.</i>
LB89	Morfeld	Monitor	Judiciary 01/28/2021	In Committee 01/11/2021	<p>Allow persons eighteen years of age to make health care decisions and persons under nineteen years of age in correctional facilities to consent to medical and mental health care</p> <p><i>Adds new exemptions to the law making 19 the age of majority in Nebraska to state: A person 18 or older may make health care decisions for himself or herself without the consent of his or her parent or guardian; and a person less than 19 years old who is committed to the Department of Correctional Services for secure care may consent to and make decisions regarding, such person's medical care, mental health services, and related services during the period of the person's commitment to the department without the consent of such person's parent or guardian. (LB1036 (2020))</i></p>
LB100	Walz	Support	Health and Human Services 01/28/2021	Final Reading 03/24/2021	<p>Provide for insurance coverage of and medicaid access to prescribed contraceptives and prohibit certain billing practices under the Medical Assistance Act</p> <p><i>Bars Nebraska Medicaid from implementing "multiple procedure payment reduction" for physical therapy, occupational therapy, or speech-language pathology.</i></p> <p><i>AM653 (Blood): Adds LB20 (Blood) as amended by the Banking, Commerce and Insurance committee, AM585. Requires health insurers and medicaid cover at least a 3-month supply of self-administered hormonal contraceptive for a first prescription and then up to a 6-month supply of contraceptives. Clarifies the provision only applies to policies that include coverage for self-administered hormonal contraceptives. Includes an exemption for insurance companies that can show the cost of coverage is likely to exceed 1% of annual premiums collected under such policy.- ADOPTED 3/22/21</i></p> <p><i>Proposed AM817 (Blood): Removes provisions of LB20, relating to medicaid and health insurance coverage for contraceptives. Retains the multiple procedure payment reduction bar.</i></p> <p><i>LB20 amended into LB100.</i></p>
LB101	Walz	Monitor	Health and Human Services 01/28/2021	Approved by Governor (E- Clause) 04/21/2021	<p>Change the date for addition of long-term care services and supports under the medicaid managed care program</p> <p><i>Extends the prohibition for DHHS to include long-term care services and supports in managed care, from 2021 to 2023.</i></p>
LB115	McCollister	Support	Revenue 02/24/2021	In Committee 01/11/2021	<p>Impose sales tax on candy and soft drinks and provide for distribution of proceeds</p> <p><i>Distributes the proceeds of the sales tax to the Health Care Cash Fund.</i></p>
LB120	Hunt	Monitor	Judiciary 02/26/2021	In Committee 01/11/2021	Prohibit discrimination based upon sexual orientation and gender identity



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LB129	McCollister	Monitor	Health and Human Services 02/18/2021	In Committee 01/11/2021	Change provisions relating to eligibility for services under the Medical Assistance Act <i>Allows Medicaid eligibility for children to continue without DHHS review of the child's resources or income for one year or until the child turns 19 or moves out of Nebraska.</i>
LB133	Erdman	Oppose	Revenue 02/03/2021	In Committee 01/11/2021	Adopt the Nebraska EPIC Consumption Tax Act and eliminate certain other taxes <i>Establishes the Nebraska EPIC Consumption Tax Act, where the acronym EPIC stands for the elimination of property, income, and corporate taxes. Repeals such taxes on Dec. 31, 2023. Beginning Jan. 1, 2024, imposes a flat tax on the use or consumption in Nebraska of taxable property or services (including health care) at the rate of 10.64%. No consumption tax shall be imposed on the purchase of fuel or for property or service purchased for a business purpose in a trade or business.</i>
LB139	Briese	Support	Judiciary 02/18/2021	In Committee 01/12/2021 Slama Priority Bill	Adopt the COVID-19 Liability Protection Act <i>Provides immunity from civil liability, generally, and specifically for health care providers and facilities, landlords and tenants, and those following public health guidance. Clear and convincing evidence is required. Exception for gross negligence or willful misconduct causing hospitalization or death. Liability protections begin on the effective date of this act and end on the earlier of Dec. 31, 2022, or one year after the end of the COVID-19 state of emergency. Cause of action must be brought within two years.</i>
LB160	Wayne	Oppose	Judiciary 02/18/2021	In Committee 01/14/2021	Change provisions of the Nebraska Hospital-Medical Liability Act <i>A health care provider or health care provider's employer, employee, partner, or LLC member shall file with the Director of Insurance proof of financial responsibility, \$5 million dollars (up from \$500,000) for each occurrence. In the case of physicians or certified registered nurse anesthetists and their employers, employees, partners, or LLC members, an aggregate liability amount of \$10 million dollars (up from \$1 million) for all occurrences or claims made in any policy year for each named insured shall be provided. In the case of hospitals and their employees, an aggregate liability amount of \$30 million dollars (up from \$3 million) for all occurrences or claims made in any policy year or risk-loss trust year shall be provided. The total amount recoverable under the Nebraska Hospital-Medical Liability Act from any and all health care providers and the Excess Liability Fund for any occurrence resulting in any injury or death of a patient may not exceed \$10 million (up from \$2.25 million) for any occurrence after Dec. 31, 2021.</i>
LB170	Hansen, M.	Monitor	Business and Labor	Withdrawn 01/22/2021	Change provisions relating to the date when compensation begins under the Nebraska Workers' Compensation Act <i>Reduces the waiting period for Workers' Compensation from seven to three days, with compensation beginning on the fourth day instead of the eighth day. Reduces the retroactive six week disability continuance period to two weeks. LB846 (2020)</i>
LB171	Hansen, M.	Monitor	Business and Labor 02/08/2021	In Committee 01/12/2021	Change provisions of the Employment Security Law relating to weekly benefit amounts and maximum annual amounts <i>Provides an individual's weekly benefit amount can be increased by 5% for each dependent of the individual with a maximum increase of 15%.</i>



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LB172	Hansen, M.	Monitor	Business and Labor 03/01/2021	In Committee 01/12/2021	Change provisions relating to benefit payments under the Employment Security Law <i>Increases the amount that eligible individuals are able to receive in wages in a given week of unemployment to ½, rather than ¼ of their weekly unemployment benefit amount.</i>
LB183	Hunt	Monitor	Health and Human Services 02/19/2021	In Committee 01/12/2021	Adopt the Sexual Assault Emergency Care Act and provide for discipline against a hospital's license <i>Provides that a hospital which provides emergency care for a sexual assault survivor shall provide the survivor with medically and factually accurate and objective written and oral information on emergency contraception and the ability to receive it, and also requires the hospital to dispense a complete course of emergency contraception, in accordance with best practices and established protocols for sexual assault forensic medical examinations, to the sexual assault survivor who accepts or requests it. Provides for a complaint process for non-compliance through the Department of Health and Human Services.</i> <i>Proposed AM163 (Hunt): Removes the provision that allowed DHHS to take disciplinary action against a license issued under the Health Care Facility Licensure Act for violations of the Act.</i> <i>Proposed AM491 (Hunt): Changes "emergency contraception" to "drug that prevents pregnancy after sexual intercourse" and clarifies this does not include drugs that disrupt an existing pregnancy.</i>
LB185	Brewer	Monitor	Appropriations 02/25/2021	General File 03/22/2021 State-Tribal Relations Priority Bill	Appropriate funds to the Department of Health and Human Services for public health aid <i>Appropriates \$700,000 from the 2021-22 General Fund and \$700,000 from the 2022-23 General Fund to the Department of Health and Human Services to fund the Fred LeRoy Health and Wellness Center (a tribally owned FQHC).</i> <i>Proposed AM706 (Appropriations Committee): Decreases the appropriation to \$531,000 to reflect the comparable amount provided to other FQHCs. References the federal law under which tribally owned FQHCs are designated instead of the Fred LeRoy Health and Wellness Center.</i>
LB207	McDonnell	Monitor	Business and Labor 03/01/2021	In Committee 01/12/2021	Change provisions relating to the date when compensation begins under the Nebraska Workers' Compensation Act <i>Adjusts the scheduled start date for when compensation is allowed for a disability under the Nebraska Worker's Compensation Act. Provides that no compensation may be allowed for the first 3 calendar days, instead of 7; that compensation begins on day 4 rather than 3 for an injury continuing beyond 3 days; and that compensation begins on the date of disability for injuries continuing beyond 2 weeks, rather than 6.</i>
LB211	Murman	Monitor	Health and Human Services 01/27/2021	General File 03/15/2021	Adopt the Reflexologist Registration Act <i>Beginning Oct. 1, 2021, requires registration of reflexologists under the Board of Massage Therapy.</i>



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					<i>Proposed AM562 (Health and Human Services Committee): Replaces the Board of Massage Therapy with the Department of Health and Human Services for supervision and oversight of the reflexologist registry. Lists items the applicant must provide upon initial registration, including business name and contact info, social security number, and criminal convictions. Includes provisions on denial or exclusion from the registry and appeal. Extends the date the registry begins to January 1, 2022. Requires registration to practice reflexology for remuneration on and after January 1, 2021. Requires DHHS have the registry operational by December 15, 2021.</i>
LB213	Briese	Monitor	Government, Military and Veterans Affairs 01/28/2021	In Committee 01/13/2021	Provide for an efficiency review of state agencies <i>Requires the Department of Administrative Services to contract for an efficiency review of 191 listed state agencies and provide the results of the review to the Legislative Council no later than Jan. 1, 2023. The efficiency review shall be conducted by an independent source to provide an outside study of such state agencies to make service delivery more cost effective and efficient, identify outdated delivery practices that can be eliminated, identify potential new sources of funding for services other than taxation, and make government more accountable to residents of the state.</i>
LB225	Hilkemann	Monitor	Appropriations 02/24/2021	In Committee 01/13/2021	Appropriate funds to the Department of Health and Human Services <i>Appropriates \$X to DHHS for rates paid to providers of developmental disability services as determined by the rate study conducted by the DHHS Division of Developmental Disabilities completed in 2018.</i>
LB226	Hilkemann	Oppose	Transportation and Telecommunications 02/01/2021	In Committee 01/13/2021	Change motor vehicle tax exemptions as prescribed under the Motor Vehicle Registration Act <i>Exempts the first \$28,000 of the value (rather than the full value) of a motor vehicle from the motor vehicle tax, for vehicles owned by and used exclusively for agricultural and horticultural societies or by tax-exempt educational, religious, charitable, or cemetery organizations. The exempt value is based on the value of the vehicle when new.</i>
LB243	Bostar	Support	Education 01/26/2021	General File 02/23/2021	Adopt the Access College Early Tech Promise Program Act <i>Would enable the Nebraska Community College Student Performance and Occupational Education Grant Committee to determine "in-demand jobs" and "eligible programs" to incent training and funding. Would allow schools to submit applications for programs to train for "in-demand" jobs; the Commission would approve/deny such applications, students would receive the cost of tuition plus up to \$1500 for educational expenses for the approved programs.</i>
LB247	Pansing Brooks	Support	Executive Board 02/24/2021	Final Reading 04/20/2021 Speaker Priority Bill	Create the Mental Health Crisis Hotline Task Force <i>Creates the Mental Health Crisis Hotline Task Force to develop a plan for NE to integrate and utilize the 988 mental health hotline established under federal law. Requires the task force to identify a method to integrate local hotline, to develop a plan for staffing a statewide mental health crisis hotline and coordinate with local mental health authorities, and to conduct a cost analysis to determine how fees on wireless device service could be designed to cover the costs of the hotline. Requires the task force to file a report with the Clerk of the Legislature and the Governor regarding its implementation plan and any recommendations by Dec. 17, 2021.</i>



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					<i>AM558 (Executive Board): Corrects a technical error, clarifies the task force shall conduct a cost analysis of the 988, not 911, mental health crisis hotline.-ADOPTED 3/30/21</i>
					<i>AM857 (Friesen): Adds a telecommunications provider to the task force.-WITHDRAWN 4/14/21</i>
					<i>AM740 (Pansing Brooks): Declares that the federal National Suicide Hotline Designation Act of 2020 allows states to impose fees on "telecommunications services, wireless device services, and Internet protocol-enabled services." Adds telecommunications industry representatives to the task force.-WITHDRAWN 4/14/21</i>
					<i>AM949 (Pansing Brooks): Declares that the federal National Suicide Hotline Designation Act of 2020 allows states to impose fees on "telecommunications services, wireless device services, and Internet protocol-enabled voice services." Replaces the DHHS CEO with the Director of Behavioral Health on the task force. Removes the Crime Commission from the task force and adds a telecommunications industry representatives to the task force.-ADOPTED 4/14/21</i>
LB249	Pansing Brooks	Monitor	Business and Labor 01/25/2021	In Committee 01/13/2021	Prohibit employers from inquiring about wage rate history under the Nebraska Fair Employment Practice Act <i>Prohibits an employer from inquiring about the wage rate history of an applicant, except to confirm any wage rate history voluntarily provided by the applicant as part of compensation negotiations. Prohibits an employer from requiring a job applicant to disclose the applicant's wage rate history or conditioning employment or consideration for an interview or employment on applicant disclosing wage rate history. Prohibits an employer from retaliating against a job applicant for not complying with any wage rate history inquiry. Prohibits an employer from relying on wage rate history of a job applicant from any current or former employer in determining the wages for such applicant at any stage in the employment process unless the applicant willingly disclosed his or her wage rate history to the employer.</i>
LB256	Hansen, M.	Monitor	Business and Labor 02/01/2021	General File 03/12/2021	Change provisions relating to lump-sum settlement approval and the filing of releases under the Nebraska Workers' Compensation Act <i>The requirement that lump sum settlement provisions be submitted to and approved by the Workers' Compensation Court does not apply when the employee's right to receive future medical, surgical, and hospital services as provided in section 48-120 is specifically excluded from the settlement and Medicare has not paid medical, surgical, or hospital expenses or if Medicare has paid medical, surgical, or hospital expenses for which it claims it is entitled to reimbursement and Medicare has been reimbursed for such expenses at the time the settlement is executed.</i>



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LB258	Vargas	Monitor	Business and Labor 02/08/2021	General File 03/17/2021 Hansen, M. Priority Bill	<p>Adopt the Healthy and Safe Families and Workplaces Act</p> <p><i>Provides employees, after 16 days of employment, shall accrue a minimum of 1 hour of paid sick and safe time for every 30 hours worked, which may carry over to subsequent years, but shall not exceed 40 hours in a calendar year, unless the employer selects a higher limit. An employer with a paid leave policy sufficient to meet the accrual requirements under the Act are not required to provide additional paid sick and safe time. The time may be used, after an oral request from the employee, for mental or physical illness, care of a family member with a mental or physical illness, absence necessary due to domestic abuse, domestic or sexual assault, or stalking regardless of whether a charge has been filed or conviction obtained.</i></p>
LB260	Hunt	Monitor	Business and Labor 01/25/2021	Select File 04/09/2021 Hunt Priority Bill	<p>Change provisions relating to good cause for voluntarily leaving employment under the Employment Security Law</p> <p><i>Adds leaving employment to care for a family member with a serious health condition, after an individual has made all reasonable efforts to preserve employment, to the list for good cause for voluntarily leaving employment.</i></p>
LB263	Briese	Oppose	Government, Military and Veterans Affairs 02/03/2021	In Committee 01/13/2021	<p>Require occupational boards to issue certain credentials based on credentials or work experience in another jurisdiction</p> <p><i>Provides an additional method of obtaining an occupational license or government certificate, requiring that the Occupational Board shall issue a license or certification to applicants if certain requirements are met where, the applicant has a license in another state or government certificate, the applicant has work experience in another state or government, the applicant holds a private certification and relevant work experience, all in an occupation of similar scope. In each of these circumstances, the Occupational Board may require the applicant to pass certain occupation specific exams.</i></p>
LB270	Morfeld	Support	Banking, Commerce and Insurance 03/02/2021	In Committee 01/14/2021	<p>Adopt the Pharmacy Benefit Manager Regulation Act and require an audit under the Medical Assistance Act</p> <p><i>A pharmacist or 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 a pharmacist or contracted pharmacy from discussing any such information or selling a more affordable alternative to a covered individual. An insurer that offers a health plan which covers prescription drugs shall not require a covered individual to make a payment for a prescription drug in an amount that exceeds the lesser of the covered individual's copayment, deductible, or coinsurance for such prescription drug or the cash price. A pharmacy benefit manager shall not exclude a pharmacy from participation in its specialty pharmacy network. Any insurer on its own or through its contracted pharmacy benefit manager or representative of a pharmacy benefit manager shall not conduct spread pricing in Nebraska on any drug paid with state or federal funds. Provides a list of qualifications that must be met before a particular drug is placed or continues to be placed on a maximum allowable cost list. The Auditor of Public Accounts shall, prior to Jan. 1, 2022, conduct an audit of the pharmacy benefit of the Medicaid program from 2018-2020. Includes a provision to prevent discrimination to hospitals participating in the 340B drug pricing program.</i></p>



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LB276	Hunt	Monitor	Judiciary 03/12/2021	In Committee 01/14/2021	Eliminate requirement that physician be physically present in same room when an abortion is performed <i>Eliminates requirement that an abortion cannot be performed, induced, or attempted unless the physician who uses or prescribes any instrument, device, medicine, drug, or other substance to perform an abortion is physically present in the same room with the patient when the physician performs, induces, or attempts the abortion.</i>
LB290	Cavanaugh, M.	Monitor	Business and Labor 02/08/2021	General File 04/13/2021	Adopt the Paid Family and Medical Leave Insurance Act <i>Would allow for paid family medical leave benefits to care for a new child, a family member, or a covered servicemember, for a qualifying exigency leave, or for pregnancy. 12 weeks of leave allowed at 90% if average weekly wage is at or below 50% of the state average weekly wage, or at 50% if the average weekly wage is above 50% of the state average weekly wage, and benefits shall not exceed 66% of the state average weekly wage. Requires covered employers to remit contributions to the Commissioner of Labor. Intermittent leave is allowed under certain conditions and if the employer approves. At the end of the leave employees must be restored to the position held when leave commenced, with equivalent employment benefits, pay, and terms. Protects employees right to request or use such leave. Allows disqualification from leave for false statements to obtain benefits and allows the commission to bring a civil action, offset against future benefits, or place a levy on salary, wages, or payments, for erroneously paid benefits. Requires a report to the Legislature on family and medical leave benefits. Clarifies that such benefits are not considered compensation for certain public employees.</i>
LB296	Hansen, B.	Monitor	Health and Human Services 01/27/2021	General File 03/15/2021	Change provisions regarding access to patient records for Department of Health and Human Services institutions <i>Provides that records of DHHS institutions shall be accessible by order of a mental health board. Provides that records will be available to treatment providers for coordination of care related to transfer or discharge.</i>
LB301	Hansen, B.	Monitor	Judiciary 02/19/2021	General File 03/12/2021	Change drug schedules and penalties and adopt federal drug provisions under the Uniform Controlled Substances Act <i>Changes provisions related to cannabidiol. Updates federal references. Includes various forms of opioids, fentanyl, MDA, barbituates, and other chemical compositions in the various Schedules under the Controlled Substances Act. Strikes Cannabidiol from Schedule V.</i> <i>Proposed AM498 (Hansen, B.): Removes section 3 which included "any mixture or substance containing a detectable amount of amphetamine" in amphetamine penalty classifications.</i> <i>Proposed AM632 (Judiciary Committee): Strikes section 3 of the bill which would have allowed a person to be prosecuted for possession with intent to deliver for any detectable amount of amphetamine or methamphetamine.</i>
LB314	Pahls	Support	Banking, Commerce and Insurance 02/01/2021	In Committee 01/15/2021	Change provisions related to insurance coverage of telehealth <i>Requires payment parity for all telehealth services.</i> <i>NHA Legislation</i>



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LB328	Arch	Monitor	Health and Human Services 02/19/2021	In Committee 01/15/2021	Change licensure application provisions under the Health Care Facility Licensure Act <i>Requires an application for a license to operate a health care facility or health care service be signed by a single member if the applicant is a corporation instead of the previously required two members.</i>
LB337	Kolterman	Support	Banking, Commerce and Insurance 02/01/2021	Approved by Governor on March 31, 2021 03/31/2021	Adopt the Step-Therapy Reform Act <i>-Requires a health plan to consider available recognized evidence-based and peer-reviewed clinical practice guidelines when establishing a step-therapy protocol and provide any clinical review criteria applicable to a specific covered prescription drug upon written request. When coverage of a prescription drug is restricted through a step-therapy protocol, the prescribing health care provider and the covered person shall have access to a clear, readily accessible (online), and convenient process to request a step-therapy override exception.</i> <i>-A step-therapy override exception shall be approved by a plan when the drug required under the step-therapy protocol: 1) is contraindicated or likely to cause an adverse reaction or physical or mental harm to the patient; 2) is expected to be ineffective based on the patient's clinical characteristics; 3) was previously tried and discontinued due to lack of effectiveness; 4) or if the patient currently stable on a medication prescribed by their health care provider.</i> <i>-Requires a response by the plan within 5 days for non-urgent and 72 hours for urgent care requests. If a plan fails to respond to the request within the applicable time, the exception shall be deemed granted. If a request is denied, the plan shall provide the reason for the denial and information regarding the procedure to request external review.</i> <i>AM112 (Banking, Commerce and Insurance): Provides that a pharmaceutical sample may not be used to meet this override exception of when the covered person is currently receiving a positive therapeutic outcome on a prescription drug selected by the covered person's health care provider for the medical condition under consideration while under the covered person's current or previous health benefit plan. Defines pharmaceutical sample as a unit of a prescription drug that is not intended to be sold and is intended to promote the sale of the drug.-ADOPTED 3/2/21</i> <i>NPF Legislation</i>
LB340	Stinner	Monitor	Appropriations 02/25/2021	In Committee 01/15/2021	Create the medicaid nursing facilities program <i>Provides for a separate budgetary program within DHHS for the medicaid nursing facility services program, in which funds allocated to the program are to be used exclusively to reimburse or pay providers of nursing facility services to beneficiaries of the medical assistance program.</i>
LB374	DeBoer	Support	Health and Human Services 01/27/2021	In Committee 01/15/2021	Adopt the Alzheimer's Disease and Other Dementia Support Act <i>Creates a council to examine the needs of individual's living with Alzheimer's and related diseases, the services available, and the ability of health care providers and facilities to meet current and future needs, and to make recommendations to the Legislature and the Governor.</i>



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LB375	Kolterman	Support	Banking, Commerce and Insurance 03/02/2021	In Committee 01/15/2021 Banking, Commerce and Insurance Priority Bill	<p>Adopt the Pharmacy Benefit Manager Regulation and Transparency Act</p> <p><i>Requires that all pharmacy benefit managers (PBMs) doing business in Nebraska obtain certification as a Third Party Administrator under the Third Party Administrator Act, with oversight by the Nebraska Department of Insurance. Violation of these Acts shall be considered unfair trade practices pursuant to the Unfair Insurance Trade Practices Act. Allows the Director to examine the financial condition of the PBM pursuant to the Insurers Examination Act. Requires PBMs to exercise good faith and fair dealing. Prohibits a PBM from overcharging for copayments, excluding specialty pharmacies, disallowing mailed prescriptions, mandating accreditation, require record keeping more stringent than state or federal law requires. Allows a pharmacist to seek corrective action from the Department for mistakes or misleading statements of the PBM, allows a pharmacist to discuss more affordable drug options with the patient. Bars insurers from charging more for a drug than the cash price. Sets parameters for audits of contracted pharmacies. Places limits on maximum allowable cost lists.</i></p>
LB380	Hilgers	Monitor	Appropriations 02/05/2021	Passed with E- Clause 04/20/2021	<p>Appropriate funds for the expenses of Nebraska State Government for the biennium ending June 30, 2023</p> <p><i>Governor's mainline budget request that provides for a two-year average growth in state appropriations of 1.5%. More details available at https://budget.nebraska.gov/executive-budget-2021-2023.html</i></p> <p><i>AM393 (Appropriations Committee): The Appropriations Committee's recommendation includes a \$100 million transfer from the General Fund to replenish the Cash Reserve Fund to a balance of \$763 million.</i></p> <p><i>Includes a 2% per year increase in DHHS and child welfare provider rates for a total of \$83.5 million over the biennium.</i></p> <p><i>Sets aside, but does not appropriate, \$115 million each year for 2 years, from the General Fund to the Nebraska Capital Construction Fund pending plans to reduce prison overcrowding.</i></p> <p><i>Includes provisions of LB384, transferring \$11 million from the General Fund to the Water Sustainability Fund and \$3.3 million to the Water Resources Cash Fund.</i></p> <p><i>Includes \$10 million to the Department of Economic Development for Business Innovation Act grants (\$5 each year) and \$10 million for the workforce training and infrastructure development revolving loan program in the imagine Nebraska Act.</i></p> <p><i>Leaves \$211 million for pending legislation.</i></p> <p><i>More details available at https://nebraskalegislature.gov/pdf/reports/fiscal/2021proposal.pdf</i></p> <p><i>Includes appropriations from:</i></p> <ul style="list-style-type: none"> •LB27 (Wayne) Provide for appropriations to the Nebraska State Historical Society •LB141 (Stinner) Appropriate funds to the University of Nebraska at Kearney •LB192 (Wishart) State intent regarding appropriations for law enforcement training and certification •LB208 (McDonnell) State intent related to funding for development districts



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					<ul style="list-style-type: none"> •LB264 (Stinner) State intent to appropriate funds for cultural districts created by the Nebraska Arts Council •LB342 (Stinner) Appropriate funds to the State Department of Education •LB391 (Bostar) Transfer funds to the Customized Job Training Cash Fund •LB421 (Stinner) State intent regarding appropriations for qualified educational debt under the Rural Health Systems and Professional Incentive Act •LB426 (Health and Human Services Committee) Require the Department of Health and Human Services to conduct a cost analysis for capital improvement and structural changes at the Youth Rehabilitation and Treatment Center-Kearney and submit a report •LB449 (Wishart) Appropriate funds to the Department of Environment and Energy •LB469 (Erdman) State intent regarding appropriations for the Game and Parks Commission •LB493 (Cavanaugh, M.) Appropriate funds to the Department of Health and Human Services •LB526 (Wishart) Change limitations on awards and state intent regarding appropriations under the Business Innovation Act •LB585 (Vargas) Appropriate funds for local public health departments •LB646 (Flood) Change the maximum amount of certain Nebraska Career Scholarships •LB662 (McDonnell) State intent regarding appropriations to the Department of Health and Human Services •LB671 (Murman) State intent regarding appropriations to the University of Nebraska.-ADOPTED 4/8/21
					AM896 (Cavanaugh, M.): Adjusts for an increase of federal aid in Medicaid by \$13,648,594 in FY21-22 and \$13,834,309 in FY22-23 and increases the General Fund appropriation to developmental disability aid by \$54,364,631 in FY21-22 and \$54,364,631 in FY22-23.-WITHDRAWN 4/8/21
					AM890 (Flood): Reduces Department of Corrections Operations budget for FY22-23 by \$744,776 and provides legislative intent that the Department of Correctional Services contract for services related to electronic health records.-WITHDRAWN 4/8/21
					AM891 (Flood): Increases appropriations for the Nebraska Arts Council by \$900,000.-ADOPTED 4/8/21
					AM938 (Wayne): Strikes the \$115 million set aside for the Capital Construction Fund.-WITHDRAWN 4/13/21
					AM957 (Wayne): Would have reduced the appropriation to the property tax credit fund from \$300 million to \$275 million.-WITHDRAWN 4/13/21
					AM940 (Wayne): Would have eliminated the appropriation to the Nebraska Arts Council approved in AM891.-WITHDRAWN 4/13/21



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					<p>AM946 (Stinner): Makes adjustments to appropriations, corrects federal fund estimates for enforcement at the Department of Insurance and for Medicaid. Decreases the appropriation from the Health Care Cash Fund for implementation of a minority health initiative in Omaha. Makes the youth rehabilitation and treatment center study due December 1 instead of December 15. Includes a salary limitation of \$13,500 for stem cell research. Increases the appropriation to the Water Sustainability Fund by \$475,000. Reappropriates the unexpended funds for the Nebraska Career Scholarship Program (LB1008 (2021)). Reappropriates the unexpended cash fund balance of the Foster Care Review Office. Appropriates \$10,000 to the Nebraska Hemp Commission. Appropriates an additional \$520,000 to the Commission on Public Advocacy.-ADOPTED 4/13/21</p> <p>AM961 (Groene): Eliminates LB585 (Vargas) increase for public health departments.-LOST 4/13/21</p> <p>AM963 (Wishart): Increases the appropriation to the Department of Correctional Services for operations. Includes an appropriation of \$200,000 for a study by the University of inmate classification.-ADOPTED 4/13/21</p> <p>AM967 (McKinney): Requires at least 20% of the Business Innovation Act aid go to the small business investment program from 81-12,162.-ADOPTED 4/13/21</p> <p>AM968 (Arch): Provides legislative intent that the funds appropriated for child welfare aid be used for a 2% increase in child welfare provider rates, excluding the eastern service area, and that a 2% increase in child welfare provider rates within the eastern service area be funded by the existing child welfare case management contract for that area.-ADOPTED 4/13/21</p> <p>AM952 (Cavanaugh, M.): Would have increased the general fund appropriation to fund the developmental disability waiting list by \$13,839,988 in FY21-22. Increased federal fund estimates in the administration of DHHS. Would increase the general fund appropriation to medicaid by \$1,004,702.-LOST 4/13/21</p> <p>LB141, LB391, LB493, LB585 amended into LB380.</p>
LB388	Friesen	Support	Transportation and Telecommunications 02/08/2021	General File 03/11/2021 Hilgers Priority Bill	<p>Adopt the Nebraska Broadband Bridge Act</p> <p>Creates the Broadband Bridge Program to develop broadband networks in unserved and underserved areas, administered by the Public Service Commission, to distribute \$20 million annually beginning FY21-22. Allows providers, a cooperative (undefined), or a political subdivision (undefined) to apply to the commission for a grant to provide broadband Internet service scalable to 100x100mbps, or greater. A provider is defined as a broadband Internet service provider, including any telecommunications company, cable television company, or wireless network provider that provides broadband Internet service. Unserved areas are defined as those that lack speeds of at least 25x3mbps. Underserved area lacks speeds of at least 100x20mbps.</p>



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					<p><i>In 2021, grant applications are due Oct. 1; each year after applications are due on or before July 1. Political subdivisions may only apply as part of a public-private partnership with a provider. Requires 50% matching funds for the project. Applicant agrees to complete the project within 18 months after the grant is awarded, with a 6-month extension possible for good cause shown. Requires 10% repayment of the grant for each month of completion delay, up to 100% repayment of the grant if the project is not complete after 24 months. Requires recipients to conduct speed tests, determined by the PSC. If speed tests show service does not meet the 100mbps standard, the grant shall be repaid. Creates priority levels for grants: 1st priority, unserved area that has not received public assistance for broadband network development; 2nd priority, unserved area that has received federal support that won't be complete within 24 months and the commission determines a grant will accelerate network deployment; and 3rd priority is a project in an underserved area with a broadband and digital inclusion plan. Provides procedures for application and challenges to applications.</i></p> <p><i>Proposed AM530 (Transportation and Telecommunications Committee):</i> <i>Keeps in tact the \$20M per year broadband grant program administered by the Public Service Commission, with changes, including provisions of LB604 (Geist) and LB456 (Friesen). Includes definitions for "digital inclusion" and "eligible telecommunications carrier." Includes Indian tribes to the list of eligible grant applicants. Adds language to allow for additional speed tests for applicants that fail the first set of speed tests. Maintains 3 priorities for applications. Directs the PSC to establish a weighted scoring system to evaluate and rank applications for grants. PSC may consider additional factors but must include: (a) The financial, technical, and legal capability of the applicant to deploy and operate broadband; (b) ETC status; (c) comparable rates; (d) available minimum speeds (at least 100x100); (e) scalability to higher speeds in the future; and (f) 50% match. Allows an applicant to rebut challenges. Includes language requiring the PSC to approve grant funding for all qualified applicants within the available appropriation. Requires an applicant to provide broadband until released from this commitment by the PSC. The PSC shall not add to the obligations of a recipient after the award is made. Any single project award is capped at \$5 million. Creates a new fund through which to administer the program. Includes the emergency clause.</i></p> <p><i>Proposed AM110 (Transportation and Telecommunications Committee): Allows the Public Service Commission to redirect funding that has been withheld from an ETC to a rural-based plan. Defines "rural-based plan" as a proposal for redirecting funding made by a rural residential and business user of telecommunications and broadband services in high-cost areas. Requires a rural-based plan to include an ETC. Creates scoring criteria for the PSC to consider, including: (i) The history of the ETC in providing quality and affordable telecommunications and broadband services in rural areas; (ii) The capability of the ETC to use the proposed technology to provide broadband services to every location in the exchange area on a reasonably comparable basis; (iii) The support of local businesses, hospitals, schools, colleges, agricultural producers, and residents; (iv) Other sources of funding; (v) Partnerships and other cooperative arrangements with local public power providers; (vi) Partnerships and other cooperative arrangements with local wireless Internet service providers; and (vii) Cooperation by the incumbent LEC from which funding has been withheld. Requires the PSC to issue an order setting out a timeline for deployment with periodic milestones. Requires the ETC to file reports with the PSC to show they are meeting such timeline.</i></p> <p><i>Proposed AM850 (Wayne): Public entry amendment. Would allow a municipality to provide broadband services on a retail or wholesale basis before the end of 2031.</i></p>



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LB390	Murman	Support	Health and Human Services 02/11/2021	Approved by Governor 04/21/2021 Murman Priority Bill	<p>Provide for credentials based on reciprocity and change requirements for credentials under the Uniform Credentialing Act</p> <p><i>Provides a person who qualifies for the issuance of a credential and who has a credential that is current and valid in another state, U.S. territory, or D.C. may apply to the Division of Public Health of DHHS for the equivalent credential under the Uniform Credentialing Act. Provides documentation requirements for such applicants, including educational requirements and passage of an examination if required. Provides an applicant will not be eligible for a credential if the applicant has a credential revoked due to an investigation for unprofessional conduct, a complaint before any jurisdiction that relates to unprofessional conduct, or a disqualifying criminal history. Provides a person holding such a credential will be subject to the Uniform Credentialing Act. The reciprocity provisions do not apply to the Practice Acts of Athletic Training; Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art; Environmental Health Specialists; Funeral Directing and Embalming; Genetic Counseling; Massage Therapy; Veterinary Medicine and Surgery; or Water Well Standards and Contractors.</i></p> <p><i>AM447 (Health and Human Services Committee): Clarifies that the department, with recommendation of the board, determines the credential. Strengthens provisions requiring documentation of revoked credentials or credentials subject to disciplinary action in another state. Requires applicants to establish residency within 180 days after the issuance of the credential or the credential may be revoked. Makes applicants ineligible if they have had a credential revoked or subject to disciplinary action or investigation.</i></p> <p><i>Lists the credentials that may be issued based on reciprocity, including: Advanced Practice Registered Nurse, Certified Nurse Midwifery, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist, Dentistry, Dialysis Patient Care Technician, Emergency Medical Services, Medical Nutrition Therapy, Medical Radiography, Nurse Practitioner, Optometry, Perfusion, Pharmacy, Podiatry, Psychology, Surgical First Assistant, Physician Assistants, and Acupuncturists.-ADOPTED 3/23/21</i></p> <p><i>AM753 (Hilkemann): Excludes podiatrists from the act.-ADOPTED 4/6/21</i></p>



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Document	Senator	Position	Committee	Status	Description
LB392	Stinner	Monitor	Health and Human Services 02/24/2021	In Committee 01/20/2021	<p>Adopt the Prescribing Psychologist Practice Act</p> <p><i>Provides DHHS will establish criteria for practice guidelines to be included in collaborative practice agreements (agreements between a prescribing psychologist and a licensed physician) and protocols for prescribing medication for special populations. Provides that a licensed psychologist will not have prescriptive authority in NE unless the psychologist has been issued a prescription certificate or provisional prescription certificate and establishes requirements for a licensed psychologist to apply to the DHHS for a provision prescription certificate. Requires the Board of Psychology to develop, in consultation with the advisory committee, a procedure to address any deficiencies in the training of an applicant before the issuance of a provisional prescription certificate. Provides a licensed psychologist holding a provisional prescription certificate will have prescriptive authority subject to supervision. Establishes an expiration period of 2 years after the date of issuance or renewal for prescription certificates. Requires each prescribing psychologist to complete at least 40 hours of professional activities directed at maintaining continuing competency every 24-month period. Requires a prescribing psychologist to maintain ongoing communication with a patient's primary health care practitioner when prescribing psychotropic medication. Provides that a prescribing psychologist may order and interpret laboratory studies and other diagnostic procedures as necessary for some diagnoses. Limits a prescribing psychologist to prescriptions authorized regulations adopted by DHHS. Requires the Board of Psychology to include at least 1 prescribing psychologist beginning no later than 3 years after the effective date of the act.</i></p>
LB398	Bostelman	Monitor	Transportation and Telecommunications 02/09/2021	In Committee 01/20/2021	<p>Change provisions relating to broadband speeds and services</p> <p><i>Amends the Nebraska Telecommunications Regulation Act to redefine "advanced telecommunications capability service" to have a minimum speed of 100x100mbps. For purposes of dark fiber leasing, increases the speeds to 100x100mbps when determining if a location is served or unserved. Redefines "broadband services" as a minimum speed of 100x100mbps for purposes of the Rural Broadband Task Force's review. Amends the Nebraska Telecommunications Universal Service Fund Act to allow the Public Service Commission to regulate the "affordability" of eligible telecommunications carrier's telecommunications services, "broadband services" (undefined term), or offerings made by ETCs.</i></p> <p><i>Proposed AM339 (Bostelman): AM339 provides that until Jan. 1, 2023, the changes made by this legislative bill shall not be construed to affect, abrogate, or alter any commitments by the Public Service Commission made prior to the effective date of the act to provide ongoing high-cost support from the Nebraska Telecommunications Universal Service Fund to telecommunications companies. Changes speeds from 100x100 to 100x20.</i></p>
LB400	Arch	Support	Health and Human Services 02/05/2021	Approved by Governor 04/21/2021 Arch Priority Bill	<p>Change requirements related to coverage of telehealth by insurers and medicaid</p> <p><i>Provides that the definition of telehealth also includes audio-only services for behavioral health. Provides the patient shall sign a statement either on paper or electronically prior to or during the initial telehealth consultation, or give verbal consent to the services, in which a signed statement shall be collected within 10 days after consultation. An insurer cannot exclude a service from coverage solely because the service is delivered through telehealth, including services originating from any location where the patient is located.</i></p>



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					<p><i>AM200 (Health and Human Services Committee): Provides that telehealth also includes audio-only services for the delivery of "individual behavioral health services for an established patient, when appropriate, or crisis management and intervention for an established patient as allowed by federal law," rather than the original language that said the delivery of "behavioral health services."-ADOPTED 3/9/21</i></p>
LB411	Lathrop	Support	Health and Human Services 02/10/2021	Select File 03/31/2021 Speaker Priority Bill	<p>Require sharing of information with the designated health information exchange</p> <p><i>Provides that, on or before Sept. 30, 2021, health care facilities and health care payors shall participate in the designated health information exchange by sharing clinical information, which are to be determined by policies adopted by the Health Information Technology Board.</i></p> <p><i>AM584 (Health and Human Services Committee): Provides that on or before Sept. 30, 2021, certain health care facilities and health care payors shall participate in the designated health information exchange by sharing clinical information, that is clinical data captured in existing electronic health records, and such data shall be protected by HIPAA and state and federal law.</i></p> <p><i>Health care facilities required to participate include ambulatory surgical centers, group home for the developmentally disabled, critical access hospitals, general acute hospitals, health clinics, hospitals, intermediate care facilities, intermediate care facilities for persons with developmental disabilities, long-term care hospitals, mental health substance use treatment centers, PACE centers, pharmacies, psychiatric or mental hospitals, public health clinics, and rehabilitation hospitals. Not required to participate are assisted-living facilities, nursing facilities, or skilled nursing facilities.</i></p> <p><i>Clarifies that health care facilities participate free of cost, and the board shall not require a facility to purchase or contract for an electronic records management system or service.</i></p> <p><i>Allows health care facilities to apply to the HIT board for a waiver from participation due to a technological burden.-ADOPTED 3/30/21</i></p> <p><i>Proposed AM1043 (Lathrop): Changes federal references related to privacy and instead references state statute on privacy. Removes reference to centers or group homes for the developmentally disabled and intermediate care facilities for persons with developmental disabilities. Requires NEHII and DHHS to enter into an agreement to give Medicaid data to NEHII, with an opt out to individuals. Limits the HIT board's authority to use such data or PDMP data before September 1, 2021.</i></p>
LB413	Wishart	Support	Health and Human Services 02/05/2021	In Committee 01/20/2021	<p>Require coverage of medications for substance use disorder treatment and addiction medicine services under the Medical Assistance Act</p> <p><i>Requires Medicaid coverage for medications for substance abuse disorder treatment. Substance use disorder treatment shall not be subject to certain limitations, including step-therapy or other similar drug-utilization strategies or policies, when the strategy or policy delays or conflicts or interferes with a prescribed or recommended course of treatment by a licensed physician or other health care provider.</i></p>



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LB416	Cavanaugh, M.	Monitor	Health and Human Services 01/28/2021	In Committee 01/20/2021	<p>Require implicit bias training under the Uniform Credentialing Act and provide for duties and funding relating to postpartum care and maternal health</p> <p><i>-Requires implicit bias training as a prerequisite to the issuance of a credential under the Uniform Credentialing Act, in addition to subsequent annual training. Individuals subject to training include those engaged in the practice of medicine and surgery, advanced practice nursing, alcohol and drug counseling, athletic training, audiology, speech-language pathology, chiropractic, dentistry, dental hygiene, emergency medical services, genetic counseling, hearing instrument dispensing and fitting, massage therapy, medical nutrition therapy, medical radiography, mental health practice, nurse midwifery, nursing, occupational therapy, optometry, osteopathy, perfusion, pharmacy, physical therapy, podiatry, psychology, respiratory care, or surgical assisting.</i></p> <p><i>-Directs DHHS, under the Nebraska Perinatal Quality Improvement Program, to develop and provide instruction to certain health professionals regarding health screenings for maternal hypertension, gestational diabetes, and obesity, including information specific to the health of Black women and others of color.</i></p> <p><i>-Provides that doula services are eligible for Medicaid reimbursement at rates determined by DHHS.</i></p> <p><i>-Requires DHHS to apply to CMS for a waiver by Oct. 1, 2021, for a demonstration project waiver, allowing Nebraska to provide 12 months of postpartum care for women, including lactation support services. Adds Medicaid eligibility for postpartum women for a period of 12 months with a family income equal to or less than 185% of the poverty guideline.</i></p> <p><i>-Establishes the Maternal Health Care Cash Fund within DHHS in order to fund programs that promote healthy pregnancy, delivery, and postpartum care and to identify and reduce health care disparities in maternal and postpartum health outcomes. Appropriates \$23 million for fiscal year 2021-2022, or until the waiver application to CMS is approved.</i></p> <p><i>-Requires the Women's Health Initiative to create a grant program to fund local organizations that work to improve maternal health outcomes and to reduce or eliminate health disparities.</i></p>
LB418	Murman	Monitor	Health and Human Services 02/10/2021	In Committee 01/20/2021	<p>Adopt the Solemn Covenant of the States to Award Prizes for Curing Diseases compact</p> <p><i>Provides for the entry into a multistate compact to incentivize the development of cures for diseases through substantial financial awards.</i></p>
LB421	Stinner	Support	Appropriations 02/25/2021	In Committee 01/20/2021	<p>State intent regarding appropriations for qualified educational debt under the Rural Health Systems and Professional Incentive Act</p> <p><i>Appropriates \$3 million in FY21-22 and \$3 million in FY22-23 to be used for the repayment of qualified educational debts owed by eligible health professionals as determined pursuant to the Rural Health Systems and Professional Incentive Act: a pharmacist, dentist, physical therapist, occupational therapist, mental health practitioner, psychologist, nurse practitioner, PA, or physician in an approved specialty; licensed to practice in Nebraska; not enrolled in a residency program; not practicing under a provisional or temporary license; and practicing in a designated health profession shortage area in Nebraska. Designates \$750,000 of those funds be used for repayment of such debts owed by eligible health professions employed by one of seven community health centers.</i></p>



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LB422	Briese		Revenue 02/03/2021	In Committee 01/20/2021	Change the sales tax rate and impose sales tax on additional services <i>Makes sales tax applicable to all services (services shall be presumed taxable unless a specific sales tax exemption applies). Service includes all activities that are engaged in for other persons for a consideration and that involve predominantly the performance of a service as distinguished from selling or leasing tangible personal property. The term does not include services rendered by an employee to his or her employer. Provides that beginning Oct. 1, 2022, the sales tax rate be lowered from 5.5% to 5% and that it then be adjusted to provide approximately the same amount of sales tax revenue as would have been generated had the changes to the sales tax rate made by this bill not gone into effect.</i>
LB425		Support	Health and Human Services 02/03/2021	In Committee 01/20/2021	Require the Department of Health and Human Services to complete a needs assessment and cost analysis for an inpatient adolescent psychiatric unit <i>Requires DHHS to contract within 60 days of the effective date of the act for the completion of a needs assessment and cost analysis for the establishment of an inpatient adolescent psychiatric unit housed within Lincoln Regional Center. Requires DHHS to submit a report to the Health and Human Services Committee of the Legislature and the Clerk of the Legislature on or before Dec. 15, 2021.</i> <i>LB425 amended into LB428.</i>
LB428		Support bill amended into this bill	Health and Human Services 02/03/2021	Select File 04/20/2021 Health and Human Services Priority Bill	State that juveniles at youth rehabilitation and treatment centers are to receive an appropriate education equivalent to educational opportunities offered in public schools <i>Provides that YRTC's will provide, and be accredited to provide, an education program that can award relevant and necessary credits toward high school graduation that will be accepted by any public school district in NE. Provides juveniles committed to YRTC's are entitled to receive an appropriate education equivalent to educational opportunities offered within the regular settings of public school districts across NE.</i> <i>AM566 (Health and Human Services Committee): Includes the original bill and adds provisions of:</i> <ul style="list-style-type: none"> •<i>LB425 (Health and Human Services Committee) – Requires DHHS to contract within 60 days of the effective date of the act for the completion of a needs assessment and cost analysis for the establishment of an inpatient adolescent psychiatric unit housed within Lincoln Regional Center. Requires DHHS to submit a report to the Health and Human Services Committee of the Legislature and the Clerk of the Legislature on or before Dec. 15, 2021.</i> •<i>LB427 (Health and Human Services Committee) States the intent of the Legislature that no institution under the supervision of DHHS at which DHHS provides inpatient or subacute substance abuse or behavioral health residential treatment for juveniles under the jurisdiction of a juvenile court will delay such treatment to a juvenile when such treatment has been determined necessary or has been ordered by a juvenile court.</i> •<i>LB429 (Health and Human Services Committee) - Requires DHHS to notify the Legislature prior to implementing any substantial changes to the facilities and programs under the jurisdiction of the Office of Juvenile Services. Defines substantial changes and excludes emergency situations.</i> •<i>LB570 (Health and Human Services Committee) – Reauthorizes the legislative evaluation of the eastern service area pilot project, including the hiring of a consultant, to be completed by the end of this year.-ADOPTED 4/15/21</i>



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					<i>AM810 (Arch): Changes the due date of the report due to the Legislature from December 15 to December 1.-ADOPTED 4/15/21</i>
					<i>AM943 (Arch): Removes provisions of LB429, requiring DHHS to notify the Legislature 120 days prior to making changes to facilities or programs under OJS.-WITHDRAWN 4/15/21</i>
					<i>LB429, LB570, LB425, and LB427 amended into LB428.</i>
LB436	Hansen, B.	Monitor	Health and Human Services 02/11/2021	General File 03/01/2021	<p>Change provisions of the Athletic Training Practice Act</p> <p><i>Athletic Training Scope of Practice Update. Provides that the practice of athletic training includes prevention and wellness promotion, examination and assessment, immediate and emergency care, therapeutic intervention or rehabilitation, and health care administration. Provides the Board of Athletic Training will adopt rules and regulations regarding the administration of emergency drugs and dry needling. Provides the scope of practice of athletic trainers does not include the use of joint manipulation, grade V mobilization/manipulation, thrust joint manipulation, high velocity/low amplitude thrust, nor any other procedure intended to result in joint cavitation. Provides that when athletic training is provided in a hospital outpatient department or clinic, an athletic trainer will perform functions with a referral from a licensed physician, osteopathic physician, podiatrist, advanced practice registered nurse, nurse practitioner, physician assistant, dentist, or chiropractor. Provides that athletic trainers will maintain documentation consistent with guidelines established with a licensed physician and specific to the setting in which the trainer is practicing. Provides that applicants for licensure as an athletic trainer who graduated after Jan. 1, 2004, must provide proof of graduation after successful completion of the curriculum requirements of an accredited athletic training education program at an accredited college or university approved by the Board of Athletic Training.</i></p>
LB437	Hansen, B.		Health and Human Services 01/28/2021	General File 03/15/2021	<p>Change provisions relating to public assistance and medicaid fraud</p> <p><i>Provides the state Medicaid fraud control unit may review and act on complaints of abuse and neglect of any patients or residents at health care facilities and of patients who receive medical assistance under the medical assistance program in a noninstitutional or any other setting. Provides that if the aggregate value of all funds or other benefits or attempted to be obtained illegally is \$500 or less, the person will be guilty of a Class II misdemeanor. Provides that if such aggregate value is more than \$500 but less than \$1,500, the person will be guilty of a Class I misdemeanor. Provides that if the aggregate value of all funds and other benefits obtained or attempted to be obtained illegally is \$5,000 or more, the person will be guilty of a Class IIA felony.</i></p> <p><i>Proposed AM538 (Hansen, B.):Creates separate offenses and punishments for recipients and for vendors or providers of public assistance or social services.</i></p>



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					<p><i>For vendors or providers of medical assistance or social services, who make willfully false statements or obtain assistance benefits by fraud, or violates any statute relating to assistance to the aged, blind or disabled, ADC, social services, or medical assistance such offense shall be punished by a Class II misdemeanor if the aggregate value of all funds or benefits is \$500 or less. If such aggregate value is more than \$500 but less than \$1,500, the vendor or provider will be guilty of a Class I misdemeanor. If the aggregate value of all fund is \$1,500 - \$5,000 the vendor or provider will be guilty of a Class IV felony. If the aggregate value of all fund is \$5,000 or more the vendor or provider will be guilty of a Class IIA felony.</i></p> <p><i>For recipients of medical assistance or social services who make willfully false statements or obtain assistance benefits by fraud shall be punished by a Class IV misdemeanor if the aggregate value of all funds or benefits is \$500 or less. If such aggregate value is more than \$500 but less than \$1,500 the person shall be convicted of a Class III misdemeanor. If the aggregate value is \$1,500 or more the person shall be guilty of a Class IV felony.</i></p> <p><i>Proposed AM665 (Health and Human Services Committee): Same as AM538, introduced as the committee amendment.</i></p>
LB441	Hansen, M.		Business and Labor 03/01/2021	In Committee 01/20/2021	<p>Change provisions relating to compensation for individuals affected by COVID-19 under the Nebraska Workers' Compensation Act</p> <p><i>Allows essential workers to retroactively collect workers compensation for time missed at work if they had COVID, if COVID is listed as the cause of death, or if they are quarantined at the direction of the employer for suspected COVID exposure or display of symptoms, under certain circumstances. Allows employers to rebut by affirmatively proving the employee contracted COVID outside the workplace. Removes the waiting limit to receive workers compensation payments, and allows coverage from the first date of quarantine, a positive test, or date of confirmed diagnoses, continuing through the self quarantine period preventing return to employment. Allows notice to be given the employer up to two years after the effective date of the act.</i></p> <p><i>Defines essential workers to specifically include: ambulance services, medical facility, emergency response service, assisted-living facility, hospice, hospital, home health agency, adult day service, ambulatory surgical center, health care workers enumerated, peace officer, firefighter, emergency rescue, emergency management, on-call member of a life support agency, state or local government, YRTC employees, regional center employees, meatpacking employees, public or private school employees, public works, utilities, or garbage disposal employees, truck drivers, mortuary or funeral home, childcare employees, postal service employees, or any other individual employed by an essential or life-sustaining business or occupation.</i></p>
LB447	Cavanaugh, M.	Support	Health and Human Services 02/04/2021	In Committee 01/20/2021	<p>Change provisions relating to immunization under the Child Care Licensing Act</p> <p><i>Removes the immunization exemption to childhood vaccination requirements for children enrolled in child care programs where a parent does not wish to have such child immunized. Retains the medical exemption certification by a physician or nurse practitioner for a stated medical reason.</i></p>



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LB451	McKinney	Monitor	Business and Labor 02/08/2021	Final Reading 04/21/2021 McKinney Priority Bill	<p>Define terms and change provisions relating to unlawful employment practices under the Nebraska Fair Employment Practice Act</p> <p><i>It shall not be an unlawful employment practice for an employer to enact bona fide health and safety standards that regulate the expression of an applicant's or employee's race, national origin, or religion if the employer demonstrates that: without the implementation of such standard, it is reasonably certain that the health and safety of the applicant, employee, or other materially connected person will be impaired; the standard is adopted for non-discriminatory reasons; the standard is applied equally; and the employer has engaged in good faith efforts to reasonably accommodate the applicant or employee. Race is inclusive of characteristics that are associated with race, culture, and personhood, including, but not limited to, skin color, hair texture, and protective hairstyles, which includes, but is not limited to, hairstyles such as braids, locks, and twists.</i></p> <p>AM550 (Business and Labor Committee): Removes "culture and personhood" from the definition of "race." Limits the protective hairstyles to "braids, locks, and twists." Removes "national origin and religion" from the protected class.</p> <p>Exempts law enforcement dress and grooming standards. -ADOPTED 4/6/21</p>
LB456	Friesen	Monitor	Transportation and Telecommunications 02/08/2021	In Committee 01/20/2021	<p>Adopt the Nebraska Enhancing Broadband Act</p> <p><i>Creates a \$10 million/year grant and loan program within the Department of Economic Development for development costs of broadband network projects in unserved and underserved areas. Similar to LB388 (Friesen) except directs the funding through the DED instead of the Public Service Commission. Allows a provider, a cooperative, a political subdivision, or a tribe to apply to the DED for a grant, a loan, or combination to develop a qualifying project with speeds scalable to 100x100 mbps. Applications would open October 1, 2021. Matching funds required, 50% of a grant or 25% of a loan. Projects must be complete within 18 months, with a 6 month extension possible, or the grant or loan must be repaid. Accepting funds submits the project to speed tests with repayment of the grant or loan for failing the speed test. Creates priorities for funding: 1st priority, unserved area that has not received public assistance for broadband network development; 2nd priority, unserved area that has received federal support that won't be complete within 24 months and the commission determines a grant will accelerate network deployment; and 3rd priority is a project in an underserved area with a broadband and digital inclusion plan. Provides procedures for application and challenges to applications.</i></p>
LB459	Cavanaugh, M.	Support	Revenue 03/03/2021	IPP (Killed) 04/13/2021	<p>Change provisions relating to the cigarette tax and the Tobacco Products Tax Act and distribute tax proceeds as prescribed</p> <p><i>Increases the cigarette tax from 64 cents to \$2.14 per package and includes electronic cigarettes in the tobacco tax, to increase appropriations to the Tobacco Prevention and Control Program (\$2 million), for paid family and medical leave (\$30 million), and for maternal health care projects (\$26 million). Directs remaining revenue to the Health Care Cash Fund.</i></p>
LB462	Dorn	Support	Appropriations 02/25/2021	In Committee 01/20/2021	<p>Appropriate funds to the Department of Health and Human Services</p> <p><i>Provides for a 3% increase in appropriations for behavioral health services for fiscal year 2021-2022; provides for a 3% increase in appropriations for fiscal year 2022-2023 to DHHS to Program 348 (Medical Assistance) and Program 349 (Medicaid Expansion).</i></p>



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LB463	Arch	Support	Business and Labor 02/01/2021	In Committee 01/20/2021	Change provisions relating to physical examinations of injured employees under the Nebraska Workers' Compensation Act <i>Amends the Worker's Compensation Act to allow the employee's physician to attend their examination(s) either in person or remotely.</i>
LB464	Bostar	Support	Appropriations 02/24/2021	In Committee 01/20/2021	State intent regarding behavioral health aid funding <i>Makes adjustments to appropriations for Program 38 (Behavioral Health Aid); allows for movement of funds across line-items or emerging needs, between behavioral regions in order to provide activities in alignment with regional annual budgets and demonstrated need.</i>
LB474	Wishart	Monitor	Judiciary 03/10/2021	General File 03/31/2021 Wishart Priority Bill	Adopt the Medicinal Cannabis Act <ul style="list-style-type: none"> -Creates a regulatory regime for medical cannabis including provisions for a patient registry, caregivers, health care practitioners, producers and processors, registered dispensaries, and testing laboratories. Creates the Cannabis Enforcement Department and the Medical Cannabis Board. Allows certified patients to use or purchase cannabis from a lab or dispensary registered under the act, with documentation required. -Allows, but does not require, physicians, osteopathic physicians, and nurse practitioners to certify patients in the registry, limited to 1,100 certifications in a year or 275 in a 90-day period. -States the act does not permit anyone to engage in, and allows civil, criminal, or other penalties for: negligence or professional malpractice due to the use of cannabis; possessing or using cannabis on a school bus or van, on school grounds, in a correctional facility or YRTC, or on the grounds of a child care facility or home daycare; inhaling vaporized cannabis on public transportation, around a child, in public (including outdoors), in a motor vehicle, having cannabis in the passenger area of a limo or party bus, or controlling any motor vehicle, aircraft, train, or motorboat or working on vehicles while under the influence of cannabis. -States the act does not require an employer to permit or accommodate cannabis in any way, employers can restrict the use of cannabis by employees, employers do not have to accommodate medicinal cannabis use. Does not require Medicaid or private insurance to cover medicinal cannabis costs. -States the act does not bar employers from prohibiting the use of cannabis, the act does not allow employees a cause of action for wrongful discharge or discrimination under the act, the act does not prohibit anyone from prohibiting cannabis products on their property, and the act does not prohibit an employer from having and enforcing a drug testing policy, a drug free workplace, or zero tolerance drug policies. -Bars employees who are fired for cannabis-related misconduct from receiving unemployment benefits. -Allows, but does not require, health care facilities, child care facilities, schools, or foster care facilities to adopt reasonable restrictions on the use of cannabis by students, residents, or persons receiving care, can be more restrictive if allowing access to cannabis causes the facility to lose money or a license under federal law. -Provides immunity from arrest, prosecution, or penalty (including by occupational licensing boards) for: providing or selling cannabis to a patient, dispensary, producer, processor, or laboratory; being in the presence of permitted cannabis use; allowing property to be used for permitted activities; or helping a patient administer cannabis.



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					<p>-Lists numerous qualifications for certifying patients. Lists numerous prohibitions on health care practitioners certifying patients. Allows pharmacists to dispense cannabis. Provides for continuing education requirements for health practitioners.</p> <p>-Directs the Cannabis Enforcement Department to provide for up to 10 cannabis producers in each congressional district to direct delivery of cannabis from dispensaries to patients, and to provide discount cannabis provisions. Producers may also be registered as a processor. Processors must comply with local regulations. Producers must test for quality, may not transport cannabis outside Nebraska.</p> <p>-Prohibits smoking cannabis by certified patients. Prohibits discrimination of a cannabis patient in school, housing, medical care, parental rights, or gun ownership.</p> <p>-Penalizes false statements relating to medical cannabis certification to avoid arrest as a Class III misdemeanor and disqualification from the program. Includes fines for violations of the act.</p> <p>Proposed AM824 (Judiciary Committee): Makes two changes to the original bill. Replaces the definition of "qualifying medical condition" to specifically include a current diagnosis of 17 different specific conditions. Changes the continuing medical education requirements, allows the Medicinal Cannabis Board to require further CME course requirements for health care practitioners recommending cannabis to at least 25 patients. Before CME courses are approved by the Medicinal Cannabis Board, a health care practitioner who recommends cannabis to patients can complete at least 8 hours of continuing education approved by another state, subject to approval by the board.</p>
LB476	Blood	Monitor	Health and Human Services 01/27/2021	Approved by Governor on April 7, 2021 04/07/2021	<p>Change provisions relating to the Stroke System of Care Act</p> <p>Amends the Stroke System Care Act to require DHHS and the stroke system of care task force to create a plan for a comprehensive stroke system for stroke response and treatment. The plan shall 1) require a statewide stroke data registry, 2) require comprehensive stroke centers, thrombectomy capable stroke centers, and primary stroke centers, and encourage other hospitals and emergency medical services to report data on the treatment of suspected stroke patients, and 3) promote provider data sharing and health care professional communication to improve quality of care. Requires DHHS to establish a data oversight process for stroke response and treatment, including data analysis and identification of potential interventions to improve care. Provides that all data collection pursuant to this Act is subject to the Medical Records and Health Information Act.</p>
LB480	McKinney	Monitor	Business and Labor 03/01/2021	In Committee 01/20/2021	<p>Change the minimum wage as prescribed</p> <p>Creates a graduated Increase in the minimum wage from \$9 per hour to \$10 in 2022, increasing \$1 per year to \$20 per hour in 2032. Establishes an adjusted hourly rate beginning in 2033 to be determined annually by the Commissioner of Labor and at least equal to inflation per the CPI.</p>



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LB487	Arch	Support	Banking, Commerce and Insurance 02/01/2021	Approved by Governor 04/21/2021 Banking, Commerce and Insurance Priority Bill	Change insurance coverage provisions for mental health conditions and serious mental illness <i>Prohibits insurance plans which provide mental health coverage from limiting access to telehealth or telemonitoring services for treatment of mental health conditions and requires such plans to reimburse telehealth or telemonitoring services at the same or comparable rate of the same service provided in-person.</i> <i>AM160 (Banking, Commerce and Insurance Committee): Eliminates "telemonitoring" from bill.- ADOPTED 3/15/21</i> <i>NHA Legislation.</i>
LB493	Cavanaugh, M.	Monitor	Appropriations 02/24/2021	In Committee 01/22/2021	Appropriate funds to the Department of Health and Human Services <i>Appropriates from the General Fund \$17 million for FY2021-22 and \$17 million for FY2022-23 to DHHS for Program 424, Developmental Disability Aid, to fund all persons on the wait list for the developmental disability services waiver.</i> <i>LB493 amended into LB380.</i>
LB494	Cavanaugh, M.	Oppose	Health and Human Services 02/19/2021	In Committee 01/22/2021	Direct the Department of Health and Human Services to apply for grants to establish and maintain a health care insurance claims and payment information data base <i>Requires DHHS to apply to the U.S. Department of HHS for state grants under the Consolidated Appropriations Act, 2021, for establishing and maintaining a database to publish claims and payment information from health insurers. Once funds are obtained, requires DHHS, in conjunction with UNMC College of Public Health to plan, establish, and maintain a data base of claims and payment information from health insurers, to be accessible from DHHS' website. Provides for certain uses of the data base to include tracking health care utilization, quality, and cost; monitoring initiatives for health care improvement; analyzing geographic trends health care; supporting quality improvement; and promoting accountability for state Medicaid contracts.</i>
LB497	DeBoer	Support	Judiciary 02/05/2021	Final Reading 04/20/2021 Speaker Priority Bill	Provide for compensation under the Nebraska Crime Victim's Reparations Act for health care providers examining or treating victims of sexual assault, domestic assault, or child abuse <i>Allows health care providers to apply for reimbursement for health care costs incurred by the provider for the treatment or examination of injuries of a victim arising out of sexual or domestic assault. The provider must be owed costs by the victim for which the provider will not otherwise receive reimbursement from private insurance, Medicaid, Sexual Assault Payment Program, or any other source. Provides that where a person is injured or killed under the Nebraska Crime Victim's Reparations Act, compensation to a victim is not decreased by costs paid to a health care provider.</i>



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					<i>AM132 (Judiciary Committee): Provides health care providers may apply for reimbursement only with the permission of the victim. Adds child abuse as a category to which the reimbursement would apply.-ADOPTED 4/6/21</i>
LB554	Blood	Monitor	Health and Human Services 02/17/2021	In Committee 01/22/2021	Adopt the Licensed Professional Counselors Interstate Compact
LB581	Hansen, B.	Oppose	Transportation and Telecommunications 02/02/2021	In Committee 01/22/2021	Change motorcycle, moped, and autocycle helmet provisions <i>Makes persons above the age of 21 exempt from having to wear a helmet on a motorcycle. Requires all motorcycle operators to wear eye protection.</i>
LB583	Murman	Monitor	Health and Human Services 02/05/2021	Final Reading 04/15/2021 Speaker Priority Bill	Require electronic prescriptions for controlled substances <i>Provides that, beginning Jan. 1, 2022, prescribers are to issue prescriptions to a pharmacy for controlled substances using electronic prescription technology. Provides for exceptions to this rule for veterinarians and when there is a temporary technological failure.</i> <i>AM116 (Health and Human Services Committee): Provides prescriptions issued by a practitioner who is a dentist will be subject to act beginning Jan. 1, 2024. Eliminates provision requiring prescriber's software vendor to report prescriptions to the statewide health exchange. Eliminates exception for prescriptions issued by a prescriber to be dispensed by a pharmacy located outside of the state.-ADOPTED 3/30/21</i>
LB585	Vargas	Monitor	Appropriations 02/25/2021	In Committee 01/22/2021	Appropriate funds for local public health departments <i>Appropriates \$5 million from the General Fund for FY2021-22 for local public health departments, in which \$75,000 is for critical health services in each of the 18 public health departments and \$3,650,000 is for proportional health services aid distributed proportionately based on population.</i> <i>LB585 amended into LB380.</i>
LB626	Vargas	Monitor	Health and Human Services 02/19/2021	General File 03/30/2021	Change provisions of the Child and Maternal Death Review Act <i>Splits up the team into two separate teams, a Child Death Review Team and a Maternal Death Review Team. Includes the Inspector General of Nebraska Child Welfare and a child protective services staff member. Provides membership detail for core members on both teams and optional members (including county attorneys), and duties for each team.</i>



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					<i>Proposed AM642 (Health and Human Services Committee): Includes the original bill. Clarifies that chairpersons shall be selected by each team annually from among the members. Clarifies that the Inspector General of Child Welfare and senior staff members with child protective services shall be permanent members of the child death review team and the DHHS physician shall be a permanent member of the maternal death review team. All other members serve 4 year terms. Clarifies that each team submits an annual report to the Legislature. Strikes the 15 member maximum for each team and suggests occupations to consider for appointments to the maternal death review team, including obstetrics, maternal-fetal medicine, public health, community birth workers, community advocates, and anesthesiology.</i>
LB637	Vargas	Monitor	Health and Human Services 02/19/2021	In Committee 01/22/2021	Change provisions relating to the control of contagious or infectious disease <i>Frees local health departments from having to seek state approval for directed health measures or rules and regulations to protect public health. The measure would allow the departments to impose mask mandates and strict limits on social gatherings, among other potential steps. (OWH Summary)</i>
LB643	Hansen, B.	Monitor	Health and Human Services 02/04/2021	In Committee 01/22/2021	Protect an individual liberty right to accept or decline a vaccination under a mandatory directive <i>Provides that each citizen of Nebraska, of parents with respect to their dependents and of each businesses with respect to its employees has the right to accept or decline a mandatory vaccination directive by the state government.</i>
LB659	McDonnell	Support	Executive Board 02/18/2021	In Committee 01/22/2021	Create the Workforce Development Committee of the Legislature <i>Establishes the Workforce Development Committee of the Legislature to consist of nine members of the Legislature to collect and analyze workforce data about NE, including data on demographics, workforce, education, wages, challenges, trends, and needs, identify long-term workforce issues significant to the state, set goals and benchmarks, and issue an annual report of its findings and recommendations to the Clerk of the Legislature on or before Dec. 15th.</i>
LB661	McDonnell	Support	Judiciary 02/24/2021	General File 03/16/2021	Prohibit assault on a public transportation driver and clarify provisions relating to assault on officers, emergency responders, certain employees, and health care professionals <i>Expands 28-929 (assault on an officer, etc.) to include those on public transportation drivers, and streamlines the definition of existing prohibited assaults to include those on public safety officers and health care professionals; defines public transportation driver to include the driver or operator of a vehicle providing public transportation that is under the jurisdiction of or operated by a municipality, county, transit authority, regional metropolitan transit authority, or other political subdivision but not taxi drivers or others employed by a private entity. Repeals 28-931.01, which separately establishes that assaulting an officer, emergency responder, state correctional or DHHS employee or health care professional by using a motor vehicle when they injure such individuals is a Class IIIA felony, and would be duplicative under this bill.</i> <i>Proposed AM612 (Judiciary Committee): Technical correction, changes the word "tax" to "taxi."</i>



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LB667	Halloran		Business and Labor 03/01/2021	In Committee 01/22/2021	<p>Provide for confidentiality of and access to certain injury reports under the Nebraska Workers' Compensation Act</p> <p><i>Provides a report of an injury arising out of and in the course of employment filed with the Nebraska Workers' Compensation Court is confidential and not open to public inspection or copying for a period of 60 days from the date of filing, except as otherwise provided or as necessary for the Nebraska Workers' Compensation Court to administer and enforce other provisions of the Nebraska Workers' Compensation Act.</i></p>
LB678	Linehan		Banking, Commerce and Insurance	Withdrawn 01/22/2021	<p>Adopt the Pharmacy Benefit Manager Regulation Act</p> <p><i>Provides a pharmacist or 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 or a covered individual's caregiver. Prohibits a pharmacy benefit manager from prohibiting or inhibiting a pharmacist from discussing such information or selling a more affordable alternative to a covered individual or individual's caregiver. Provides an insurer that offers a health plan which covers prescription drugs will not require a covered individual to make a payment for a drug at the point of sale in an amount that exceeds the lesser of the covered individual's copayment, deductible, or coinsurance for such drug or the amount any individual would pay for such prescription drug if that individual paid in cash. Prohibits a pharmacy benefit manager from excluding a pharmacy from participation in its specialty pharmacy network. Prohibits a pharmacy benefit manager from charging a pharmacist or pharmacy a fee related to the adjudication of a claim, retroactively deny or reduce a claim of a pharmacist or pharmacy for payment, or demand repayment of all or part of a claim if the claim submitted was a claim with no defect or impropriety. Prohibits a pharmacy benefit manager from directly or indirectly engaging in any practice that directs or influences a covered individual to use a pharmacy in which the pharmacy benefit manager maintains an ownership interest or control of the pharmacy without making a written disclosure and receiving acknowledgment from the covered individual. Provides a pharmacy benefit manager shall not reimburse a pharmacy or pharmacist an amount less than the amount that the pharmacy benefit manager reimburses a pharmacy-benefit-manager-owned pharmacy for providing the same drug. Provides any insurer on its own or through its contracted pharmacy benefit manager or representative of a pharmacy benefit manager shall not conduct spread pricing (defined) in NE on any prescription drug paid with state or federal funds and shall ensure that before a particular prescription drug is placed or continues to be placed on a maximum allowable cost list, the drug must meet certain requirements. Provides that, when calculating a covered individual's contribution to any applicable cost-sharing requirement, a pharmacy benefit manager will include any cost-sharing amounts paid by the covered individual or on behalf of the covered individual by another person. Provides the Auditor of Public Accounts will, before Jan. 1, 2022, conduct an audit of the pharmacy benefit of the medical assistance program under the Medical Assistance Act from Jan. 1, 2018, through Dec. 31, 2020.</i></p>
LR11CA	Erdman		Revenue 02/03/2021	General File 03/31/2021 Erdman Priority Bill	<p>Constitutional amendment to require enactment of a consumption tax and prohibit certain other forms of taxation</p> <p><i>Under this proposed constitutional amendment, effective Jan. 1, 2024, the State of Nebraska and all political subdivisions would be prohibited from imposing a tax on income, property inheritances, estates of a deceased person, and a tax sales of goods and services except that the Legislature shall enact a consumption tax which shall apply to purchases of services and new goods, except for fuel, to begin no later than Jan. 1, 2024. The Legislature may authorize political subdivisions to enact their own consumption taxes upon such terms and conditions as the Legislature may provide.</i></p>



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LR101	Williams		Executive Board	In Committee 04/21/2021	Interim study to examine whether legislation should be enacted to provide for comprehensive regulation of pharmacy benefit managers
LR104	Pahls		Executive Board	In Committee 04/21/2021	Interim study to examine barriers related to early detection of colorectal cancer in Nebraska