

2025 LEGISLATIVE WRAP-UP



OVERVIEW

The 2025 legislative session marked one of the Nebraska Hospital Association’s most impactful years at the Capitol. During the 89-day legislative session, NHA successfully led and supported legislation to protect the 340B program, improve prior authorization, enhance transparency in Pharmacy Benefit Managers (PBM) practices, and secure much-needed investments in Nebraska’s health care workforce by preventing harmful budget cuts to the state’s health care Rural Loan Repayment Program. The session affirmed the Legislature’s recognition of hospitals as critical to the health and economic vitality of communities across the state.

2025 SESSION BY THE NUMBERS

The Nebraska Legislature considered **715** pieces of legislation and passed **44%**.

ON BEHALF OF OUR MEMBERS, THE NHA:

- Tracked **123** bills
- Tracked **12** interim studies
- Testified **15** times in committee hearings
- Negotiated **dozens** of amendments
- Offered **20** letters of testimony

YOUR ADVOCACY EFFORTS

NHA Action Alerts: NHA members and supporters sent **1,549** messages to state and federal legislators.

Advocacy Day: **97** of our members came to the State Capitol to speak directly with their lawmakers.

Hospital Leader of the Week: **14** Hospital leaders visited the State Capitol to speak with senators in-person about issues impacting hospitals and patients.

Sign-On Letters: **124** signatures from hospital leaders on issues surrounding 340B and the Rural Loan Repayment Program.

Tell Us Your Story: **Dozens** of stories sent in by members to help with advocacy on our key legislative issues.

KEY LEGISLATIVE PRIORITIES

NHA successfully led and supported legislation to protect access to affordable medications through the 340B program, improve prior authorization, and enhance transparency in PBM practices.

1

Protect the 340B Program

2

Reform Prior Authorization

3

Stop Harmful PBM Practices

NHA PRIORITY LEGISLATION



Protected the 340B Community Benefits Program

- **Protects** hospitals and other health care facilities in Nebraska that purchase drugs at discount prices through the 340B Community Benefits Program.
- **Prohibits** drug manufacturers from directly or indirectly denying, restricting, or prohibiting the acquisition of a 340B Community Benefits Program drug by any location that is authorized to receive it.
- **Prohibits** any manufacturer, agent, or affiliate from requiring any data submission as a condition for allowing the acquisition of a 340B drug.
- **Ensures** the Nebraska Attorney General or any county attorney may institute action on behalf of the state to prevent violations of the bill's provisions.



Stopped Harmful Prior Authorization Practices

- **Increased Transparency:** Prior Authorization rules publicly available online / require 60 days' notice for changes.
- **Standardized Process:** Universal form will streamline process.
- **Physician Oversight:** Denials and peer-to-peer reviews conducted by a physician; Artificial Intelligence (AI) cannot be the sole reason for denial.
- **Required Response Times:** Insurance must respond within specified time frames. Failure to meet those deadlines results in automatic approval.
- **Protection Against Retroactive Denials:** No retrospective denials after PA is approved if care is delivered within 60 days.
- **Continuity of Care:** Approved PAs valid for at least 1 year; can follow patients for 60 days when switching plans. Inpatient approvals cover the entire stay.
- **No Prior Authorization for Many Essential Services:** PA eliminated for emergency care, common preventative services, and routine immunizations.



Reined in Pharmacy Benefit Managers

- **Prohibits** PBMs from applying more restrictive terms or conditions to unaffiliated specialty pharmacies than they do to their own affiliated entities.
- **Requires** specialty pharmacies that ship clinician-administered drugs to comply with federal shipping laws, provide 24/7 access to a pharmacist and nurse, allow refill requests after utilization review, and meet all federal tracking and tracing standards.
- **Bans** health plans, insurers, and PBMs from mandating exclusive use of mail-order or affiliated pharmacies for payment and reimbursement.
- **Ensures** patient choice by prohibiting PBM restrictions that prevent individuals from selecting their preferred in-network pharmacy.
- **Prevents** the transfer of prescriptions without the patient's explicit consent.
- **Restricts** automatic enrollment in mail-order pharmacy services, with a limited 90-day exception for new maintenance medications.
- **Protects** independent pharmacies by barring retaliation against those who decline to dispense medications when reimbursement is below acquisition cost.
- **Phases out** spread pricing in PBM contracts.



Protect ALL Hospital Employees from Assault

- Current statute has increased penalties for assault on a health care provider while they are on duty at the hospital, which is defined as a physician or other licensed health care practitioner. This bill expands the definition of 'health care professional' to include all hospital employees.
- Advanced to Select File on a vote of 37-8
- Carried over to 2026 Session

Budget Wins

Our collective advocacy secured budget wins that improve access to care for Nebraskans.

★ LB261 Rural Loan Repayment Program Stability

The Nebraska Hospital Association and our members successfully advocated against a proposed \$1.5 million annual cut to the Nebraska Rural Loan Repayment Program, which helps recruit and retain health care providers in rural areas. NHA warned that reducing funding would leave awardees with canceled contracts, qualified applicants without support, and generate a wait list, ultimately risking provider shortages and limiting health care access in underserved communities.

LB527

implements a 6% assessment on HMO premiums to draw down federal funds to enhance Medicaid rates paid to non-hospital providers of physical health services. The goal is to increase the practitioner fee schedule by 20%.

Defended Against Policies that Threaten Community Health

NHA Opposed Bills.

LB169 Kept in Committee ✓

expands sales and other taxes, including taxes for services that are part of medical treatment.

LB310 Kept in Committee ✓

provides an exemption from mandatory newborn screenings for certain diseases specified by the DHHS if the parent or guardian of the infant objects to such screenings.

LB655 Kept in Committee ✓

allows a health care provider or health care payor to opt out of participation in, or payment for, any health care services if the provider or payor has a conscience-based objection to participation in the health care service.

Interim Studies

Interim studies are the groundwork for potential future laws and regulations that could directly impact the cost of medications, the quality and coordination of medical care, and the effectiveness of emergency services in Nebraska. The findings from these studies will inform senators on what policy changes might be needed to improve health care for all Nebraskans.

LR124

investigates how PBMs operate within Nebraska's health insurance system. This study is crucial because it will examine whether PBMs are making prescription drugs more expensive and help us with future health care policies to regulate them better, potentially lowering drug costs for everyone.

LR175

examines issues related to assaults in Nebraska. Specifically, the study will review the existing assault statutes, which professions are included, what other professions have been considered, and what approach should be taken, if any, for felony reform.

LR180

examines current and future availability and sustainability of nursing facility care for individuals in Nebraska.

LR188

examines the significance of the state financial partnership with the federal government in delivering health services to Nebraskans through the Medicaid program.

LR210

seeks to understand how other states share health information electronically and how they participate in or manage health information exchanges. Efficient and secure sharing of health data between doctors, hospitals, and other providers can lead to better coordinated care, fewer medical errors, and more effective treatments for Nebraskans.

LR232

examines regulatory restrictions and opportunities in medical education in order to strengthen the medical workforce in rural and other underserved areas of Nebraska.

LR236

explores the impact of genetic testing and its utilization within the life insurance industry, the effects of such testing in other states, and the role of insurance companies.

LR237

looks at how data is collected and reported for emergency medical services to help identify trends, allocate resources effectively, and improve response times and care quality during medical crises.

ADDITIONAL ENACTED LEGISLATION THAT IMPACTS NEBRASKA HOSPITALS

LB10

provides that wholesale drug distributors engaged in wholesale distribution of prescription drugs through the Prescription Drug Donation Program Act do not need to maintain a paper or electronic pedigree. It adds that the department may receive prescription drugs and supplies under the Act and dispense prescriptions and supplies during, or in preparation for, a state of emergency declared by the Governor.

LB22

requires DHHS to implement an evidence-based, ongoing home visitation program for postpartum mothers and infants under 6 months enrolled in Medicaid. It directs DHHS to submit a state plan amendment to CMS to establish a voluntary nurse home-visiting program. It requires DHHS to submit annual reports on the use and effectiveness of home visitation services in Nebraska.

LB41

expands the requirements to take blood samples for syphilis testing of pregnant women. Currently, physicians or others practicing obstetrics who are attending to a pregnant woman must take a blood sample for syphilis testing at the first exam; the bill adds required testing at the third trimester exam and birth.

LB42

addresses workforce challenges by allowing nurse aides employed in intellectual and developmental disability facilities to maintain their certification through an eight-hour paid shift every two years. This adjustment aims to reduce turnover, streamline certification maintenance, and retain qualified CNA staff in these essential roles.

LB118

permits pharmacists to supervise a total of four pharmacy technicians and pharmacist interns instead of three. For any pharmacist supervising four pharmacy technicians or pharmacy interns, at least one person must be a certified pharmacy technician.

LB119

requires the Board of Regents to enter into a memorandum of understanding to the administrator of the Rural Health Opportunity Program including the application and selection process for program participation and provisional admission into one of the eligible health programs at UNMC.

LB150

establishes a regional mental health treatment pilot program. This Attorney General-led legislation directs the Crime Commission to seek and obtain federal funding for a pilot program to improve mental health resources in county jails or other facilities.

LB241

creates immunity for private entities in class actions resulting from a cybersecurity event unless the cybersecurity event was caused by willful, wanton, or gross negligence on the part of the private entity.

LB278

requires that health insurance policies or contracts cannot exclude health care providers on the basis of their holding a visiting faculty permit, issued to graduates of foreign medical schools.

LB312

adds nurse anesthetists and dietitian nutritionists as eligible providers to the Rural Health Systems and Professional Incentive Act.

LB332

states that DHHS shall provide Medicaid coverage for psychology services by advanced level practitioners who have completed advanced training requirements for a doctoral internship or a post-doctoral fellowship and who are under current supervision by a licensed psychologist.

LB380

adds requirements for DHHS regarding behavioral health contract services and places restrictions on contractors through the MCOs. It requires DHHS to define network adequacy and contractor compliance with federal and state laws for coverage of mental health and substance use disorders and requires greater public access to information and communication with Medicaid providers, and prohibits MCOs from limiting mental health and substance use disorder coverage more than other conditions and requires MCOs to maintain adequate provider networks for mental health and substance use disorder services.

LB381

improves transparency and oversight in the Medicaid auditing system and requires program integrity contractors to provide clear justification for an audit, provide an appeals process, and gives greater protection to providers for keeping payments.

LB415

changes provisions to the Paid Sick Leave Ballot Initiative language.

LB434

doubles the fee for fire safety inspections of licensed facilities, such as hospitals and health care facilities licensed under the Health Care Facility Licensure Act.

LB515

permits pharmacists to dispense emergency refills of no more than a 30-day supply when they obtained the information from the prescription label, a record, in the pharmacy, or a common database.

LB610

requires DHHS to seek federal approval for a supplemental reimbursement for the actual and federally allowable costs within the Ground Emergency Medical Transport (GEMT) Act.

LB630

changes the scope of practice requirements under the Occupational Therapy Practice Act. It expands occupational therapists' scope to include physical modalities and dry needling, allows oxygen cannula management with physician orders, and prohibits diagnoses and diathermy use.

LB697

changes requirements relating to compounding and delegated dispensing permits under the Pharmacy Practice Act. It adds three members to the Board of Pharmacy and updates rules for compounding and delegated dispensing permits in public health clinics.

2026 LEGISLATIVE SESSION CARRY OVER BILLS

While the Speaker makes every effort to schedule all priority bills for consideration, this year was noteworthy for the relatively high number of priority bills that were laid over for next year. Below is a list of bills of interest that NHA will closely monitor, including some 2025 priority bills, that may be taken up early in the 2026 session.

Bills on General File

LB110

proposes that a health care provider may not perform a pelvic examination on an unconscious or anesthetized patient without prior written consent, unless consent is given by an authorized decision-maker, is needed for emergency care, or is court-ordered for evidence collection.

LB203

requires the majority of a public health board to vote on a directed health measure, removing the discretion of the public health director.

LB437

repeals the Nebraska Health Care Certificate of Need Act.

LB512

requires a physician to document their in-person examination prior to providing an abortion-inducing drug, to schedule a follow-up visit after the drug is provided, to confirm the terminated pregnancy, document adverse events, and report to DHHS.

LB532

requires employers to use E-Verify, prohibits knowingly hiring an unauthorized alien, and provides for discipline against employers' licenses.

Bills on Select File

LB632

requires a health care facility to dispose of the remains of aborted unborn children.

LB676

changes the scope of practice for certified nurse midwives, removes supervision and practice agreement requirements, and as amended, does NOT include certified nurse midwives in the Excess Liability Fund.

Bills Held in Committee

LB210

provides for fees and assessments for participation and use of the prescription drug monitoring program and the designated health information exchange. Assessments would apply to users, pharmacy benefit managers (PBMs), and managed care organizations (MCOs). The NHA provided neutral testimony during the committee hearing regarding the need for more clarity on oversight, hospital reimbursement, and financial impact.

THE 109TH NEBRASKA LEGISLATURE (2ND SESSION) IS SCHEDULED TO CONVENE ON
WEDNESDAY, JANUARY 7, 2026.

THANK YOU TO OUR 2025 POLICY DEVELOPMENT COMMITTEE MEMBERS!

Treg Vyzourek, Chair, Brodstone Healthcare, Superior
Manny Banner, Memorial Community Hospital & Health System, Blair
Diane Brugger, Antelope Memorial Hospital, Neligh
Troy Bruntz, Community Hospital, McCook
Ashley Carroll, CHI Health, Omaha
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Abby Cyboron, Chase County Community Hospital, Imperial
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Jill Denker, Lexington Regional Health Center, Lexington
Deborah Doke, Syracuse Area Health, Syracuse
Kelly Driscoll, Faith Regional Health Services, Norfolk
Marty Fattig, Nemaha County Hospital, Auburn
Pete Festersen, CHI Health, Omaha
Russ Gronewold, Bryan Health, Lincoln
Mike Hansen, Columbus Community Hospital, Columbus
Rick Haraldson, Beatrice Community Hospital & Health Center, Beatrice
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Lori Mazanec, Box Butte General Hospital, Alliance
Ivan Mitchell, Great Plains Health, North Platte
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Jason Petik, Sidney Regional Medical Center, Sidney
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Jeff Prochazka, Methodist Health System, Omaha
Connie Roseberry, Madonna Rehabilitation Hospital, Lincoln
Roger Reamer, Memorial Health Care Systems, Seward
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